



U.S. DEPARTMENT OF AGRICULTURE  
Marketing and Regulatory Programs  
Animal and Plant Health Inspection Service  
Veterinary Services

VS Guidance 8603.2

APPENDIX 2A- FOR POULTRY OWNER

Appraisal and Indemnity Request for HPAI-Affected Premises

Other information requested in the mini memo can be added to this or may stand alone.

|   |   |
|---|---|
| Premises ID where birds are located: [REDACTED]                     | Exemption 7 U.S.C.A. § 8791<br>Exemption 10002(o)(6)<br>Common law privacy interest |
| HPAI presumptive positive date: 2/21/2022                           |   |
| Address where birds are located: [REDACTED]                         | Exemption 7 U.S.C.A. § 8791<br>Exemption 10002(o)(6)<br>Common law privacy interest |
| Poultry Owner Name, Address, Phone and E-mail Address: [REDACTED]   | Exemption 7 U.S.C.A. § 8791<br>Exemption 10002(o)(6)<br>Common law privacy interest |
| <i>Referred to in this document as the "Owner or Poultry Owner"</i> |   |

The State Official or Tribal Official and APHIS Official have determined that poultry on this premises are affected by HPAI. Poultry on this premises will be depopulated by State and/or APHIS and/or industry personnel. Indemnity for destroyed poultry and eggs affected by HPAI will be based on their fair market value, as determined by the current USDA Indemnity Table.

In cases where the destroyed poultry and/or eggs were produced by a Contract Grower, the appraised value of the poultry and eggs will be split between the Poultry Owner and Contract Grower based on the following formula:

1. Divide the value of the contract the Owner entered into with the Grower for the growing and care of the poultry or eggs (in dollars) by the duration of the contract (i.e., number of days in the contract duration) as it was signed prior to the outbreak.
2. Multiply this value by the number of days between the date the Grower started to provide services for the destroyed poultry or eggs and the date the poultry or eggs



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were destroyed. This is the maximum amount of federal indemnity the Control Grower is eligible to receive, if federal indemnity is approved for the destroyed poultry or eggs.

3. If the Grower has received any payment from the Owner under his/her contract prior to the date when the poultry or eggs are destroyed, then the federal indemnity the Contract Grower is eligible to receive will be reduced by this amount.
4. If federal indemnity is approved for the destroyed birds and/or eggs, the Poultry Owner will receive the difference between the total indemnity shown on the VS 1-23 Appraisal and Indemnity Claim Form and the total indemnity paid to the Contract Grower.
5. In the event that determination of indemnity to a party with which the Poultry Owner of destroyed poultry or eggs has entered into a contract for the growing or care of the poultry using the method described in 1 to 4 of this section is determined to be impractical or inappropriate, APHIS may use any other method for split payments that the Administrator deems appropriate.
6. I understand that I have the right to dispute the proposed split federal indemnity payment by notifying the APHIS Administrator in writing; the APHIS Administrator has the final authority for determining federal indemnity payments.

Poultry Owner—Initial the statements and sign below:

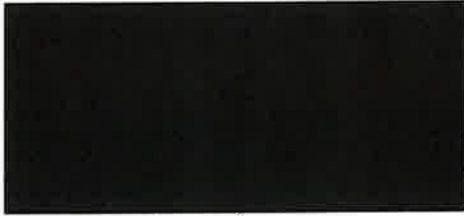
- At the time of the outbreak, there was, to the best of my knowledge, a biosecurity plan that was followed to prevent the introduction of HPAI. Date of last audit if applicable: \_\_\_\_\_
- I understand that the poultry on the premises will be depopulated in the most humane manner possible and under the supervision of a USDA veterinarian or designee.
- I will provide barn and mortality records that verify the current inventory of poultry and eggs on the premises, which includes the number, age, and molt status (if applicable) of the birds and the total number of eggs that must be destroyed.
- I agree to accept the fair market value of the birds, as determined by the APHIS calculator, according to the inventory on the premises at the time this document is signed.
- I agree to provide APHIS with a copy of the current contract executed between the parties as well as any supporting documentation deemed necessary by APHIS to determine appropriate division of the indemnity payment. This includes any checks or statements indicating partial payments or advances already paid in association with the destroyed birds or eggs.



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Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
Common law privacy interest

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Date: 2/22/22

Title: Owner

# HPAI Response

## Appraisal and Indemnity Request Form

Appendix 1H – Indemnity and Compensation Request for HPAI

### APPENDIX 1H – INDEMNITY AND COMPENSATION REQUEST FOR HPAI

1. State, County where birds are located: **DELAWARE, NEW CASTLE**
2. Reason for testing (routine, clinical signs, etc.): **CLINICAL SIGNS**
3. Clinical signs present, date of onset, populations involved (how many barns affected, how many total barns present):

**ACUTE DEATH; ONSET 2/20/2022; HOUSE 2, 62 WK chicken egg layers; 115K birds in house**

4. Please list all the current test results available for this premises (include date and location of testing). For PCR, please list the Ct values:

University of Delaware - Allen Lab - 2/21/22  

| Specimen ID | Specimen Type                | Test                        | CT Value | Result   |
|-------------|------------------------------|-----------------------------|----------|----------|
| 1           | Pooled Cloacal/Oropharyngeal | NAHLN AIV rRT-PCR AI Matrix | 18.68    | Detected |
| 2           | Pooled Cloacal/Oropharyngeal | NAHLN AIV rRT-PCR AI Matrix | 18.47    | Detected |
| 3           | Pooled Cloacal/Oropharyngeal | NAHLN AIV rRT-PCR AI Matrix | 18.37    | Detected |

5. Please list the number of birds on the farm as well as their sex and ages:

| Barn # | Birds # | Sex  | Ages      |
|--------|---------|--|-----------|
| 1      | 111,176 | <input type="checkbox"/> M <input checked="" type="checkbox"/> F | 92 weeks  |
| 2      | 113,308 | <input type="checkbox"/> M <input checked="" type="checkbox"/> F | 63 weeks  |
| 3      | 116,195 | <input type="checkbox"/> M <input checked="" type="checkbox"/> F | 37 weeks  |
| 4      | 104,685 | <input type="checkbox"/> M <input checked="" type="checkbox"/> F | 88 weeks  |
| 5      | 114,196 | <input type="checkbox"/> M <input checked="" type="checkbox"/> F | 74 weeks  |
| 6      | 114,744 | <input type="checkbox"/> M <input checked="" type="checkbox"/> F | 53 weeks  |
| 7      | 115,240 | <input type="checkbox"/> M <input checked="" type="checkbox"/> F | 47 weeks  |
| 8      | 107,952 | <input type="checkbox"/> M <input checked="" type="checkbox"/> F | 109 weeks |
| 9      | 249,441 | <input type="checkbox"/> M <input checked="" type="checkbox"/> F | 20 weeks  |
| Proc   |         | <input type="checkbox"/> M <input type="checkbox"/> F            | Ages:     |

6. List the number of commercial premises in the following zones surrounding the infected premises:

- Within 1km (neighboring): **0 Delaware**
- Within 3km (Infected Zone): **2 INCLUDING THE INDEX**
- Within 10 km (Buffer Zone): **7 INCLUDING THE INDEX**

7. *\*\*\*If known:* List the number of backyard premises in the following zones surrounding the infected premises:

- Within 1km (neighboring): **1 Delaware**
- Within 3km (Infected Zone): **5 Delaware**
- Within 10 km (Buffer Zone): **70 Delaware**



8. What are the estimated number of additional **At-Risk Premises**, not included in the numbers above (this would include premises closely related by the network, business processes or those identified by trace-in/trace-out): Still determining based on feed truck routes (fed from independent mill that serves multiple farms) and egg delivery truck schedule

9. Please indicate the number of barns/ houses on the premises as well as their dimensions (length x width for floor raised birds, length x width x height for caged birds):

|          |                                     |
|----------|-------------------------------------|
| Barn #1  | Size: 596ft x 57ft x 18.5ft         |
| Barn #2  | Size: 596ft x 57ft x 18.5ft         |
| Barn #3  | Size: 596ft x 57ft x 18.5ft         |
| Barn #4  | Size: 596ft x 57ft x 18.5ft         |
| Barn #5  | Size: 596ft x 57ft x 18.5ft         |
| Barn #6  | Size: 596ft x 57ft x 18.5ft         |
| Barn #7  | Size: 596ft x 57ft x 18.5ft         |
| Barn #8  | Size: 596ft x 57ft x 18.5ft         |
| Barn #9  | Size: 462ft x 61ft x 28 ft          |
| Barn #10 | Size: 225ft x 180ft Processing area |

10. **Flock Plan.** Please Indicate the State and/or Industry recommendation for the management for this flock (Include depopulation & disposal method and timeline for both). Please indicate your reasoning for this recommendation:

Depopulation method: VSD+ heat

Timeline:

To begin upon USDA approval, approx 2/22/2022

Disposal method: Outdoor composting/windrow

Timeline:

As depopulation occurs

Will NVS Equipment be requested? If so, please give a detailed estimate of what might be needed.

For Depopulation: To be determined

For Disposal: Removal of birds from houses for composting

11. Please indicate the approximate indemnity and or compensation being requested for this flock (for Owner and/or Grower):

a. Indemnity (supplied by poultry team with number and age of birds): \$ 3,750,000

b. Depopulation and Disposal: \$ 5,000,000

(request NVS)

c. Virus Elimination: \$ 700,000 flat rate est of \$3/cu yd & \$0.40/sq ft processing

(\*\*\*A Field Reimbursement Specialist or Avian Indemnity Team member can assist with estimates)

Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
Common law privacy interest

**HPAI Response**  
Appendix 1H – Indemnity and Compensation Request for HPAI

**Signature(s) and Title(s) of Official making the above recommendation. (State and Industry can submit separate forms or a joint form).**

**Poultry Owner/Grower:**

[Redacted]

[Redacted]  
Signature

2/22/22  
Date

**State Animal Health Official:**

[Redacted]  
Print Name

[Redacted]  
Signature

2/22/22  
Date

**Area Veterinarian in Charge:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**USDA APHIS VS Determination:**

- Approve On-site Depopulation as recommended above.
- USDA/APHIS VS is NOT in agreement with the recommendation above.

**Reason for difference in agreement:**

- More Information is needed.
- A decision will be made within 12 hrs once the information requested below is provided. (Enter information needed here)

**USDA APHIS VS ICG Official:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
Common law privacy interest

**[REDACTED] - Inventory 2/21/2022**

| House ID | Type of Birds | Number of Birds | Age of Birds | House Dimensions | Ceiling Height | Ventilation Type | Date of Onset of Clinical Signs |
|----------|---------------|-----------------|--------------|------------------|----------------|------------------|---------------------------------|
| 1        | [REDACTED]    | 111,176         | 92           | 596ft x 57ft     | 18.5 ft        | [REDACTED]       | none                            |
| 2        | [REDACTED]    | 113,308         | 63           | 596ft x 57ft     | 18.5 ft        | [REDACTED]       | 02/20/2022                      |
| 3        | [REDACTED]    | 116,195         | 37           | 596ft x 57ft     | 18.5 ft        | [REDACTED]       | none                            |
| 4        | [REDACTED]    | 104,685         | 88           | 596ft x 57ft     | 18.5 ft        | [REDACTED]       | none                            |
| 5        | [REDACTED]    | 114,196         | 74           | 596ft x 57ft     | 18.5 ft        | [REDACTED]       | none                            |
| 6        | [REDACTED]    | 114,744         | 53           | 596ft x 57ft     | 18.5 ft        | [REDACTED]       | none                            |
| 7        | [REDACTED]    | 115,240         | 47           | 596ft x 57ft     | 18.5 ft        | [REDACTED]       | none                            |
| 8        | [REDACTED]    | 107,952         | 109          | 596ft x 57ft     | 18.5 ft        | [REDACTED]       | none                            |
| 9        | [REDACTED]    | 249,441         | 20           | 462ft x 61ft     | 28 ft          | [REDACTED]       | none                            |

Exemption (o)(2)  
Trade secrets and commercial  
or financial information

## Delaware Department of Agriculture request for use of VSD Plus (+)

We request to use VSD+ because of the following constrained circumstances:

1. Other methods are not available or will not be available in a timely manner.
2. The amplification of the virus on the premises poses a significant threat for further transmission and ongoing spread of HPAI. The Ct value from the birds in one house are very low (18).
3. The questions in this Ventilation Shutdown Plus (+) Policy document have been reviewed and discussed by APHIS officials, State or tribal officials, and the incident management team.

### OPERATIONAL FACTORS CONSIDERED TO IMPLEMENT THE USE OF VSD PLUS (+)

The need to implement alternative depopulation methods to meet the depopulation goal, and the use of VSD Plus (+), will be handled on a premises-by-premises basis, with close coordination and collaboration by State and APHIS officials. Three sets of issues will be considered: resources, epidemiology, and State/APHIS concurrence on the decision.

In selecting the depopulation method, and considering VSD Plus (+), the following interrelated questions can help guide the decision:

1. Which depopulation methods can be executed safely and effectively on the premises within 24-48 hours? We do not have availability of supplies and equipment for whole house CO2 at this layer facility that could ensure depopulation of 1.2 million birds within 48 hours.
2. What are the potential epidemiological consequences of virus amplification on the premises should the 24-48-hour goal not be met on the premises? There is another commercial premises in the 3km zone with layer pullets that is at great risk. There are 5 commercial premises in the 3-7km zone (2 broilers, 5 layers & pullets).
3. Are there large densities of poultry in the surrounding area that would be at risk from virus amplification on the premises? There is another commercial premises in the 3km zone with layer pullets that is at great risk. There are 5 commercial premises in the 3-7km zone (2 broilers, 5 layers & pullets).
4. Are there high-value or breeder flocks in the surrounding area that would be at risk from virus amplification on the premises? No
5. Could a depopulation time of greater than 24-48 hours be feasible if lateral spread can be mitigated through biosecurity measures, particularly in a facility without large densities of poultry or high value flocks in the surrounding area? No - There is another commercial premises in the 3km zone with layer pullets that is at great risk. There are 5 commercial premises in the 3-7km zone (2 broilers, 5 layers & pullets).
6. Is there strong opposition from the State Animal Health Official, or designee, on any given method given the answers to the previous questions? No.
7. Is there strong opposition from the producer/owner on any given method, given the answers to the previous questions? No.
8. What resources are required for either CO2 or water-based foam or other methods? 2 trucks of CO2 and 4 manifolds per house plus safety personnel to ensure public safety.

8. What resources are required for either CO<sub>2</sub> or water-based foam or other methods? 2 trucks of CO<sub>2</sub> and 4 manifolds per house plus safety personnel to ensure public safety.
9. For either CO<sub>2</sub> or water-based foam or other depopulation methods, how quickly (in hours) can resources and personnel deploy and complete the depopulation safely and effectively? We have not been able to get an answer on how long it will take to get CO<sub>2</sub> trucks, or even if they are available.
10. Are sufficient resources available to conduct either CO<sub>2</sub> or water-based foam or other depopulation methods within 24-48 hours? No, we have never tried to access CO<sub>2</sub> trucks or manifolds until this moment. We do not have safety personnel available. A request was put in and some equipment will arrive, but we do not have safety personnel or a contract for CO<sub>2</sub> tankers.
11. How many personnel are required for the completion of either CO<sub>2</sub> or water-based foam depopulation? CO<sub>2</sub> requires personnel knowledgeable about setting up a manifold system and we do not have anyone in the state with that type of training.
12. Are sufficiently trained personnel available to conduct the preferred depopulation method identified within 24-48 hours? Yes, a poultry veterinarian and agricultural engineer with many years of experience in depopulation. They both have knowledge of VSD Plus science.
13. Is ventilation shutdown plus (+) possible on the premises, given house construction and environmental factors? Yes.
14. Is ventilation shutdown plus (+) the only option that will achieve rapid depopulation meeting the 24-48-hour goal, given personnel and resource constraints? Yes.
15. What is the added risk of increased numbers of personnel on (and off) the premises from traditional depopulation methods such as CO<sub>2</sub> and water-based foam, in terms of biosecurity? We have very limited numbers of local responders available in Delaware at the state and federal level currently – so any responder that goes onto the farm to do CO<sub>2</sub> and associated tasks will then be held back from a response with Broiler chickens, which predominate the industry in our state and region.

OWNER/OPERATOR: [REDACTED]

Signature: [REDACTED]

Date: 2/22/22

V S INCIDENT COMMANDER OR  V S DISTRICT DIRECTOR/ASSISTANT DIRECTOR:

Signature: \_\_\_\_\_

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

STATE INCIDENT COMMANDER OR  STATE VETERINARIAN:

Signature: [REDACTED]

Date: 2/22/22

### INCIDENT BRIEFING (ICS 201)

|  |  |  |
|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022 | <b>2. Incident Number:</b><br>22DE0001 | <b>3. Date/Time Initiated:</b><br>Date: 2/24/2022 Time: 0800 |
|--|--|--|

**4. Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):

DE HPAI 2022

Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
Common law privacy interest

**5. Situation Summary and Health and Safety Briefing** (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

Delaware confirmed 1 case of HPAI H5 on 2/22/22, confirmed positive at NVSL. No additionally cases have presented or been confirmed. Due to the significant potential threat HPAI H5 poses to the DelMarVa poultry community, Unified Command has been established with representatives from DDA, MDA, and USDA.

The Delaware Department of Agriculture is engaged in management, coordination, and response to the presence of HPAI H5 in Delaware. Coordination with DPH regarding the human public health aspect of the incident is on-going, with no imminent threats or concerns. Public information is being coordinated through the DDA PIO with support from the MD PIO and DEMA PIO.

All commercial farms & backyard flocks in the 10k Control Area (CA) and in the 10-20k Surveillance Sone (SZ) have been identified and mapped.

|  |
|--|
| <b>6. Prepared by: Name:</b> _____ <b>Position/Title:</b> OPS PLN Unit _____ <b>Signature:</b> _____ |
| <b>ICS 201, Page 1</b> <span style="float: right;"><b>Date/Time:</b> 2/22/22 @ 2030</span>           |





### INCIDENT OBJECTIVES (ICS 202)

|   |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
|---|--|---|---|---------------------------|---|----------------------------------|---|----------------------------------|------------------------------------|--------------------------------|--|---|--------------------------------|---|--|--------------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 2/24/22    Date To: 2/24/22<br>Time From: 0800    Time To: 1830 |   |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
| <b>3. Objective(s):</b> <ul style="list-style-type: none"> <li>Maintain biosecurity and protect public health at the infected site.</li> <li>Coordinate depopulation for premises.</li> <li>Begin composting operations.</li> <li>Complete surveillance of farms in the 10k.</li> <li>Continue planning for surveillance of non-commercial farms within the 10k.</li> <li>Begin planning for the 20k surveillance area.</li> <li>Maintain continuity of operations, with a focus on long-term operations of layers and broilers, and permitting movements.</li> <li>Develop supplemental cooperative agreement through USDA.</li> <li>Develop plan for site security.</li> </ul>  |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
| <b>4. Operational Period Command Emphasis:</b><br><br>Priority for all on-site personnel is to maintain enhanced biosecurity in the Control Area. Operational emphasis is on continued depopulation and disposal of the infected premises. DDA and partner agencies, including the USDA, are working to contain the situation, including sampling and quarantining nearby poultry flocks.   |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
| <b>General Situational Awareness</b><br>There is no public health concern, and avian influenza does not affect poultry meat or egg products, which remain safe to eat.  |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
| <b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located at:</b> USDA generated.   |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
| <b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input checked="" type="checkbox"/> ICS 207</td> <td><u>Other Attachments:</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> ICS 230 _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forcast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table> |  | <input checked="" type="checkbox"/> ICS 203       | <input checked="" type="checkbox"/> ICS 207 | <u>Other Attachments:</u> | <input checked="" type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 208 | <input checked="" type="checkbox"/> ICS 230 _____ | <input type="checkbox"/> ICS 205 | <input type="checkbox"/> Map/Chart | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> ICS 205A | <input type="checkbox"/> Weather Forcast/Tides/Currents | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> ICS 206 |  | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> ICS 203   | <input checked="" type="checkbox"/> ICS 207  | <u>Other Attachments:</u>                         |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
| <input checked="" type="checkbox"/> ICS 204   | <input type="checkbox"/> ICS 208   | <input checked="" type="checkbox"/> ICS 230 _____ |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
| <input type="checkbox"/> ICS 205  | <input type="checkbox"/> Map/Chart   | <input type="checkbox"/> _____                    |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
| <input checked="" type="checkbox"/> ICS 205A  | <input type="checkbox"/> Weather Forcast/Tides/Currents  | <input type="checkbox"/> _____                    |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
| <input checked="" type="checkbox"/> ICS 206   |  | <input type="checkbox"/> _____                    |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
| <b>7. Prepared by:</b> Name: _____ Position/Title: OPS PLN Unit _____ Signature: _____  |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
| <b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____  |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |
| ICS 202   | IAP Page <u>3</u>  | Date/Time: _____                                  |   |                           |   |                                  |   |                                  |                                    |                                |  |   |                                |   |  |                                |



## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/24/22 @ 0800 to 2/24/22 @ 1830 |   | <b>Page</b>                          |                              |
|--|----------------|--|---|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Disease Mgmt Branch       |   | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/23/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader [REDACTED]                                 |                |  |   | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |   | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |   |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment   | Obj #                                | Reporting Info/Notes/Remarks |
| Depopulation   | [REDACTED]     | 34 Total<br>[REDACTED]   | Coordinate and complete depopulation of chicken houses through VSD+ and CO2.  |                                      |                              |
| Disposal Group   | [REDACTED]     | 44 Total<br>[REDACTED]   | Prepare for disposal of depopulated chickens within 72 hours of depopulation being completed.   |                                      |                              |
| Case Management  | [REDACTED]     | 2  | Supporting on-site operations of depopulation and disposal while ensuring C&D and decon are completed appropriately to enhance biosecurity. Maintaining operational communications with UC. |                                      |                              |
|  |                |  |   |                                      |                              |
|  |                |  |   |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |   |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |   |                                      |                              |
| DE ICS 204   | IAP Page       | 5  |   |                                      |                              |

## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/24/22 @ 0800 to 2/24/22 @ 1830 |  | <b>Page</b>            |                              |
|--|----------------|--|--|------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Surveillance Branch       |  | <b>5. Prepared By:</b> | <b>Date</b><br>2/23/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |  | <b>6. PSC Review:</b>  | <b>Date</b>                  |
|  |                |  |  | <b>7. OSC Review:</b>  | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |  |                        |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment  | Obj #                  | Reporting Info/Notes/Remarks |
| Surveillance   | [REDACTED]     | 2  | Coordinate surveillance operations within the 10k CA. Compile data and mapping to support surveillance operations. |                        |                              |
| Lab Testing and Reporting  | [REDACTED]     | 3  | Coordinate lab testing with specific focus on farms within 10k CA for disease prevention and permitting.           |                        |                              |
| BYF Surveillance   | [REDACTED]     | 1  | Contact BYF via phone to do an EPI questionnaire and provide recommendations for bird health.                      |                        |                              |
| Commercial Layers Testing  | 1              | 1  | Surveillance and inspections to allow permitting and continuity of business.                                       |                        |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |  |                        |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |  |                        |                              |
| DE ICS 204   IAP Page  |                | 6  |  |                        |                              |

# ASSIGNMENT LISTING (DE ICS 204)

Exemption 10002(o)(6)  
Common law privacy interest

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/24/22 @ 0800 to 2/24/22 @ 1830 |                 | <b>Page</b>                          |                              |
|--|----------------|--|-----------------|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Public Health Operations  |                 | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/23/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |                 | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |                 | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |                 |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment | Obj #                                | Reporting Info/Notes/Remarks |
| DPH Operations   |                | 2  |                 |                                      |                              |
| SME  |                | 1  |                 |                                      |                              |
| MD Public Health   |                | 1  |                 |                                      |                              |
|  |                |  |                 |                                      |                              |
|  |                |  |                 |                                      |                              |
|  |                |  |                 |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |                 |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |                 |                                      |                              |
| DE ICS 204   |                | IAP Page   |                 | 7                                    |                              |

|                                   |                        |                                |
|-----------------------------------|------------------------|--------------------------------|
| 1. Incident Name:<br>DE HPAI 2022 | 2. Operational Period: | Date/Time From: 2/24/22 @ 0800 |
|                                   |                        | Date/Time to: 2/24/22 @ 1830   |

| Incident Assigned Position       | Name (Alphabetized) | Emails | Phone numbers | Remote/In Person |
|----------------------------------|---------------------|--------|---------------|------------------|
| Lab Liaison - MD                 |                     |        |               | Remote           |
| EMRS                             |                     |        |               | Remote           |
| AVIC Area Vet                    |                     |        |               | Remote           |
| Planning - Documentation Unit    |                     |        |               | In person        |
| On-Site Safety Officer           |                     |        |               | In person        |
| EMRS-permitting                  |                     |        |               | Remote           |
| Liaison Staff                    |                     |        |               | In person        |
| NCC EMA                          |                     |        |               | In person        |
| Deputy Planning Chief            |                     |        |               | In person        |
| Public Health Ops                |                     |        |               | Remote           |
| Disposal Group                   |                     |        |               | In person        |
| DRO                              |                     |        |               | Remote           |
| Liaison Staff                    |                     |        |               | In person        |
| Public Health Ops - MD           |                     |        |               | Remote           |
| Lab Liaison - DE                 |                     |        |               | In person        |
| Branch Director-Surveillance     |                     |        |               | In person        |
|                                  |                     |        |               | Remote           |
| Disposal Group                   |                     |        |               | In person        |
| Public Health Ops                |                     |        |               | In person        |
| EMRS-permitting                  |                     |        |               | Remote           |
| UC-DE                            |                     |        |               | In person        |
| PIO-DE                           |                     |        |               | In person        |
| Depop Group                      |                     |        |               | In person        |
| Surveillance Group               |                     |        |               | Remote           |
| DCA Broiler Liaison              |                     |        |               | In person        |
| Planning - Mapping               |                     |        |               | In person        |
| AVIC                             |                     |        |               | Remote           |
| Deputy Operations Chief          |                     |        |               | In person        |
| MD Commercial                    |                     |        |               | Remote           |
| Lab Unit                         |                     |        |               | In person        |
| Operations Chief                 |                     |        |               | In person        |
| Case Manager                     |                     |        |               | Remote           |
| Contracting Officer              |                     |        |               | In person        |
| BYF Disease Mgmt Unit            |                     |        |               | In person        |
| IC-MD                            |                     |        |               | In person        |
| Logistics - Federal Coordination |                     |        |               | Remote           |
| Planning - Resource Unit         |                     |        |               | In person        |
| Logistics Support                |                     |        |               | In person        |
| Public Health Ops-DE             |                     |        |               | Remote           |
| Deputy Logistics Chief           |                     |        |               | Remote           |
| Finance Chief                    |                     |        |               | Remote           |
| Branch Director-Disease Mgmt     |                     |        |               | In person        |
| PIO-MD                           |                     |        |               | Remote           |
| Logistics Support                |                     |        |               | Remote           |
| Deputy Finance Chief             |                     |        |               | Remote           |
| Logistics Support                |                     |        |               | In person        |
| Logistics Chief                  |                     |        |               | In person        |
| EMRS                             |                     |        |               | Remote           |
| Planning Chief                   |                     |        |               | In person        |
| EMRS-permitting                  |                     |        |               | In person        |
| Planning-Situation Unit          |                     |        |               | Remote           |
| Case Manager                     |                     |        |               | In person        |

|                 |            |                              |
|-----------------|------------|------------------------------|
| 9. Prepared By: | Name       | Position/Title: OPS PLN Unit |
| Signature:      |            | Date/Time: 2/23/22 @ 2030    |
| DE ICS 203      | IAP Page 8 |                              |



### MEDICAL PLAN (ICS 206)

| <b>1. Incident Name:</b><br>DE HPAI 2022 # 22DE0001  |   | <b>2. Operational Period:</b> Date From: 2/24/2022<br>Time From: 0800 |   | Date To: 2/24/2022<br>Time To: 1830 |   |   |  |
|--|---|---|---|-------------------------------------|---|---|--|
| <b>3. Medical Aid Stations:</b>  |   |   |   |                                     |   |   |  |
| Name   | Location                                  | Contact Number(s)/Frequency   | Paramedics on Site?                                       |                                     |   |   |  |
|  |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |   |   |  |
|  |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |   |   |  |
|  |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |   |   |  |
|  |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |   |   |  |
|  |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |   |   |  |
|  |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |   |   |  |
| <b>4. Transportation (indicate air or ground):</b>   |   |   |   |                                     |   |   |  |
| Ambulance Service  | Location                                  | Contact Number(s)/Frequency   | Level of Service  |                                     |   |   |  |
| NCC Emergency Medical Se   | 3601 N. Dupont Highway New Castle, DE 1   | 302-395-8184 or 911   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                     |   |   |  |
|  |   |   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                     |   |   |  |
|  |   |   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                     |   |   |  |
|  |   |   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                     |   |   |  |
| <b>5. Hospitals:</b>   |   |   |   |                                     |   |   |  |
| Hospital Name  | Address, Latitude & Longitude if Helipad  | Contact Number(s)/ Frequency  | Travel Time   |                                     | Trauma Center   | Burn Center   | Helipad  |
|  |   |   | Air   | Ground                              |   |   |  |
| ChristianaCare   | 4755 Ogetown Stanton Rd, Newark, DE 19718 | 911   |   |                                     | <input checked="" type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |   |   |   |                                     | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |   |   |   |                                     | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |   |   |   |                                     | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |   |   |   |                                     | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
| <b>6. Special Medical Emergency Procedures:</b>  |   |   |   |                                     |   |   |  |
| <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. |   |   |   |                                     |   |   |  |
| <b>7. Prepared by (Medical Unit Leader):</b> Name: _____ Signature: _____  |   |   |   |                                     |   |   |  |
| <b>8. Approved by (Safety Officer):</b> Name: <u>pending</u> Signature: _____  |   |   |   |                                     |   |   |  |
| ICS 206  |   | IAP Page _____  |   | Date/Time: 2.23.22 1830             |   |   |  |

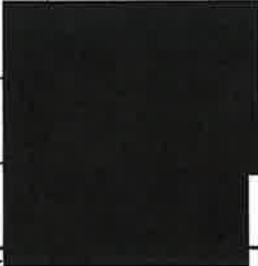


Exemption 10002(o)(6)  
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### INCIDENT ORGANIZATION CHART (ICS 207)

|  |             |  |  |
|--|-------------|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022 |             | <b>2. Operational Period:</b> Date From: 2/24/2022 Date To: 2/24/2022<br>Time From: 0800 Time To: 1830 |  |
| <b>3. Organization Chart</b>             |             |  |  |
|  |             |  |  |
| ICS 207                                  | IAP Page 11 | 4. Prepared by: Name: [REDACTED]   | Position/Title: OPS PLN Unit Signature: _____ Date/Time: 2/23/22 |

Exemption 7 U.S.C.A. § 8791  
 Exemption 10002(o)(6)  
 Common law privacy interest

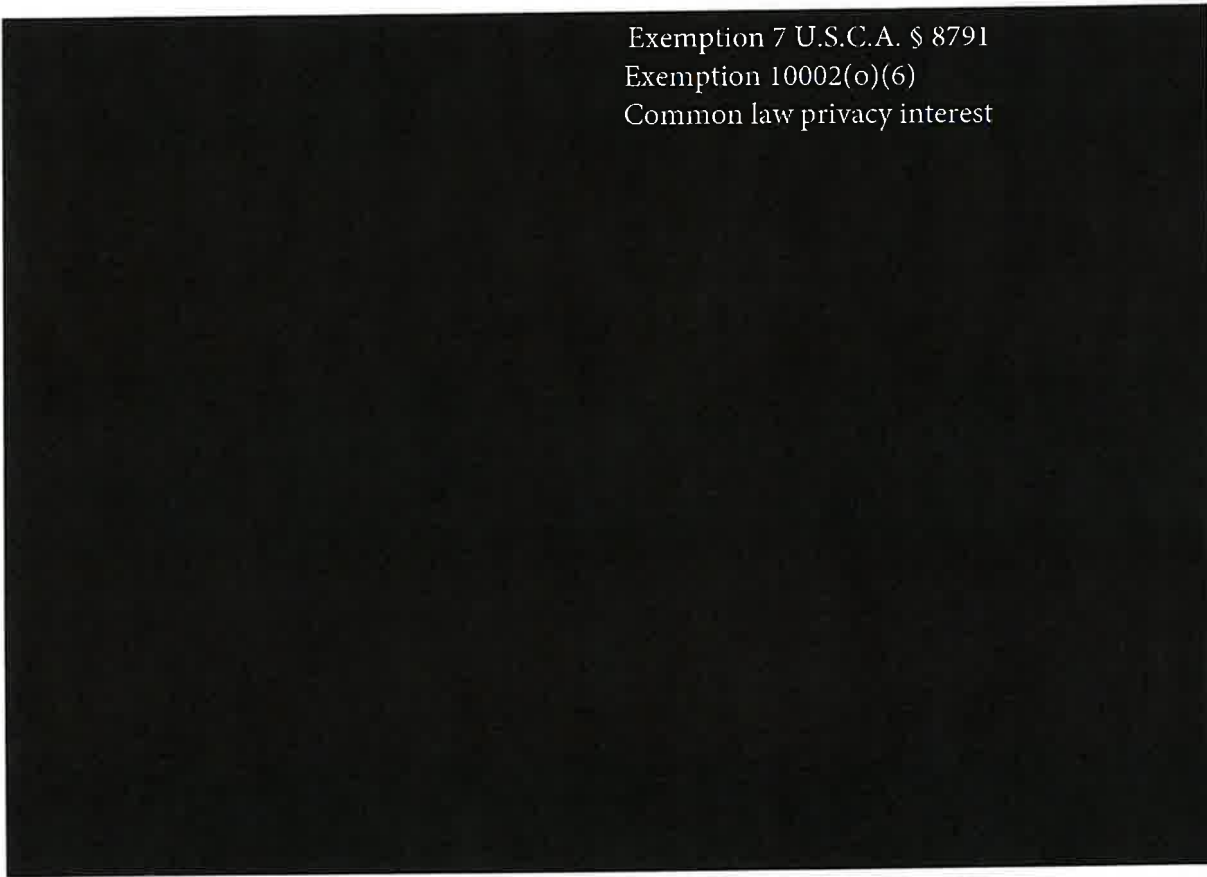
| 1. Incident Name<br>DE HPAI 2022                          |                                    | 2. Operational Period (Date/Time)<br>From: 2/24/22 0800 To: 2/24/22 1830  |   | DAILY MEETING SCHEDULE<br>ICS 230-CG  |  |
|---|------------------------------------|---|---|---|--|
| 3. Meeting Schedule (Commonly-held meetings are included) |                                    |   |   |   |  |
| Date/ Time  | Meeting Name                       | Purpose   | Attendees   | Location  |  |
| 0830  | Unified Command Objectives Meeting | Review/ identify objectives for the next operational period.  | Unified Command members   |   |  |
| 0930  | Command & General Staff Meeting    | IC/UC gives direction to Command & General staff including Incident objectives and priorities                     | IC/UC, Command & General Staff  |   |  |
| 0930  | Tactics Meeting                    | Develop/Review primary and alternate Strategies to meet Incident Objectives for the next Operational Period       | PSC, OSC, LSC, RESL & SITL  |   |  |
| 1000  | BYF Mapping Meeting                |   |   |   |  |
| 1200  | USDA Policy Meeting                |   |   |   |  |
| 1400  | Planning Meeting                   | Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period | Determined by the IC/UC   |   |  |
| 1800  | Operations Briefing                | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period                          | IC/UC, Command & General Staff, Branch Directors, Div/Grp Sups, Task Force/Strike Team Leaders and Unit Leaders | CONFERENCE CALL:<br>Join with a video conferencing device                             |  |
|   |                                    |   |   |  |  |
|   |                                    |   |   |   |  |
|   |                                    |   |   |   |  |
| by: (Documents Lead)                                      |                                    |   | Date/T  |   |  |
|   |                                    |   | 2.23.22 1830  |   |  |
| DAILY MEETING SCHEDULE                                    |                                    |   |   | ICS 230-CG (Rev.07/04)  |  |

### INCIDENT BRIEFING (ICS 201)

|  |  |  |
|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022 | <b>2. Incident Number:</b><br>22DE0001 | <b>3. Date/Time Initiated:</b><br>Date: 2/25/2022 Time: 0800 |
|--|--|--|

**4. Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):

DE HPAI 2022



Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
Common law privacy interest

**5. Situation Summary and Health and Safety Briefing** (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

Delaware confirmed 1 positive case of HPAI H5 at NVSL on 2/22/22. There are no additionally cases presented or confirmed. Due to the significant potential threat HPAI H5 poses to the DelMarVa poultry community and industry, Unified Command has been established with representatives from Delaware Department of Agriculture (DDA), Maryland Department of Agriculture (MDA), and USDA.

The DDA is engaged in management, coordination, and response to the presence of HPAI H5 in Delaware. Coordination with DPH regarding the human public health aspect of the incident is on-going, with no imminent threats or concerns. Public information is being coordinated through the DDA PIO and a Joint Information Center.

All commercial farms & backyard flocks within the 10k Control Area (CA) and within the 10-20k Surveillance Zone

|   |                                     |                         |
|---|-------------------------------------|-------------------------|
| <b>6. Prepared by: Name:</b> [REDACTED] | <b>Position/Title:</b> OPS PLN Unit | <b>Signature:</b> _____ |
| ICS 201, Page 1                         | <b>Date/Time:</b> 2/24/22 @ 1915    |                         |

|  |  |  |
|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022 | <b>2. Incident Number:</b><br>22DE0001 | <b>3. Date/Time Initiated:</b><br>Date: 2/25/2022 Time: 0800 |
|--|--|--|

(SZ) have been identified and mapped. All commercial farms in the 10k CA have been tested at least once; all tests are negative for HPAI H5.

On-premise cleaning and disinfection (C&D) and decontamination procedures are being enforced to maintain enhanced biosecurity in the CA. Depopulation plan is underway to use VSD+ and outside windrow composting. VSD+ depopulation of the initial house (House #2) began at 1645 on 2/23/22 and completed 2/24/22. Anticipate use of CO2 for depopulation in conjunction with VSD+ to begin on 2/24/22. Depopulation of House #3 to begin 2/24/22 evening with resources in place to begin depopulating House #1 on 2/25/22. USDA support teams for depopulation, disposal and chicken removal are on-site.

Surveillance testing began at Maryland commercial layer farms and was completed at Salisbury Lab. Daily testing will continue in order to ensure continuity of business. Hold orders were placed on those farms until the CA is cleared. Eggs are permitted to move with negative testing and on-going enhanced biosecurity. Testing to continue in compliance with Secure Egg Supply Plan for movement of eggs. Surveillance plan for commercial and backyard flocks in the CA and SZ is under review.

Public Health contact tracing/EPI on-going for DE and MD. Developing an on-site medical plan to address any human infection.

**7. Current and Planned Objectives:**

- Maintain biosecurity and protect public health at the infected site
- Coordinate depopulation for premises
- Begin composting operations
- Continue surveillance of non-commercial farms within the 10k
- Begin planning for the 20k surveillance area
- Maintain continuity of operations, with a focus on long-term operations of layers and broilers, and permitting movements
- Continue to develop supplemental cooperative agreement through USDA
- Begin enhanced site security

**8. Current and Planned Actions, Strategies, and Tactics:**

| Time: | Actions:   |
|-------|--|
| 0700  | Propane arrival at premises  |
| 0800  | Report to ICP/EOC  |
| 0800  | CO2 Tankers arriving at premises   |
| 0830  | Heavy equipment arriving at premises for composting                      |
| ~1000 | Depopulation to begin whole house gas on House #1                        |
| ~1100 | Layer surveillance samples to UD Allen Lab                               |
| ~1100 | Continue Backyard Flock surveys in 10k                                   |
|       |  |
|       | On-going depopulation, disposal, and surveillance for infected premises. |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |

|                                    |                                     |                           |
|------------------------------------|-------------------------------------|---------------------------|
| <b>6. Prepared by: Name:</b> _____ | <b>Position/Title:</b> OPS PLN Unit | <b>Signature:</b> _____   |
| ICS 201, Page 1                    |                                     | Date/Time: 2/24/22 @ 1915 |

## INCIDENT OBJECTIVES (ICS 202)

|  |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
|--|--|---|---|---------------------------|---|----------------------------------|---|----------------------------------|------------------------------------|--------------------------------|--|--|--------------------------------|---|--|--------------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022   | <b>2. Operational Period:</b> Date From: 2/25/22    Date To: 2/25/22<br>Time From: 0800    Time To: 1830 |   |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
| <b>3. Objective(s):</b> <ul style="list-style-type: none"> <li>Maintain biosecurity and protect public health at the infected site</li> <li>Coordinate depopulation for premises</li> <li>Begin composting operations</li> <li>Continue surveillance of non-commercial farms within the 10k</li> <li>Begin planning for the 20k surveillance area</li> <li>Maintain continuity of operations, with a focus on long-term operations of layers and broilers, and permitting movements</li> <li>Continue to develop supplemental cooperative agreement through USDA</li> <li>Begin enhanced site security</li> </ul>  |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
| <b>4. Operational Period Command Emphasis:</b><br><br>Priority for all on-site personnel is to maintain enhanced biosecurity in the Control Area. Operational emphasis is on continued depopulation and disposal of the infected premises. DDA and partner agencies MDA and USDA, are working to contain the situation, including sampling and quarantining nearby poultry flocks. DPH EPI developed a sign-in sheet to assist with contact tracing based on state of residence.   |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
| <b>General Situational Awareness</b><br>There is no public health concern, and avian influenza does not affect poultry meat or egg products, which remain safe to eat.   |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
| <b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approved Site Safety Plan(s) Located at: USDA generated.   |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
| <b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input checked="" type="checkbox"/> ICS 207</td> <td><u>Other Attachments:</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> ICS 230 _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table> |  | <input checked="" type="checkbox"/> ICS 203       | <input checked="" type="checkbox"/> ICS 207 | <u>Other Attachments:</u> | <input checked="" type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 208 | <input checked="" type="checkbox"/> ICS 230 _____ | <input type="checkbox"/> ICS 205 | <input type="checkbox"/> Map/Chart | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> ICS 205A | <input type="checkbox"/> Weather Forecast/Tides/Currents | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> ICS 206 |  | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> ICS 203  | <input checked="" type="checkbox"/> ICS 207  | <u>Other Attachments:</u>                         |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
| <input checked="" type="checkbox"/> ICS 204  | <input type="checkbox"/> ICS 208   | <input checked="" type="checkbox"/> ICS 230 _____ |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
| <input type="checkbox"/> ICS 205   | <input type="checkbox"/> Map/Chart   | <input type="checkbox"/> _____                    |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
| <input checked="" type="checkbox"/> ICS 205A   | <input type="checkbox"/> Weather Forecast/Tides/Currents   | <input type="checkbox"/> _____                    |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
| <input checked="" type="checkbox"/> ICS 206  |  | <input type="checkbox"/> _____                    |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
| <b>7. Prepared by:</b> Name: _____ Position/Title: OPS PLN Unit _____ Signature: _____   |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
| <b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____   |  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |
| ICS 202  | IAP Page _____ Date/Time: _____  |   |   |                           |   |                                  |   |                                  |                                    |                                |  |  |                                |   |  |                                |

ORGANIZATION ASSIGNMENT LISTING (DE ICS 203)

|  |                       |  |      |
|--|-----------------------|--|------|
| <b>1. Incident Name:</b><br>DE HPAI 2022             |                       | <b>2. Operational Period:</b><br>Date/Time From: 2/25/22 @ 0800 Date/Time to: 2/25/22 @ 1830 |      |
| <b>3. Incident Commander(s) &amp; Command Staff:</b> |                       | <b>4. Operations Section:</b>  |      |
| IC/UC  |                       | Chief  |      |
| UC   |                       | Deputy   |      |
| UC   |                       | NCC EMA/Staging Area   |      |
| Deputy   |                       | OPS Staff  |      |
| Safety Officer                                       |                       | OPS Staff  |      |
| Public Info Officer                                  |                       | Disease Mgmt Br  |      |
| Liaison Officer                                      |                       | Depopulation Gp  |      |
| Liaison Officer                                      |                       | Disposal Gp  |      |
| <b>5. Planning Section:</b>                          |                       | Decon/Site Safety  |      |
| Chief  |                       | Case Manager   |      |
| Deputy   |                       | Site Manager   |      |
| Situation Unit                                       |                       |  |      |
| Operational Planning Unit                            |                       | Surveillance Br  |      |
| Resource Unit  |                       | Surveillance Gr  |      |
| Documentation Unit                                   |                       | Lab Unit   |      |
| Disease Reporting Officer                            |                       | Lab Liaison  |      |
| Mapping  |                       | Lab Liaison  |      |
| EMRS - Permitting                                    |                       | BYF Diseas Mgmt Unit   |      |
| EMRS   |                       | Commercial Layers Testing  |      |
| Chicken Epi  |                       |  |      |
| <b>6. Logistics Section:</b>                         |                       |  |      |
| Chief  |                       |  |      |
| Deputy   |                       |  |      |
| Support Branch                                       |                       |  |      |
| Supply Unit  |                       |  |      |
| Ground Support Unit                                  |                       |  |      |
| Food Unit  |                       | Public Health Operations   |      |
|  |                       | DPH Operations   |      |
|  |                       | DPH OPS Deputy   |      |
|  |                       | DPH EPI  |      |
|  |                       | Medical Support  |      |
| Federal Coordinator                                  |                       | One Health   |      |
| USDA Support   |                       | Infect. Disease Safety   |      |
|  |                       | <b>8. Other Agency/Organization Representatives:</b>   |      |
|  |                       | Agency/Organization  | Name |
|  |                       | USDA AVIC Area Vet   |      |
|  |                       | DCS Broiler Liaison  |      |
|  |                       | MD Public Health   |      |
| <b>7. Finance/Administrative Section</b>             |                       |  |      |
| Chief  |                       |  |      |
| Deputy   |                       |  |      |
| Contracting & Acquisition                            |                       |  |      |
| Field Reimbursement Spec.                            |                       |  |      |
| Financial Management Unit                            |                       |  |      |
| Claims & Compensation                                |                       |  |      |
| Administrative Services                              |                       |  |      |
| Training   |                       |  |      |
| <b>9. Prepared By:</b> Name: _____                   | Position/Title: _____ | OPS PLN Unit   |      |
| Signature: _____                                     | Date/Time: _____      | 2/24/22 @ 2000   |      |
| DE ICS 203   | IAP Page 4            |  |      |



## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |  | <b>2. Operational Period</b><br>2/25/22 @ 0800 to 2/25/22 @ 1830 |   | <b>Page</b>                       |                              |
|--|--|--|---|-----------------------------------|------------------------------|
|  |  |  |   | <b>5. Prepared By:</b>            | <b>Date</b><br>2/24/2022     |
| <b>3. Section</b><br>Operations  | <b>4. Branch/Unit/Group/Staging</b><br>Disease Mgmt Branch |  |   | <b>6. PSC Review:</b> <b>Date</b> |                              |
| <b>8. Operations Personnel</b><br>Branch Leader [REDACTED]                                 |  |  |   | <b>7. OSC Review:</b> <b>Date</b> |                              |
| <b>9. Resources Assigned</b>   |  |  |   |                                   |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info #   | # of Personnel   | Work Assignment   | Obj #                             | Reporting Info/Notes/Remarks |
| Depopulation   | [REDACTED]   | 34 Total<br>[REDACTED]   | Coordinate and complete depopulation of chicken houses through VSD+ and CO2.  |                                   |                              |
| Disposal Group   | [REDACTED]   | 44 Total<br>[REDACTED]   | Prepare for disposal of depopulated chickens within 72 hours of depopulation being completed.   |                                   |                              |
| Case Management  | [REDACTED]   | 1  | Supporting on-site operations of depopulation and disposal while ensuring C&D and decon are completed appropriately to enhance biosecurity. Maintaining operational communications with UC. |                                   |                              |
| Site Manager   | [REDACTED]   | 1  | Maintain operational coordination of on-site depopulation, disposal, case management, decon   |                                   |                              |
| Decon  | [REDACTED]   | 1  | Enforce decon and C&D on-site for enhanced biosecurity.   |                                   |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |  |  |   |                                   |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |  |  |   |                                   |                              |
| DE ICS 204   |  | IAP Page   |   | 5                                 |                              |



## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/25/22 @ 0800 to 2/25/22 @ 1830 |  | <b>Page</b>                          |                              |
|--|----------------|--|--|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Surveillance Branch       |  | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/24/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |  | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |  | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |  |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment  | Obj #                                | Reporting Info/Notes/Remarks |
| Surveillance   | [REDACTED]     | 2  | Coordinate surveillance operations within the 10k CA. Compile data and mapping to support surveillance operations. |                                      |                              |
| Lab Testing and Reporting  | [REDACTED]     | 3  | Coordinate lab testing with specific focus on farms within 10k CA for disease prevention and permitting.           |                                      |                              |
| BYF Surveillance   | [REDACTED]     | 1  | Contact BYF via phone to do an EPI questionnaire and provide recommendations for bird health.                      |                                      |                              |
| Commercial Layers Testing  | 1              | 1  | Surveillance and inspections to allow permitting and continuity of business.                                       |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |  |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |  |                                      |                              |
| DE ICS 204   IAP Page  |                |  |  |                                      |                              |

# ASSIGNMENT LISTING (DE ICS 204)

Exemption 10002(o)(6)  
Common law privacy interest

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/25/22 @ 0800 to 2/25/22 @ 1830 |                 | <b>Page</b>                          |                              |
|--|----------------|--|-----------------|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Public Health Operations  |                 | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/24/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader [REDACTED]                                 |                |  |                 | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |                 | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |                 |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment | Obj #                                | Reporting Info/Notes/Remarks |
| DPH Operations   |                | 2  |                 |                                      |                              |
| SME  |                | 2  |                 |                                      |                              |
| MD Public Health   |                | 1  |                 |                                      |                              |
| EPI  |                | 2  |                 |                                      |                              |
| Infectious Disease Safety  |                | 1  |                 |                                      |                              |
|  |                |  |                 |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |                 |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |                 |                                      |                              |
| DE ICS 204   |                | IAP Page   |                 |                                      |                              |

### COMMUNICATIONS LIST (ICS 205a)

| <b>1. Incident Name</b><br>DE HPAI 2022          |                                     | <b>2. Operational Period</b><br>Date From: 2/25/22<br>Date To: 2/25/22<br>Time From: 0800<br>Time To: 1830 |                                   |                  |
|--|-------------------------------------|--|-----------------------------------|------------------|
| <b>3. Basic Local Communications Information</b> |                                     |  |                                   |                  |
| Incident Assigned Position                       | Name (Alphabetized)                 | Emails   | Phone numbers                     | Remote/In Person |
| Lab Liaison - MD                                 | [REDACTED]                          | [REDACTED]   | [REDACTED]                        | Remote           |
| EMRS   |                                     |  | [REDACTED]                        | Remote           |
| Composting SME                                   |                                     |  | [REDACTED]                        | On-Site          |
| AVIC Area Vet                                    |                                     |  | [REDACTED]                        | Remote           |
| Planning - Operational Planning Unit             |                                     |  | [REDACTED]                        | ICP              |
| Decon Safety                                     |                                     |  | [REDACTED]                        | On-Site          |
| Composting SME                                   |                                     |  | [REDACTED]                        | On-Site          |
| EMRS-permitting                                  |                                     |  | [REDACTED]                        | Remote           |
| Liaison Officer                                  |                                     |  | [REDACTED]                        | ICP              |
| NCC EMA/Staging Area Manager                     |                                     |  | [REDACTED]                        | On-Site          |
| Deputy Planning Chief                            |                                     |  | [REDACTED]                        | ICP              |
| Public Health Ops                                |                                     |  | [REDACTED]                        | Remote           |
| Disposal Group                                   |                                     |  | [REDACTED]                        | On-Site          |
| DRO  |                                     |  | [REDACTED]                        | Remote           |
| Liaison Officer                                  |                                     |  | [REDACTED]                        | ICP              |
| Public Health Ops - MD                           |                                     |  | [REDACTED]                        | Remote           |
| Lab Liaison - DE                                 |                                     |  | [REDACTED]                        | ICP              |
| Sureveillance Branch Director                    |                                     |  | [REDACTED]                        | ICP              |
| Disposal Group                                   |                                     |  | [REDACTED]                        | On-Site          |
| DE Public Health Operations Chief                |                                     |  | [REDACTED]                        | Remote           |
| EMRS-permitting                                  |                                     |  | [REDACTED]                        | Remote           |
| UC-DE  |                                     |  | [REDACTED]                        | ICP              |
| PIO-DE   |                                     |  | [REDACTED]                        | ICP              |
| DPH Leadership                                   |                                     |  | [REDACTED]                        | Remote           |
| Depop Group                                      |                                     |  | [REDACTED]                        | On-Site          |
| Surveillance Group                               |                                     |  | [REDACTED]                        | Remote           |
| DCA Broiler Liasion                              |                                     |  | [REDACTED]                        | ICP              |
| Planning - Arc/GIS & Mapping                     |                                     |  | [REDACTED]                        | Remote           |
| AVIC   |                                     |  | [REDACTED]                        | ICP              |
| Deputy Operations Chief                          |                                     |  | [REDACTED]                        | ICP              |
| MD Commercial                                    |                                     |  | [REDACTED]                        | Remote           |
| Lab Unit   |                                     |  | [REDACTED]                        | ICP              |
| Operations Section Chief                         | [REDACTED]                          | ICP  |                                   |                  |
| Case Manager                                     | [REDACTED]                          | Remote   |                                   |                  |
| Contracting Officer                              | [REDACTED]                          | On-Site  |                                   |                  |
| BYF Disease Mgmt Unit                            | [REDACTED]                          | ICP  |                                   |                  |
| IC-MD  | [REDACTED]                          | ICP  |                                   |                  |
| <b>4. Prepared by:</b> [REDACTED]                | <b>Position/Title:</b> OPS PLN Unit |  | <b>Signature:</b>                 |                  |
| <b>ICS 205A</b>                                  | <b>IAP Page</b>                     |  | <b>Date/Time:</b> 02/24/22 @ 1745 |                  |

**COMMUNICATIONS LIST (ICS 205a)**

| <b>1. Incident Name</b><br>DE HPAI 2022          |                     | <b>2. Operational Period</b> |               | <b>Date From:</b><br>2/25/22 | <b>Date To:</b><br>2/25/22 |  |
|--|---------------------|------------------------------|---------------|------------------------------|----------------------------|--|
|  |                     |                              |               | <b>Time From:</b> 0800       | <b>Time To:</b> 1830       |  |
| <b>3. Basic Local Communications Information</b> |                     |                              |               |                              |                            |  |
| Incident Assigned Position                       | Name (Alphabetized) | Emails                       | Phone numbers | Remote/In Person             |                            |  |
| Logistics - Federal Coordination                 | [REDACTED]          |                              |               | Remote                       |                            |  |
| Planning - Resource Unit                         |                     |                              | [REDACTED]    | ICP                          |                            |  |
| Logistics Support                                |                     |                              |               | [REDACTED]                   | ICP                        |  |
| Case Manager                                     |                     |                              |               |                              | On-Site                    |  |
| Public Health Ops-DE                             |                     |                              |               | [REDACTED]                   | On-Site                    |  |
| Whole House Gas SME                              |                     |                              |               |                              | On-Site                    |  |
| Deputy Logistics Chief                           |                     |                              |               |                              | ICP                        |  |
| Finance Chief                                    |                     |                              |               |                              | Remote                     |  |
| On site support                                  |                     |                              |               | [REDACTED]                   | On-Site                    |  |
| PIO-MD   |                     |                              |               |                              | Remote                     |  |
| Deputy Finance Chief                             |                     |                              |               |                              | Remote                     |  |
| Logistics Support                                |                     |                              |               | [REDACTED]                   | Remote                     |  |
| Logistics Support                                |                     |                              |               | [REDACTED]                   | ICP                        |  |
| TBD  |                     |                              |               |                              |                            |  |
| Logistics Chief                                  |                     |                              |               |                              | ICP                        |  |
| EMRS   |                     |                              |               |                              | Remote                     |  |
| Planning Chief                                   |                     |                              |               | [REDACTED]                   | ICP                        |  |
| EMRS-permitting                                  |                     |                              |               |                              | ICP                        |  |
| Safety Officer                                   |                     |                              |               |                              | On-Site                    |  |
| Planning-Situation Unit                          |                     |                              |               | [REDACTED]                   | Remote                     |  |
| Case Manager                                     |                     |                              | [REDACTED]    | On-Site                      |                            |  |

|                                   |                                     |                            |
|-----------------------------------|-------------------------------------|----------------------------|
| <b>4. Prepared by:</b> [REDACTED] | <b>Position/Title:</b> OPS PLN Unit | <b>Signature:</b>          |
| ICS 205A                          | IAP Page                            | Date/Time: 02/24/22 @ 1745 |

### MEDICAL PLAN (ICS 206)

|   |   |                                     |
|---|---|-------------------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022 # 22DE0001 | <b>2. Operational Period:</b> Date From: 2/25/2022<br>Time From: 0800 | Date To: 2/25/2022<br>Time To: 1830 |
|---|---|-------------------------------------|

| 3. Medical Aid Stations: |          |                             |  |
|--------------------------|----------|-----------------------------|--|
| Name                     | Location | Contact Number(s)/Frequency | Paramedics on Site?                                      |
|                          |          |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                          |          |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                          |          |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                          |          |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                          |          |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| 4. Transportation (indicate air or ground): |   |                             |   |
|---|---|-----------------------------|---|
| Ambulance Service                           | Location                                | Contact Number(s)/Frequency | Level of Service  |
| NCC Emergency Medical S                     | 3601 N. Dupont Highway New Castle, DE 1 | 302-395-8184 or 911         | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |
|   |   |                             | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |
|   |   |                             | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |
|   |   |                             | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |

| 5. Hospitals:  |  |                             |             |        |   |   |  |
|----------------|--|-----------------------------|-------------|--------|---|---|--|
| Hospital Name  | Address, Latitude & Longitude if Helipad   | Contact Number(s)/Frequency | Travel Time |        | Trauma Center   | Burn Center   | Helipad  |
|                |  |                             | Air         | Ground |   |   |  |
| ChristianaCare | 4755 Ogletown Stanton Rd, Newark, DE 19718 | 911                         |             |        | <input checked="" type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                |  |                             |             |        | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|                |  |                             |             |        | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|                |  |                             |             |        | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|                |  |                             |             |        | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |

**6. Special Medical Emergency Procedures:**

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

**7. Prepared by (Medical Unit Leader):** Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**8. Approved by (Safety Officer):** Name: pending Signature: \_\_\_\_\_

|         |                |                         |
|---------|----------------|-------------------------|
| ICS 206 | IAP Page _____ | Date/Time: 2.23.22 1830 |
|---------|----------------|-------------------------|

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### INCIDENT ORGANIZATION CHART (ICS 207)

|  |          |   |                             |                                   |            |
|--|----------|---|-----------------------------|-----------------------------------|------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022   |          | <b>2. Operational Period:</b> Date From: 2/25/22<br>Time From: 0800 |                             | Date To: 2/25/22<br>Time To: 1830 |            |
| <b>3. Organization Chart</b>   |          |   |                             |                                   |            |
| <pre>graph TD     UC[Unified Command] --- LO[Liaison Officer]     UC --- PO[Public Information Officer]     UC --- OS[Operations Section Chief]     UC --- PS[Planning Section Chief]     UC --- LS[Logistics Section Chief]     UC --- FAS[Finance/Admin Section Chief]      OS --- D[Deputy TBD]     OS --- NCC[NCC EMA Staging Area Manager]     OS --- DM[Disease Mgmt Branch]     OS --- S[Surveillance Branch]     OS --- EMRS[EMRS Permitting]     OS --- EMRS[EMRS]     OS --- DRG[DRG]     OS --- CE[Chicken EPI]     OS --- AV[USDA AVIC Area Vet]     OS --- DL[DCS Broiler Liaison]      DM --- SM[Site Manager]     DM --- CM[Case Mgmt]     DM --- DG[Depopulation Group]     DM --- DC[Disposal Crew]     DM --- DSS[Decon Site Safety]      S --- SG[Surveillance Group]     S --- CT[Commercial layers Testing]     S --- BYF[BYF Disease Mgmt]     S --- LG[Lab Group]     S --- LL[Lab Liaisons]      PS --- SU[Situation Unit Ldr.]     PS --- OP[Operational Planning Unit Ldr.]     PS --- DU[Documentation Unit Ldr.]     PS --- RU[Resources Unit Ldr.]     PS --- AM[ArcGIS Mapping]      LS --- SB[Support Branch Dr.]     LS --- SU[Supply Unit Ldr.]     LS --- GSU[Ground Sup. Unit Ldr.]     LS --- FU[Food Unit Ldr.]      FAS --- D[Deputy]     FAS --- FR[Field Reimbursement Specialist]     FAS --- CBO[CBO]      AV --- DL</pre> |          |   |                             |                                   |            |
| ICS 207  | IAP Page | 4. Prepared by: Name:   | Position/Title: OP Planning | Signature:                        | Date/Time: |

Exemption 7 U.S.C.A. § 8791  
 Exemption 10002(o)(6)  
 Common law privacy interest

| <b>1. Incident Name</b><br>DE HPAI 2022                          |                                    | <b>2. Operational Period (Date/Time)</b><br>From: 2/25/22 0800 To: 2/25/22 1830                                  |   | <b>DAILY MEETING SCHEDULE</b><br>ICS 230-CG |  |
|--|------------------------------------|--|---|---|--|
| <b>3. Meeting Schedule (Commonly-held meetings are included)</b> |                                    |  |   |   |  |
| Date/ Time   | Meeting Name                       | Purpose  | Attendees   | Location                                    |  |
| 0830   | Unified Command Objectives Meeting | Review/ Identify objectives for the next operational period.   | Unified Command members   |   |  |
|  |                                    |  |   |   |  |
| 0930   | Command & General Staff Meeting    | IC/UC gives direction to Command & General staff including incident objectives and priorities                    | IC/UC, Command & General Staff  |   |  |
|  |                                    |  |   |   |  |
| 0930   | Tactics Meeting                    | Develop/Review primary and alternate Strategies to meet Incident Objectives for the next Operational Period      | PSC, OSC, LSC, RESL & SITL  |   |  |
|  |                                    |  |   |   |  |
| 1200   | USDA Policy Meeting                |  |   |   |  |
| 1400   | Planning Meeting                   | Renew status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period | Determined by the IC/UC   |   |  |
|  |                                    |  |   |   |  |
|  |                                    |  |   |   |  |
| 1800   | Operations Briefing                | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period                         | IC/UC, Command & General Staff, Branch Directors, Div/Grp Sups, Task Force/Strike Team Leaders and Unit Leaders |   |  |
|  |                                    |  |   |   |  |
|  |                                    |  |   |   |  |
|  |                                    |  |   |   |  |
| <b>4. Prepared by</b> [REDACTED]                                 |                                    |  | <b>Date/Time</b><br>2.25.22 1830  |   |  |
| <b>DAILY MEETING SCHEDULE</b>                                    |                                    |  |   | <b>ICS 230-CG (Rev.07/04)</b>               |  |



### INCIDENT BRIEFING (ICS 201)

|  |  |  |
|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022 | <b>2. Incident Number:</b><br>22DE0001 | <b>3. Date/Time Initiated:</b><br>Date: 2/26/2022 Time: 0800 |
|--|--|--|

**4. Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):

DE HPAI 2022



Exemption 7 U.S.C.A. § 8791

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**5. Situation Summary and Health and Safety Briefing** (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

Delaware confirmed 1 positive case of HPAI H5 at NVSL on 2/22/22. There are no additional cases presented or confirmed. Due to the significant potential threat HPAI H5 poses to the DelMarVa poultry community and industry, Unified Command has been established with representatives from Delaware Department of Agriculture (DDA), Maryland Department of Agriculture (MDA), and USDA.













The DDA is engaged in management, coordination, and response to the presence of HPAI H5 in Delaware. Coordination with DPH regarding the human public health aspect of the incident is on-going, with no imminent threats or concerns. Public information is being coordinated through the DDA PIO and a Joint Information Center.

Hold orders are placed on all farms within the CA until CA is clear.

**6. Prepared by:** Name: \_\_\_\_\_ Position/Title: OPS PLN Unit \_\_\_\_\_ Signature: \_\_\_\_\_



## INCIDENT OBJECTIVES (ICS 202)

|   |  |   |                       |   |                       |     |            |   |        |         |   |                  |    |            |   |        |         |   |              |    |            |   |        |         |   |       |    |            |   |
|---|--|---|-----------------------|---|-----------------------|-----|------------|---|--------|---------|---|------------------|----|------------|---|--------|---------|---|--------------|----|------------|---|--------|---------|---|-------|----|------------|---|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 2/26/22    Date To: 2/26/22<br>Time From: 0800    Time To: 1830 |   |                       |   |                       |     |            |   |        |         |   |                  |    |            |   |        |         |   |              |    |            |   |        |         |   |       |    |            |   |
| <b>3. Objective(s):</b> <ul style="list-style-type: none"> <li>Maintain biosecurity and protect public health</li> <li>Coordinate depopulation for premises</li> <li>Continue composting operations at the premise</li> <li>Maintain continuity of operations, with a focus on long-term operations of layers and broilers, and permitting movements</li> <li>Continue to develop supplemental cooperative agreement through USDA</li> <li>Contract security for premise</li> <li>Keep communication open between partner agencies and stakeholders</li> </ul>  |  |   |                       |   |                       |     |            |   |        |         |   |                  |    |            |   |        |         |   |              |    |            |   |        |         |   |       |    |            |   |
| <b>4. Operational Period Command Emphasis:</b><br><br>Priority for all on-site personnel is to maintain enhanced biosecurity in the Control Area. Operational emphasis is on continued depopulation and disposal of the infected premises. DDA and partner agencies MDA and USDA, are working to contain the situation, including sampling and quarantining nearby poultry flocks. DPH EPI developed a sign-in sheet to assist with contact tracing based on state of residence.  |  |   |                       |   |                       |     |            |   |        |         |   |                  |    |            |   |        |         |   |              |    |            |   |        |         |   |       |    |            |   |
| <b>General Situational Awareness</b><br>There is no public health concern, and avian influenza does not affect poultry meat or egg products, which remain safe to eat. Sudden drop in temperature has slowed the ability to complete VSD+. To continue operations additional heating units will be required as temperatures are expected to remain low.   |  |   |                       |   |                       |     |            |   |        |         |   |                  |    |            |   |        |         |   |              |    |            |   |        |         |   |       |    |            |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Today</td> <td style="width: 15%;">54°/26°</td> <td style="width: 15%; text-align: center;"></td> <td style="width: 35%;">AM Clouds/PM Sun/Wind</td> <td style="width: 10%;">15%</td> <td style="width: 10%;">WNW 20 mph</td> <td style="text-align: right;">▼</td> </tr> <tr> <td>Sat 26</td> <td>41°/27°</td> <td style="text-align: center;"></td> <td>AM Clouds/PM Sun</td> <td>2%</td> <td>WNW 10 mph</td> <td style="text-align: right;">▼</td> </tr> <tr> <td>Sun 27</td> <td>51°/24°</td> <td style="text-align: center;"></td> <td>Mostly Sunny</td> <td>6%</td> <td>WSW 15 mph</td> <td style="text-align: right;">▼</td> </tr> <tr style="border: 1px solid black;"> <td>Mon 28</td> <td>38°/23°</td> <td style="text-align: center;"></td> <td>Sunny</td> <td>0%</td> <td>NNW 13 mph</td> <td style="text-align: right;">▼</td> </tr> </table> |  | Today   | 54°/26°               |  | AM Clouds/PM Sun/Wind | 15% | WNW 20 mph | ▼ | Sat 26 | 41°/27° |  | AM Clouds/PM Sun | 2% | WNW 10 mph | ▼ | Sun 27 | 51°/24° |  | Mostly Sunny | 6% | WSW 15 mph | ▼ | Mon 28 | 38°/23° |  | Sunny | 0% | NNW 13 mph | ▼ |
| Today   | 54°/26°  |  | AM Clouds/PM Sun/Wind | 15%   | WNW 20 mph            | ▼   |            |   |        |         |   |                  |    |            |   |        |         |   |              |    |            |   |        |         |   |       |    |            |   |
| Sat 26  | 41°/27°  |  | AM Clouds/PM Sun      | 2%  | WNW 10 mph            | ▼   |            |   |        |         |   |                  |    |            |   |        |         |   |              |    |            |   |        |         |   |       |    |            |   |
| Sun 27  | 51°/24°  |  | Mostly Sunny          | 6%  | WSW 15 mph            | ▼   |            |   |        |         |   |                  |    |            |   |        |         |   |              |    |            |   |        |         |   |       |    |            |   |
| Mon 28  | 38°/23°  |  | Sunny                 | 0%  | NNW 13 mph            | ▼   |            |   |        |         |   |                  |    |            |   |        |         |   |              |    |            |   |        |         |   |       |    |            |   |
| <b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approved Site Safety Plan(s) Located at: USDA generated.  |  |   |                       |   |                       |     |            |   |        |         |   |                  |    |            |   |        |         |   |              |    |            |   |        |         |   |       |    |            |   |

|   |   |  |  |
|---|---|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022  |   | <b>2. Operational Period:</b> Date From: 2/26/22    Date To: 2/26/22<br>Time From: 0800    Time To: 1830 |  |
| <b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): |   |  |  |
| <input checked="" type="checkbox"/> ICS 203   | <input checked="" type="checkbox"/> ICS 207                         | <u>Other Attachments:</u>  |  |
| <input checked="" type="checkbox"/> ICS 204   | <input checked="" type="checkbox"/> ICS 208                         | <input checked="" type="checkbox"/> ICS 230  |  |
| <input type="checkbox"/> ICS 205  | <input checked="" type="checkbox"/> Map/Chart                       | <input type="checkbox"/> _____   |  |
| <input checked="" type="checkbox"/> ICS 205A  | <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents | <input type="checkbox"/> _____   |  |
| <input checked="" type="checkbox"/> ICS 206   |   | <input type="checkbox"/> _____   |  |
| <b>7. Prepared by:</b> Name: _____ Position/Title: OPS PLN Unit    Signature: _____                 |   |  |  |
| <b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____                              |   |  |  |
| ICS 202   | IAP Page <u>4</u>   | Date/Time: _____   |  |

## ORGANIZATION ASSIGNMENT LISTING (DE ICS 203)

|  |            |  |                              |
|--|------------|--|------------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022             |            | <b>2. Operational Period:</b>                        |                              |
|  |            | Date/Time From: 2/26/22 @ 0800                       | Date/Time to: 2/26/22 @ 1830 |
| <b>3. Incident Commander(s) &amp; Command Staff:</b> |            | <b>4. Operations Section:</b>                        |                              |
| IC/UC  |            | Chief  |                              |
| UC   |            | Deputy   |                              |
| UC   |            | NCC EMA/Staging Area                                 |                              |
| Deputy   |            | OPS Staff  |                              |
| Safety Officer                                       |            | OPS Staff  |                              |
| Public Info Officer                                  |            | Disease Mgmt Br                                      |                              |
| Liaison Officer                                      |            | Depopulation Gp                                      |                              |
| Liaison Officer                                      |            | MDA Resource Conservation                            |                              |
| <b>5. Planning Section:</b>                          |            | Whole House Gas SME                                  |                              |
| Chief  |            | Disposal Gp  |                              |
| Deputy   |            | Case Manager   |                              |
| Situation Unit                                       |            | Site Manager   |                              |
| Operational Planning Unit                            |            | Surveillance Br                                      |                              |
| Resource Unit  |            | Surveillance Gr                                      |                              |
| Documentation Unit                                   |            | Lab Gr   |                              |
| Disease Reporting Officer                            |            | Lab Liaison  |                              |
| Mapping  |            | Lab Liaison  |                              |
| EMRS - Permitting                                    |            | BYF Diseases Mgmt Unit                               |                              |
| EMRS   |            | Commercial Layers Testing                            |                              |
| Epidemiologist                                       |            | Public Health Operations                             |                              |
| <b>6. Logistics Section:</b>                         |            | DPH Operations                                       |                              |
| Chief  |            | DPH OPS Deputy                                       |                              |
| Deputy   |            | DPH EPI  |                              |
| Support Branch                                       |            | Medical Support                                      |                              |
| Supply Unit  |            | One Health   |                              |
| Ground Support Unit                                  |            | Infect. Disease Safety                               |                              |
| Food Unit  |            |  |                              |
| Logistics Support                                    |            |  |                              |
|  |            |  |                              |
|  |            |  |                              |
| Federal Coordinator                                  |            |  |                              |
| USDA Support   |            |  |                              |
|  |            |  |                              |
|  |            | <b>8. Other Agency/Organization Representatives:</b> |                              |
|  |            | Agency/Organization                                  | Name                         |
|  |            | USDA Liaison   |                              |
|  |            | DCS Broiler Liaison                                  |                              |
|  |            | MD Public Health                                     |                              |
|  |            | DDA Liaison  |                              |
| <b>7. Finance/Administrative Section</b>             |            |  |                              |
| Chief  |            |  |                              |
| Deputy   |            |  |                              |
| Contracting & Acquisition                            |            |  |                              |
| Field Reimbursement Spec.                            |            |  |                              |
| DDA Fiscal   |            |  |                              |
| MDA Fiscal   |            |  |                              |
|  |            |  |                              |
|  |            |  |                              |
| <b>9. Prepared By:</b>                               | Name:      | Position/Title:                                      | OPS DOC Unit                 |
|  | Signature: | Date/Time:   | 2/25/22 @ 1800               |
| DE ICS 203   | IAP Page   | 5  |                              |

## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022  |                | <b>2. Operational Period</b><br>2/26/22 @ 0800 to 2/26/22 @ 1830 |   | <b>Page</b>                          |                              |            |          |   |  |  |  |
|---|----------------|--|---|--------------------------------------|------------------------------|------------|----------|---|--|--|--|
| <b>3. Section</b><br>Operations   |                | <b>4. Branch/Unit/Group/Staging</b><br>Disease Mgmt Branch       |   | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/25/2022     |            |          |   |  |  |  |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]   |                |  |   | <b>6. PSC Review:</b>                | <b>Date</b>                  |            |          |   |  |  |  |
|   |                |  |   | <b>7. OSC Review:</b>                | <b>Date</b>                  |            |          |   |  |  |  |
| <b>9. Resources Assigned</b>  |                |  |   |                                      |                              |            |          |   |  |  |  |
| Strike Team/Task Force Resource Identifier/Leader   | Contact Info # | # of Personnel   | Work Assignment   | Obj #                                | Reporting Info/Notes/Remarks |            |          |   |  |  |  |
| Depopulation  | [REDACTED]     | 71 Total   | Coordinate and complete depopulation of chicken houses through VSD+ and CO2.  |                                      | [REDACTED]                   |            |          |   |  |  |  |
| Disposal Group  | [REDACTED]     | 30 or 31 Total   | Prepare for disposal of depopulated chickens within 72 hours of depopulation being completed.   |                                      | [REDACTED]                   |            |          |   |  |  |  |
| Case Management   | [REDACTED]     | 1  | Supporting on-site operations of depopulation and disposal while ensuring C&D and decon are completed appropriately to enhance biosecurity. Maintaining operational communications with UC. |                                      |                              |            |          |   |  |  |  |
| Site Manager  | [REDACTED]     | 1  | Maintain operational coordination of on-site depopulation, disposal, case management, decon   |                                      |                              |            |          |   |  |  |  |
| Supply Unit Leader (On-Site)  | [REDACTED]     | 1  | Manage supplies on-site   |                                      |                              |            |          |   |  |  |  |
| <b>10. Special Instructions or Resource Needs:</b>  |                |  |   |                                      |                              |            |          |   |  |  |  |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b>  |                |  |   |                                      |                              |            |          |   |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">DE ICS 204</td> <td style="width: 15%;">IAP Page</td> <td style="width: 10%; text-align: center;">6</td> <td colspan="3"></td> </tr> </table> |                |  |   |                                      |                              | DE ICS 204 | IAP Page | 6 |  |  |  |
| DE ICS 204  | IAP Page       | 6  |   |                                      |                              |            |          |   |  |  |  |



# ASSIGNMENT LISTING (DE ICS 204)

Exemption 10002(o)(6)  
Common law privacy interest

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/26/22 @ 0800 to 2/26/22 @ 1830 |  | <b>Page</b>                          |                              |
|--|----------------|--|--|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Surveillance Branch       |  | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/25/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader [REDACTED]                                 |                |  |  | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |  | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |  |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment  | Obj #                                | Reporting Info/Notes/Remarks |
| Surveillance   | [REDACTED]     | 2  | Coordinate surveillance operations within the 10k CA. Compile data and mapping to support surveillance operations. |                                      |                              |
| Lab Testing and Reporting  | [REDACTED]     | 3  | Coordinate lab testing with specific focus on farms within 10k CA for disease prevention and permitting.           |                                      |                              |
| Non-Commercial Surveillance  | [REDACTED]     | 2  | Surveillance and inspections to allow permitting and continuity of business.                                       |                                      |                              |
|  |                |  |  |                                      |                              |
|  |                |  |  |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |  |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |  |                                      |                              |
| DE ICS 204   IAP Page 7  |                |  |  |                                      |                              |

## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/26/22 @ 0800 to 2/26/22 @ 1830 |                 | <b>Page</b>                          |                              |
|--|----------------|--|-----------------|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Logistics   |                | <b>4. Branch/Unit/Group/Staging</b><br>Logistics                 |                 | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/25/2022     |
| <b>8. Operations Personnel</b><br>Section Supervisor: [REDACTED]                           |                |  |                 | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |                 | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |                 |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment | Obj #                                | Reporting Info/Notes/Remarks |
| Logistics Section Chief  |                | 2  | [REDACTED]      |                                      |                              |
| Ground Support Unit Leader   |                | 2  | [REDACTED]      |                                      |                              |
| Food Unit Leader   |                | 1  | [REDACTED]      |                                      |                              |
| Support Branch   |                | 1  | [REDACTED]      |                                      |                              |
| Supply Unit Leader   |                | 1  | [REDACTED]      |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |                 |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |                 |                                      |                              |
| DE ICS 204   | IAP Page       | 8  |                 |                                      |                              |



# ASSIGNMENT LISTING (DE ICS 204)

Exemption 10002(o)(6)  
Common law privacy interest

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/26/22 @ 0800 to 2/26/22 @ 1830 |                 | <b>Page</b>                          |                              |
|--|----------------|--|-----------------|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Public Health Operations  |                 | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/25/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |                 | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |                 | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |                 |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment | Obj #                                | Reporting Info/Notes/Remarks |
| DPH Operations   |                | 2  |                 |                                      |                              |
| SME  |                | 2  |                 |                                      |                              |
| MD Public Health   |                | 1  |                 |                                      |                              |
| EPI  |                | 2  |                 |                                      |                              |
| Infectious Disease Safety  |                | 1  |                 |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |                 |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |                 |                                      |                              |
| DE ICS 204   |                | IAP Page 9   |                 |                                      |                              |

### COMMUNICATIONS LIST (ICS 205a)

| <b>1. Incident Name</b><br>DE HPAI 2022          |                     | <b>2. Operational Period</b><br>Date From: 2/26/22<br>Time From: 0800 |               | Date To: 2/26/22<br>Time To: 1830 |            |         |  |
|--|---------------------|---|---------------|-----------------------------------|------------|---------|--|
| <b>3. Basic Local Communications Information</b> |                     |   |               |                                   |            |         |  |
| Incident Assigned Position                       | Name (Alphabetized) | Emails  | Phone numbers | Remote/In Person                  |            |         |  |
| Lab Liaison - MD                                 | [REDACTED]          | [REDACTED]  | [REDACTED]    | Remote                            |            |         |  |
|  |                     |   |               |                                   | Remote     |         |  |
| Composting SME                                   |                     |   |               |                                   |            | On-Site |  |
| USDA Liason                                      |                     |   |               |                                   | [REDACTED] | Remote  |  |
| Planning - Operational Planning Unit             |                     |   |               |                                   | [REDACTED] | ICP     |  |
| Whole House Gas SME                              |                     |   |               |                                   |            | On-Site |  |
| EMRS-permitting                                  |                     |   |               |                                   | [REDACTED] | Remote  |  |
| Liaison Officer                                  |                     |   |               |                                   | [REDACTED] | ICP     |  |
| NCC EMA/Staging Area Manager                     |                     |   |               |                                   | [REDACTED] | On-Site |  |
| Deputy Planning Chief                            |                     |   |               |                                   | [REDACTED] | ICP     |  |
|  |                     |   |               |                                   |            | Remote  |  |
| Disposal Group                                   |                     |   |               |                                   | [REDACTED] | On-Site |  |
| DRO  |                     |   |               |                                   | [REDACTED] | Remote  |  |
| Liaison Officer                                  |                     |   |               |                                   |            | ICP     |  |
| Public Health Ops - MD                           |                     |   |               |                                   | [REDACTED] | Remote  |  |
| Lab Liaison - DE                                 |                     |   |               |                                   | [REDACTED] | ICP     |  |
| Surveillance Branch Director                     |                     |   |               |                                   | [REDACTED] | ICP     |  |
| Disposal Group                                   |                     |   |               |                                   | [REDACTED] | On-Site |  |
| DE Public Health Operations Chief                |                     |   |               |                                   | [REDACTED] | Remote  |  |
| EMRS-permitting                                  |                     |   |               |                                   |            | Remote  |  |
| IC/UC-DE   |                     |   |               |                                   | [REDACTED] | ICP     |  |
| PIO-DE   |                     |   |               |                                   | [REDACTED] | ICP     |  |
| DPH Leadership                                   |                     |   |               |                                   |            | Remote  |  |
| Depop Group                                      |                     |   |               |                                   | [REDACTED] | On-Site |  |
| Surveillance Group                               |                     |   |               |                                   |            | Remote  |  |
| DCA Broiler Liason                               |                     |   |               |                                   | [REDACTED] | ICP     |  |
| Planning - Documentation Unit                    |                     |   |               |                                   | [REDACTED] | ICP     |  |
| Planning - Arc/GIS & Mapping                     |                     |   |               |                                   | [REDACTED] | Remote  |  |
| UC (USDA AVIC)                                   |                     |   |               |                                   | [REDACTED] | ICP     |  |
| DDA Liason                                       |                     |   |               |                                   | [REDACTED] | ICP     |  |
| MD Commercial Layers Testing                     |                     |   |               |                                   | [REDACTED] | Remote  |  |
| Lab Group  |                     |   |               |                                   | [REDACTED] | ICP     |  |
| Epidemiologist                                   |                     |   |               |                                   |            |         |  |
| Operations Section Chief                         |                     |   | [REDACTED]    | ICP                               |            |         |  |
| Case Management                                  |                     |   | [REDACTED]    | Remote                            |            |         |  |
| Contracting Officer                              |                     |   | [REDACTED]    | On-Site                           |            |         |  |
| <b>4. Prepared by:</b> [REDACTED]                |                     | <b>Position/Title:</b> OPS PLN Unit                                   |               | <b>Signature:</b>                 |            |         |  |
| ICS 205A 10                                      |                     | IAP Page  |               | Date/Time: 02/25/22 @ 1745        |            |         |  |

**COMMUNICATIONS LIST (ICS 205a)**

| BYF Disease Mgmt Unit                                      |                     | [REDACTED]                   |               | ICP                          |
|--|---------------------|------------------------------|---------------|------------------------------|
| <b>1. Incident Name</b>                                    |                     | <b>2. Operational Period</b> |               | <b>Date From:</b><br>2/25/22 |
| DE HPAI 2022   |                     |                              |               | <b>Date To:</b><br>2/25/22   |
|  |                     |                              |               | <b>Time From:</b> 0800       |
|  |                     |                              |               | <b>Time To:</b> 1830         |
| <b>3. Basic Local Communications Information</b>           |                     |                              |               |                              |
| Incident Assigned Position                                 | Name (Alphabetized) | Emails                       | Phone numbers | Remote/In Person             |
| Ground Support Unit  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | ICP/On-Site                  |
| UC-MD  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | ICP                          |
| Field Reimbursement Specialist / Federal Coordinator       | [REDACTED]          | [REDACTED]                   | [REDACTED]    | Remote                       |
| Planning - Resource Unit                                   | [REDACTED]          | [REDACTED]                   | [REDACTED]    | ICP                          |
| Supply Unit  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | ICP                          |
|  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | On-Site                      |
| Public Health Ops-DE (One Health) PIO - DEMA               | [REDACTED]          | [REDACTED]                   | [REDACTED]    | On-Site                      |
|  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | Remote                       |
| Deputy Logistics Chief                                     | [REDACTED]          | [REDACTED]                   | [REDACTED]    | ICP                          |
| Finance Chief  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | Remote                       |
|  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | On-Site                      |
| PIO-MD   | [REDACTED]          | [REDACTED]                   | [REDACTED]    | Remote                       |
| Depop Group - MD   | [REDACTED]          | [REDACTED]                   | [REDACTED]    | On-Site                      |
| Deputy Finance Chief                                       | [REDACTED]          | [REDACTED]                   | [REDACTED]    | Remote                       |
| Operations Section Deputy & USDA Support Logistics Support | [REDACTED]          | [REDACTED]                   | [REDACTED]    | Remote                       |
|  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | ICP                          |
| Logistics Chief  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | ICP                          |
|  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | Remote                       |
| Planning Chief   | [REDACTED]          | [REDACTED]                   | [REDACTED]    | ICP                          |
| Logistics Support  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | ICP                          |
| EMRS-permitting  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | ICP                          |
| Safety Officer   | [REDACTED]          | [REDACTED]                   | [REDACTED]    | On-Site                      |
| Planning-Situation Unit                                    | [REDACTED]          | [REDACTED]                   | [REDACTED]    | Remote                       |
| Site Manager (USDA)  | [REDACTED]          | [REDACTED]                   | [REDACTED]    | On-Site                      |

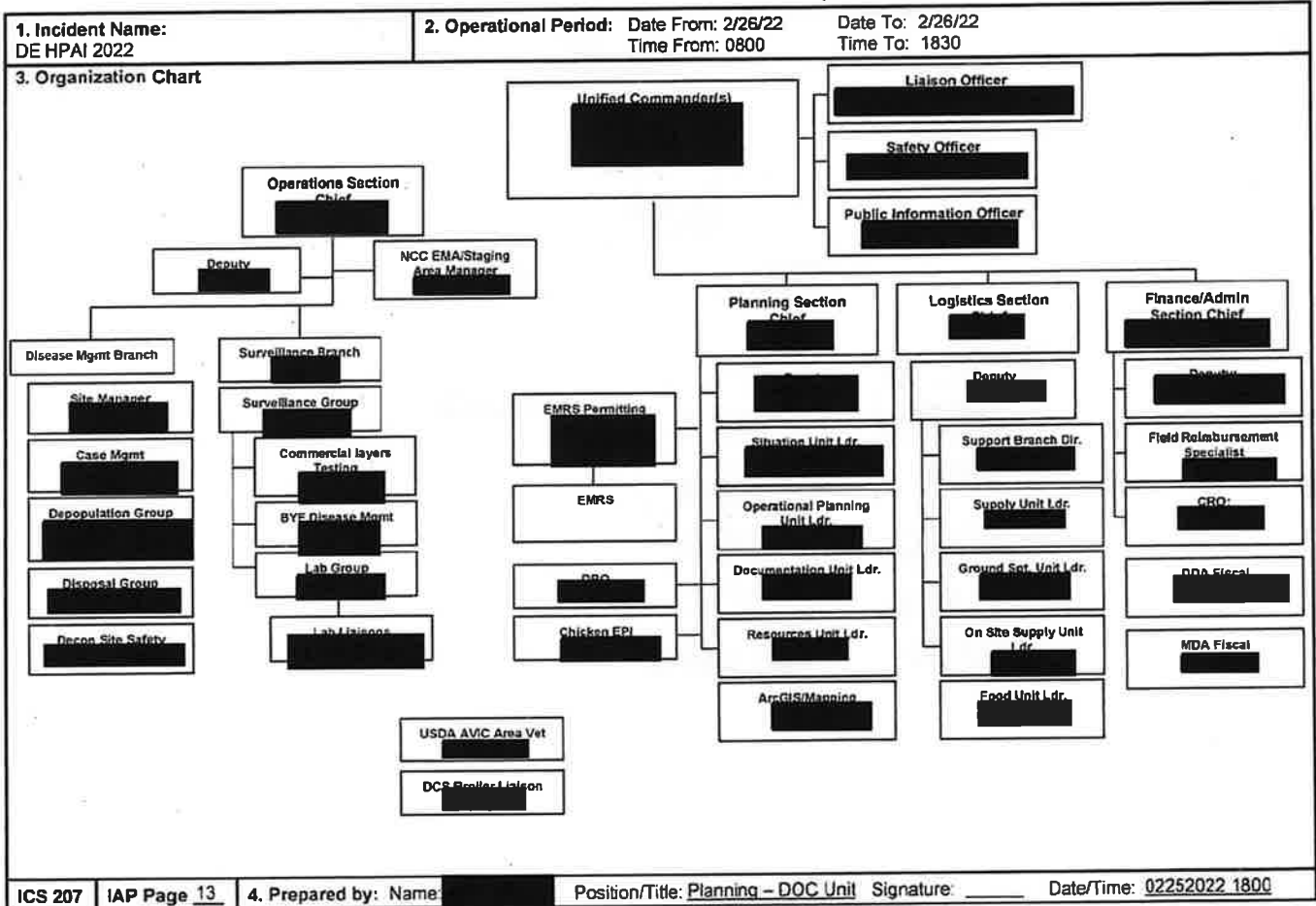
|                                   |                                     |                            |
|-----------------------------------|-------------------------------------|----------------------------|
| <b>4. Prepared by:</b> [REDACTED] | <b>Position/Title:</b> OPS PLN Unit | <b>Signature:</b>          |
| ICS 205A                          | IAP Page 11                         | Date/Time: 02/25/22 @ 1745 |

### MEDICAL PLAN (ICS 206)

| <b>1. Incident Name:</b><br>DE HPAI 2022 # 22DE0001  |  | <b>2. Operational Period:</b> Date From: 2/26/2022<br>Time From: 0800 |   | Date To: 2/26/2022<br>Time To: 1830 |   |   |  |
|--|--|---|---|-------------------------------------|---|---|--|
| <b>3. Medical Aid Stations:</b>  |  |   |   |                                     |   |   |  |
| Name   | Location                                   | Contact Number(s)/Frequency   | Paramedics on Site?                                       |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |   |   |  |
| <b>4. Transportation (indicate air or ground):</b>   |  |   |   |                                     |   |   |  |
| Ambulance Service  | Location                                   | Contact Number(s)/Frequency   | Level of Service  |                                     |   |   |  |
| NCC Emergency Medical S  | 3601 N. Dupont Highway New Castle, DE 1    | 302-395-8184 or 911   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                     |   |   |  |
| <b>5. Hospitals:</b>   |  |   |   |                                     |   |   |  |
| Hospital Name  | Address, Latitude & Longitude if Helipad   | Contact Number(s)/Frequency   | Travel Time   |                                     | Trauma Center   | Burn Center   | Helipad  |
|  |  |   | Air   | Ground                              |   |   |  |
| ChristianaCare   | 4755 Ogletown Stanton Rd, Newark, DE 19718 | 911   |   |                                     | <input checked="" type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |  |   |   |                                     | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |   |   |                                     | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |   |   |                                     | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |   |   |                                     | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
| <b>6. Special Medical Emergency Procedures:</b>  |  |   |   |                                     |   |   |  |
| <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. |  |   |   |                                     |   |   |  |
| <b>7. Prepared by (Medical Unit Leader):</b> Name: _____   |  |   |   | Signature: _____                    |   |   |  |
| <b>8. Approved by (Safety Officer):</b> Name: pending  |  |   |   | Signature: _____                    |   |   |  |
| ICS 206  |  | IAP Page 12   |   | Date/Time: 2.23.22 1830             |   |   |  |

Exemption 10002(o)(6)  
Common law privacy interest

**INCIDENT ORGANIZATION CHART (ICS 207)**



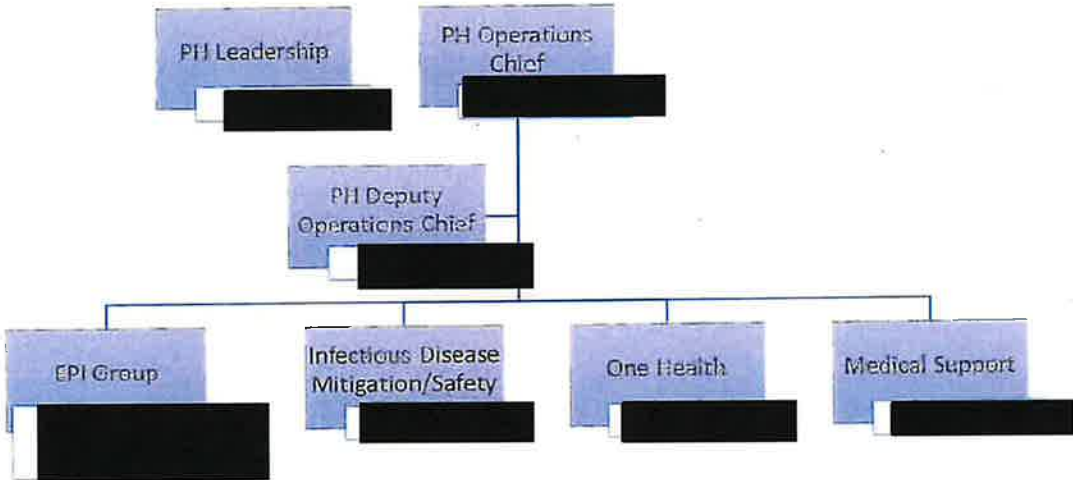
Exemption 10002(o)(6)  
Common law privacy interest

### INCIDENT ORGANIZATION CHART (ICS 207)

|  |             |  |   |
|--|-------------|--|---|
| <b>1. Incident Name:</b><br>DE HPAI 2022   |             | <b>2. Operational Period:</b> Date From: 2/26/22 Date To: 2/26/22<br>Time From: 0800 Time To: 1830 |   |
| <b>3. Organization Chart</b>   |             |  |   |
| <pre>graph TD; Chief[Operations Section Chief] --- Deputy[Deputy]; Chief --- NCC[NCC EMA/Staging Area Manager]; Deputy --- DM[Disease Mgmt Branch]; Deputy --- Sur[Surveillance Branch]; Deputy --- Decon[Decon Branch]; DM --- SM[Site Manager]; DM --- CM[Case Mgmt]; DM --- DG1[Depopulation Group]; DM --- DG2[Disposal Group]; DM --- DSS[Decon Site Safety]; Sur --- SG[Surveillance Group]; Sur --- CLT[Commercial layers/Tactics]; Sur --- BYE[BYE Disease Mgmt]; Sur --- LG[Lab Group]; Sur --- LL[Lab Liaisons]; Decon --- Empty[ ];</pre> |             |  |   |
| ICS 207  | IAP Page 14 | 4. Prepared by: Name [Redacted]  | Position/Title: Planning - DOC Unit Signature: _____ Date/Time: 02252022 1800 |

Exemption 10002(o)(6)  
Common law privacy interest

### INCIDENT ORGANIZATION CHART (ICS 207)

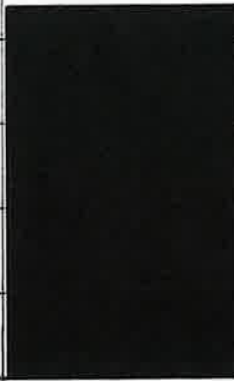

|  |   |   |                  |                  |
|--|---|---|------------------|------------------|
| 1. Incident Name:<br>DE HPAI 2022  | 2. Operational Period: Date From: 2/26/2022 Date To: 2/26/2022<br>Time From: 0800 Time To: 1830 |   |                  |                  |
| 3. Organization Chart<br> |   |   |                  |                  |
| ICS 207  | IAP Page 15   | 4. Prepared by: Name: _____ Position/Title: _____ | Signature: _____ | Date/Time: _____ |



## SAFETY MESSAGE/PLAN (ICS 208)

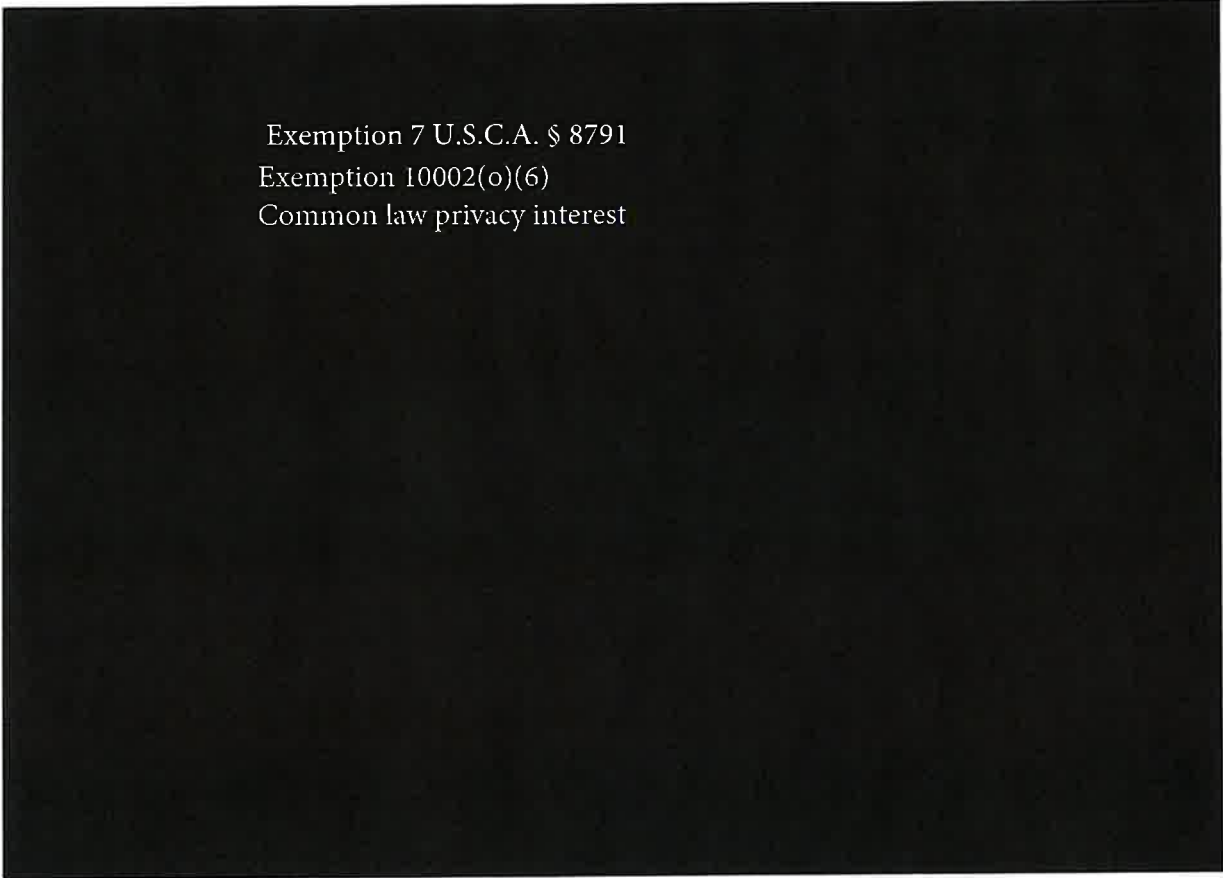
|   |  |
|---|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 02262022      Date To: 0800<br>Time From: 02262022      Time To: 1830 |
| <b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b><br><br><p>1. Any personnel who have come into contact with poultry, their feces or respiratory secretions, or contact with potentially contaminated surfaces must wash their hands frequently. Hand hygiene must also be performed immediately after gloves are removed and must consist of washing with soap and water for at least 15-20 seconds or using other hand disinfection procedures as specified.</p> <p>2. All workers involved in the culling, transport, or disposal of HPAI virus-infected poultry must not eat, drink, or smoke while performing these duties and must wear appropriate PPE including: protective clothing capable of being disinfected (impermeable) or discarded, impermeable gloves, respirator, eye protection, and boots or protective foot covers.</p> <p>3. Unvaccinated personnel are highly encouraged to receive the current season's inactivated influenza virus vaccine to reduce the possibility of dual infection with avian and human influenza viruses and potential genetic re-assortment.</p> <p>4. Potentially exposed personnel must monitor their health for the development of fever, respiratory symptoms, and/or conjunctivitis (i.e. eye infections) for 1 week after last exposure to HPAI virus-infected or exposed birds or to potentially contaminated environmental surfaces. Individuals who become ill must seek prompt medical care and give notification prior to arrival at the health care provider's office or clinic that they may have been exposed to an HPAI virus.</p> <p>5. Disposable items of personal protective equipment must be disposed of properly, and non-disposable items must be cleaned and disinfected according to outbreak-response guidelines.</p> <p>Refer to Directive 6800.1 APHIS Ensuring the Protection of Employees Involved In Highly Pathogenic Avian Influenza Control and Eradication Activities for more detailed guidance.</p> <p>Additional ICS 208 information forthcoming from USDA.</p> |  |
| <b>4. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located At:</b> Forthcoming from USDA   |  |
| <b>5. Prepared by:</b> Name: <span style="background-color: black; color: black;">[REDACTED]</span> Position/Title: <u>Planning Section</u> Signature: _____  |  |
| ICS 208   | IAP Page <u>16</u> Date/Time: <u>02252022 1530</u>   |

Exemption 7 U.S.C.A. § 8791  
 Exemption 10002(o)(6)  
 Common law privacy interest

| <b>1. Incident Name</b><br>DE HPAI 2022   |                                    | <b>2. Operational Period (Date/Time)</b><br>From: 2/26/22 0800 To: 2/26/22 1830                                   |   | <b>DAILY MEETING SCHEDULE</b><br>ICS 230-CG   |  |
|---|------------------------------------|---|---|---|--|
| <b>3. Meeting Schedule (Commonly-held meetings are included)</b>  |                                    |   |   |   |  |
| Date/ Time  | Meeting Name                       | Purpose   | Attendees   | Location  |  |
| 0830  | Unified Command Objectives Meeting | Review/ Identify objectives for the next operational period.  | Unified Command members   |   |  |
|   |                                    |   |   |   |  |
| 0930  | Command & General Staff Meeting    | IC/JUC gives direction to Command & General staff including incident objectives and priorities                    | IC/JUC, Command & General Staff   |   |  |
|   |                                    |   |   |   |  |
| 0930  | Tactics Meeting                    | Develop/Review primary and alternate Strategies to meet Incident Objectives for the next Operational Period       | PSC, OSC, LSC, RESL & SITL  |   |  |
|   |                                    |   |   |   |  |
| 1200  | USDA Policy Meeting                |   |   |   |  |
| 1400  | Planning Meeting                   | Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period | Determined by the IC/JUC  |   |  |
|   |                                    |   |   |   |  |
|   |                                    |   |   |   |  |
| 1700  | Operations Briefing                | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period                          | IC/JUC, Command & General Staff, Branch Directors, Div/Grp Sups , Task Force/Strike Team Leaders and Unit Leaders |  |  |
|   |                                    |   |   |   |  |
|   |                                    |   |   |   |  |
|   |                                    |   |   |   |  |
| <b>4. Prepared by</b>  |                                    |   | <b>Date/Time</b><br>2.25.22 1830  |   |  |
| <b>DAILY MEETING SCHEDULE</b>   |                                    |   |   | <b>ICS 230-CG (Rev.07/04)</b>   |  |

Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
Common law privacy interest

### INCIDENT BRIEFING (ICS 201)

|  |  |  |
|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022   | <b>2. Incident Number:</b><br>22DE0001 | <b>3. Date/Time Initiated:</b><br>Date: 2/27/2022 Time: 0800 |
| <b>4. Map/Sketch</b> (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):<br><br>DE HPAI 2022<br><br> <p>Exemption 7 U.S.C.A. § 8791<br/>Exemption 10002(o)(6)<br/>Common law privacy interest</p>   |  |  |
| <b>5. Situation Summary and Health and Safety Briefing</b> (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.<br><br>Delaware confirmed 1 positive case of HPAI H5 at NVSL on 2/22/22. There are no additionally cases presented or confirmed. Due to the significant potential threat HPAI H5 poses to the DelMarVa poultry community and industry, Unified Command has been established with representatives from Delaware Department of Agriculture (DDA), Maryland Department of Agriculture (MDA), and USDA.<br><br>The DDA is engaged in management, coordination, and response to the presence of HPAI H5 in Delaware. Coordination with DPH regarding the human public health aspect of the incident is on-going, with no imminent threats or concerns. Public information is being coordinated through the DDA PIO and a Joint Information Center.<br><br>Hold orders are placed on all farms within the CA until CA is clear. |  |  |
| <b>6. Prepared by:</b> Name: <span style="background-color: black; color: black;">[REDACTED]</span> Position/Title: OPS PLN Unit Signature: _____  |  |  |
| ICS 201, Page  | Date/Time: 2/26/22 @ 1730              |  |



## INCIDENT OBJECTIVES (ICS 202)

|   |  |        |               |    |            |    |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |
|---|--|--------|---------------|----|------------|----|----------|---|--------|---------|--|-------|----|------------|---|--------|---------|--|---------------|----|----------|---|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 2/27/22    Date To: 2/27/22<br>Time From: 0800    Time To: 1830   |        |               |    |            |    |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |
| <b>3. Objective(s):</b> <ul style="list-style-type: none"> <li>Ensure the safety and health of all responders</li> <li>Contain and eradicate HPAI H5N1 from the infected premises</li> <li>Conduct surveillance for HPAI H5N1 within the control and surveillance zones</li> <li>Continue to work with partners and stakeholders to deliver public information and outreach</li> </ul>  |  |        |               |    |            |    |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |
| <b>4. Operational Period Command Emphasis:</b><br><br>Priority for all on-site personnel is to maintain enhanced biosecurity in the Control Area. Operational emphasis is on continued depopulation and disposal of the infected premises. DDA and partner agencies MDA and USDA, are working to contain the situation, including sampling and quarantining nearby poultry flocks. DPH EPI developed a sign-in sheet to assist with contact tracing based on state of residence.  |  |        |               |    |            |    |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |
| <p>General Situational Awareness</p> <p>There is no public health concern, and avian influenza does not affect poultry meat or egg products, which remain safe to eat. Sudden drop in temperature has slowed the ability to complete VSD+. To continue operations additional heating units will be required as temperatures are expected to remain low.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Sun 27</td> <td style="width: 15%;">53°/27°</td> <td style="width: 15%; text-align: center;"></td> <td style="width: 15%;">Sunny</td> <td style="width: 15%; text-align: right;">4%</td> <td style="width: 15%; text-align: right;">W 17 mph</td> <td style="text-align: right;">▼</td> </tr> <tr> <td>Mon 28</td> <td>40°/26°</td> <td style="text-align: center;"></td> <td>Sunny</td> <td style="text-align: right;">0%</td> <td style="text-align: right;">NNW 12 mph</td> <td style="text-align: right;">▼</td> </tr> <tr> <td>Tue 01</td> <td>53°/36°</td> <td style="text-align: center;"></td> <td>Partly Cloudy</td> <td style="text-align: right;">3%</td> <td style="text-align: right;">S 12 mph</td> <td style="text-align: right;">▼</td> </tr> </table> |  | Sun 27 | 53°/27°       |    | Sunny      | 4% | W 17 mph | ▼ | Mon 28 | 40°/26° |  | Sunny | 0% | NNW 12 mph | ▼ | Tue 01 | 53°/36° |  | Partly Cloudy | 3% | S 12 mph | ▼ |
| Sun 27  | 53°/27°  |        | Sunny         | 4% | W 17 mph   | ▼  |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |
| Mon 28  | 40°/26°  |        | Sunny         | 0% | NNW 12 mph | ▼  |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |
| Tue 01  | 53°/36°  |        | Partly Cloudy | 3% | S 12 mph   | ▼  |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |
| <b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approved Site Safety Plan(s) Located at: USDA generated   |  |        |               |    |            |    |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |
| <b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):   |  |        |               |    |            |    |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |
| <input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 207<br><input checked="" type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 208<br><input type="checkbox"/> ICS 205 <input checked="" type="checkbox"/> Map/Chart<br><input checked="" type="checkbox"/> ICS 205A <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents<br><input checked="" type="checkbox"/> ICS 206   | <u>Other Attachments:</u><br><input checked="" type="checkbox"/> ICS 230 _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |        |               |    |            |    |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |
| <b>7. Prepared by:</b> Name: _____ Position/Title: OPS PLN Unit    Signature: _____   |  |        |               |    |            |    |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |
| <b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____  |  |        |               |    |            |    |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |
| ICS 202   | IAP Page _____ Date/Time: _____  |        |               |    |            |    |          |   |        |         |  |       |    |            |   |        |         |  |               |    |          |   |







## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/27/22 @ 0800 to 2/27/22 @ 1830 |   | <b>Page</b>                          |                              |
|--|----------------|--|---|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Disease Mgmt Branch       |   | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/26/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |   | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |   | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |   |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment   | Obj #                                | Reporting Info/Notes/Remarks |
| Depopulation   | [REDACTED]     | 65 Total   | Coordinate and complete depopulation of chicken houses through VSD+ and CO2.  |                                      | [REDACTED]                   |
| Disposal Group   | [REDACTED]     | 28-29  | Prepare for disposal of depopulated chickens within 72 hours of depopulation being completed.   |                                      | [REDACTED]                   |
| Case Management  | [REDACTED]     | 1  | Supporting on-site operations of depopulation and disposal while ensuring C&D and decon are completed appropriately to enhance biosecurity. Maintaining operational communications with UC. |                                      |                              |
| Site Manager   | [REDACTED]     | 1  | Maintain operational coordination of on-site depopulation, disposal, case management, decon   |                                      |                              |
| Biosecurity Officer/Decon Group  |                | 1  | Maintain and enforce biosecurity on-site  |                                      | [REDACTED]                   |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |   |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |   |                                      |                              |
| DE ICS 204   |                | IAP Page   |   |                                      |                              |

## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/27/22 @ 0800 to 2/26/22 @ 1830 |                 | <b>Page</b>                          |                              |
|--|----------------|--|-----------------|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Logistics   |                | <b>4. Branch/Unit/Group/Staging</b><br>Logistics                 |                 | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/26/2022     |
| <b>8. Operations Personnel</b><br>Section Supervisor: [REDACTED]                           |                |  |                 | <b>6. PSC Review:</b><br>[REDACTED]  |                              |
|  |                |  |                 | <b>7. OSC Review:</b><br>[REDACTED]  |                              |
| <b>9. Resources Assigned</b>   |                |  |                 |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment | Obj #                                | Reporting Info/Notes/Remarks |
| Logistics Section Chief  |                | 2  | [REDACTED]      |                                      |                              |
| Ground Support Unit Leader   |                | 2  | [REDACTED]      |                                      |                              |
| Food Unit Leader   |                | 1  | [REDACTED]      |                                      |                              |
| Support Branch   |                | 1  | [REDACTED]      |                                      |                              |
| Supply Unit Leader   |                |  | [REDACTED]      |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |                 |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |                 |                                      |                              |
| <b>DE ICS 204</b>  |                | <b>IAP Page</b>  |                 | <b>5</b>                             |                              |

## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/27/22 @ 0800 to 2/27/22 @ 1830 |                 | <b>Page</b>            |                              |
|--|----------------|--|-----------------|------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Public Health Operations  |                 | <b>5. Prepared By:</b> | <b>Date</b><br>2/26/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |                 | <b>6. PSC Review:</b>  | <b>Date</b>                  |
|  |                |  |                 | <b>7. OSC Review:</b>  | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |                 |                        |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment | Obj #                  | Reporting Info/Notes/Remarks |
| DPH Operations   | [REDACTED]     | 1  |                 |                        |                              |
| SME  |                | 0  |                 |                        |                              |
| MD Public Health   |                | 0  |                 |                        |                              |
| EPI  | [REDACTED]     | 1  |                 |                        |                              |
| Infectious Disease Safety  | [REDACTED]     | 1  |                 |                        |                              |
|  |                |  |                 |                        |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |                 |                        |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |                 |                        |                              |
| DE ICS 204   |                | IAP Page   |                 |                        |                              |

## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/27/22 @ 0800 to 2/27/22 @ 1830 |  | <b>Page</b>                          |                              |
|--|----------------|--|--|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Planning  |                | <b>4. Branch/Unit/Group/Staging</b><br>Surveillance Branch       |  | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/26/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |  | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |  | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |  |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment  | Obj #                                | Reporting Info/Notes/Remarks |
| Non-Commercial Surveillance  | 1              |  | Perform surveillance activities for BYF in CA and SZ   |                                      |                              |
| Lab Testing and Reporting  | 3              |  | Coordinate and report laboratory testing   |                                      |                              |
| Data Mapping   | 1              |  | Monitor and enter data in EMRS for premises in CA and SZ   |                                      |                              |
| Epi  | 1              |  | Perform epidemiologic investigations   |                                      |                              |
| Disease Reporting Officer  | 1              |  | Manage disease activities, restocking, biosecurity and safety inspections, tracing, and permitting |                                      |                              |
|  |                |  |  |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b><br><br>                                 |                |  |  |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |  |                                      |                              |

### MEDICAL PLAN (ICS 206)

|   |   |  |
|---|---|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022 # 22DE0001 | <b>2. Operational Period:</b> Date From: 2/27/2022<br>Time From: 0800 | <b>Date To:</b> 2/27/2022<br>Time To: 1830 |
|---|---|--|

| 3. Medical Aid Stations: |            |                             |   |
|--------------------------|------------|-----------------------------|---|
| Name                     | Location   | Contact Number(s)/Frequency | Paramedics on Site?   |
|                          | [REDACTED] |                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                          |            |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                          |            |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                          |            |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                          |            |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                          |            |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

| 4. Transportation (indicate air or ground): |                                       |                             |  |
|---|---------------------------------------|-----------------------------|--|
| Ambulance Service                           | Location                              | Contact Number(s)/Frequency | Level of Service   |
| NCC EMS                                     | 3601 N. Dupont Highway New Castle, DE | 302-395-8184 or 911         | <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS |
|   |                                       |                             | <input type="checkbox"/> ALS <input type="checkbox"/> BLS            |
|   |                                       |                             | <input type="checkbox"/> ALS <input type="checkbox"/> BLS            |
|   |                                       |                             | <input type="checkbox"/> ALS <input type="checkbox"/> BLS            |

| 5. Hospitals:  |  |                             |             |        |   |   |  |
|----------------|--|-----------------------------|-------------|--------|---|---|--|
| Hospital Name  | Address, Latitude & Longitude if Helipad   | Contact Number(s)/Frequency | Travel Time |        | Trauma Center   | Burn Center   | Helipad  |
|                |  |                             | Air         | Ground |   |   |  |
| ChristianaCare | 4755 Ogletown Stanton Rd, Newark, DE 19718 | 911                         |             |        | <input checked="" type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                |  |                             |             |        | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|                |  |                             |             |        | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|                |  |                             |             |        | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|                |  |                             |             |        | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |

**6. Special Medical Emergency Procedures:**

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

**7. Prepared by (Medical Unit Leader):** Name: [REDACTED] Signature: \_\_\_\_\_

**8. Approved by (Safety Officer):** Name: \_\_\_\_\_ Signature: \_\_\_\_\_



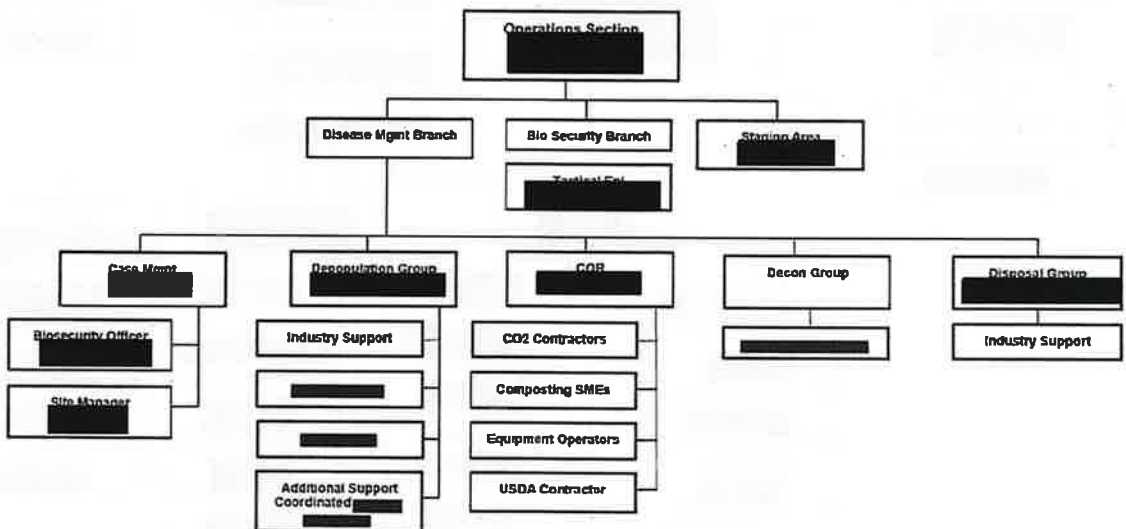


Exemption 10002(o)(6)  
Common law privacy interest

### INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name: DE HPAI 2022  
2. Operational Period: Date From: 2/27/22 Date To: 2/27/22  
Time From: 0800 Time To: 1830

#### 3. Organization Chart



## SAFETY MESSAGE/PLAN (ICS 208)

|   |  |                                |
|---|--|--------------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 02272022<br>Time From: 02272022 | Date To: 0800<br>Time To: 1830 |
| <b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b><br><br><p>1. Any personnel who have come into contact with poultry, their feces or respiratory secretions, or contact with potentially contaminated surfaces must wash their hands frequently. Hand hygiene must also be performed immediately after gloves are removed and must consist of washing with soap and water for at least 15-20 seconds or using other hand disinfection procedures as specified.</p> <p>2. All workers involved in the culling, transport, or disposal of HPAI virus-infected poultry must not eat, drink, or smoke while performing these duties and must wear appropriate PPE including: protective clothing capable of being disinfected (impermeable) or discarded, impermeable gloves, respirator, eye protection, and boots or protective foot covers.</p> <p>3. Unvaccinated personnel are highly encouraged to receive the current season's inactivated influenza virus vaccine to reduce the possibility of dual infection with avian and human influenza viruses and potential genetic re-assortment.</p> <p>4. Potentially exposed personnel must monitor their health for the development of fever, respiratory symptoms, and/or conjunctivitis (i.e. eye infections) for 1 week after last exposure to HPAI virus-infected or exposed birds or to potentially contaminated environmental surfaces. Individuals who become ill must seek prompt medical care and give notification prior to arrival at the health care provider's office or clinic that they may have been exposed to an HPAI virus.</p> <p>5. Disposable items of personal protective equipment must be disposed of properly, and non-disposable items must be cleaned and disinfected according to outbreak-response guidelines.</p> <p>Refer to Directive 6800.1 APHIS Ensuring the Protection of Employees Involved in Highly Pathogenic Avian Influenza Control and Eradication Activities for more detailed guidance.</p> <p>Additional ICS 208 information forthcoming from USDA.</p> |  |                                |
| <b>4. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located At:</b> USDA Generated  |  |                                |
| <b>5. Prepared by:</b> Name: _____ Position/Title: Planning Section Signature: _____  |  |                                |
| ICS 208   | IAP Page _____   | Date/Time: 02262022 1530       |

### COMMUNICATIONS LIST (ICS 205a)

| <b>1. Incident Name</b><br>DE HPAI 2022          |                     | <b>2. Operational Period</b> | Date From:<br>2/27/22<br>Time From: 0800 | Date To:<br>2/27/22<br>Time To: 1830 |
|--|---------------------|------------------------------|--|--------------------------------------|
| <b>3. Basic Local Communications Information</b> |                     |                              |  |                                      |
| Incident Assigned Position                       | Name (Alphabetized) | Emails                       | Phone numbers                            | Remote/In Person                     |
| Lab Liaison - MD                                 | [REDACTED]          | [REDACTED]                   | [REDACTED]                               | Remote                               |
|  |                     |                              | [REDACTED]                               | Remote                               |
|  |                     |                              | [REDACTED]                               | On-Site                              |
| USDA Liaison                                     |                     |                              | [REDACTED]                               | Remote                               |
|  |                     |                              | [REDACTED]                               | ICP                                  |
|  |                     |                              | [REDACTED]                               | On-Site                              |
| Data/Mapping (USDA)                              |                     |                              | [REDACTED]                               | Remote                               |
| EMRS-permitting                                  |                     |                              | [REDACTED]                               | Remote                               |
| Liaison Officer                                  |                     |                              | [REDACTED]                               | ICP                                  |
| NCC EMA/Staging Area Manager                     |                     |                              | [REDACTED]                               | On-Site                              |
| Deputy Planning Chief                            |                     |                              | [REDACTED]                               | ICP                                  |
|  |                     |                              | [REDACTED]                               | Remote                               |
| Disposal Group                                   |                     |                              | [REDACTED]                               | On-Site                              |
| DRO  |                     |                              | [REDACTED]                               | Remote                               |
| Liaison Officer                                  |                     |                              | [REDACTED]                               | ICP                                  |
| Public Health Ops - MD                           |                     |                              | [REDACTED]                               | Remote                               |
| Lab Liaison - DE                                 |                     |                              | [REDACTED]                               | ICP                                  |
|  |                     |                              | [REDACTED]                               | ICP                                  |
| Disposal Group                                   |                     |                              | [REDACTED]                               | On-Site                              |
| DE Public Health Operations Chief                |                     |                              | [REDACTED]                               | Remote                               |
| EMRS-permitting                                  |                     |                              | [REDACTED]                               | Remote                               |
| IC/UC-DE   |                     |                              | [REDACTED]                               | ICP                                  |
| PIO-DE   |                     |                              | [REDACTED]                               | ICP                                  |
| DPH Leadership                                   |                     |                              | [REDACTED]                               | Remote                               |
| Depop Group                                      |                     |                              | [REDACTED]                               | On-Site                              |
| DCS Broiler Liaison                              |                     |                              | [REDACTED]                               | ICP                                  |
| Planning - Documentation Unit                    |                     |                              | [REDACTED]                               | ICP                                  |
| Planning - Arc/GIS & Mapping                     |                     |                              | [REDACTED]                               | Remote                               |
| UC (USDA AVIC)                                   |                     |                              | [REDACTED]                               | ICP                                  |
| DDA Liaison                                      |                     |                              | [REDACTED]                               | ICP                                  |
| MD Commercial Layers Testing                     | [REDACTED]          | Remote                       |  |                                      |
| Lab Group  | [REDACTED]          | ICP                          |  |                                      |
| Epi  | [REDACTED]          | Remote                       |  |                                      |
| Operations Section Chief                         | [REDACTED]          | ICP                          |  |                                      |
| Biosecurity Officer                              | [REDACTED]          | Remote                       |  |                                      |
| Contracting Officer                              | [REDACTED]          | On-Site                      |  |                                      |

|                                  |                                     |                            |
|----------------------------------|-------------------------------------|----------------------------|
| <b>4. Prepared by</b> [REDACTED] | <b>Position/Title:</b> OPS PLN Unit | <b>Signature:</b>          |
| ICS 205A                         | IAP Page                            | Date/Time: 02/24/22 @ 1745 |

### COMMUNICATIONS LIST (ICS 205a)

| <b>1. Incident Name</b><br>DE HPAI 2022              |                            | <b>2. Operational Period</b> | <b>Date From:</b><br>2/27/22<br><b>Time From:</b> 0800 | <b>Date To:</b><br>2/27/22<br><b>Time To:</b> 1830 |
|--|----------------------------|------------------------------|--|--|
| <b>3. Basic Local Communications Information</b>     |                            |                              |  |  |
| <b>Incident Assigned Position</b>                    | <b>Name (Alphabetized)</b> | <b>Emails</b>                | <b>Phone numbers</b>                                   | <b>Remote/in Person</b>                            |
|  |                            |                              |  | ICP  |
| Ground Support Unit                                  |                            |                              |  | ICP/On-Site  |
| UC-MD  |                            |                              |  | ICP  |
| Field Reimbursement Specialist / Federal Coordinator |                            |                              |  | Remote   |
| Supply Unit  |                            |                              |  | ICP  |
| Planning - Resource Unit                             |                            |                              |  | Remote   |
| Supply Unit Lead                                     |                            |                              |  | ICP  |
| Case Manager   |                            |                              |  | On-Site  |
| Planning - Operational Planning Unit                 |                            |                              |  | ICP  |
| Public Health Ops-DE (One Health) Biosecurity Group  |                            |                              |  | On-Site  |
| PIO - DEMA   |                            |                              |  | Remote   |
| Deputy Logistics Chief                               |                            |                              |  | ICP  |
| Finance Chief  |                            |                              |  | Remote   |
|  |                            |                              |  | On-Site  |
| PIO-MD   |                            |                              |  | Remote   |
|  |                            |                              |  | On-Site  |
| Deputy Finance Chief                                 |                            |                              |  | Remote   |
| Operations Section Deputy & USDA Support             |                            |                              |  | ICP  |
| Logistics Support                                    |                            |                              |  | ICP  |
| Logistics Chief                                      |                            |                              |  | ICP  |
| Planning - EMRS                                      |                            |                              |  | Remote   |
| Planning Chief                                       |                            |                              |  | ICP  |
| Logistics Support                                    |                            |                              |  | ICP  |
| EMRS-permitting                                      |                            |                              |  | ICP  |
| Safety Officer                                       |                            |                              |  | On-Site  |
| Planning-Situation Unit                              |                            |                              |  |  |
| ■ Manager (USDA)                                     |                            |                              |  | On-Site  |

|                          |                                     |                            |
|--------------------------|-------------------------------------|----------------------------|
| <b>4. Prepared by:</b> ■ | <b>Position/Title:</b> OPS PLN Unit | <b>Signature:</b>          |
| ICS 205A                 | IAP Page                            | Date/Time: 02/24/22 @ 1745 |

Exemption 7 U.S.C.A. § 8791  
 Exemption 10002(o)(6)  
 Common law privacy interest

| <b>1. Incident Name</b><br>DE HPAI 2022                          |                                    | <b>2. Operational Period (Date/Time)</b><br>From: 2/27/22 0800 To: 2/27/22 1830                                   |  | <b>DAILY MEETING SCHEDULE</b><br>ICS 230-CG |  |
|--|------------------------------------|---|--|---|--|
| <b>3. Meeting Schedule (Commonly-held meetings are included)</b> |                                    |   |  |   |  |
| <b>Date/ Time</b>  | <b>Meeting Name</b>                | <b>Purpose</b>  | <b>Attendees</b>   | <b>Location</b>                             |  |
| 0830   | Unified Command Objectives Meeting | Review/ Identify objectives for the next operational period.  | Unified Command members  |   |  |
|  |                                    |   |  |   |  |
| 0830   | Command & General Staff Meeting    | IC/UC gives direction to Command & General staff including Incident objectives and priorities                     | IC/UC, Command & General Staff   |   |  |
|  |                                    |   |  |   |  |
| 0930   | Tactics Meeting                    | Develop/Review primary and alternate Strategies to meet Incident Objectives for the next Operational Period       | PSC, OSC, LSC, RESL & SITL   |   |  |
|  |                                    |   |  |   |  |
| 1200   | USDA Policy Meeting                |   |  |   |  |
| 1400   | Planning Meeting                   | Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period | Determined by the IC/UC  |   |  |
|  |                                    |   |  |   |  |
|  |                                    |   |  |   |  |
| 1700   | Operations Briefing                | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period                          | IC/UC, Command & General Staff, Branch Directors, Div/Gru Sups , Task Force/Strike Team Leaders and Unit Leaders |   |  |
|  |                                    |   |  |   |  |
|  |                                    |   |  |   |  |
|  |                                    |   |  |   |  |
| <b>4. Prepared by:</b> [REDACTED]                                |                                    |   | <b>Date/Time</b><br>2.26.22 1800   |   |  |
| <b>DAILY MEETING SCHEDULE</b>                                    |                                    |   |  | <b>ICS 230-CG (Rev.07/04)</b>               |  |

Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
Common law privacy interest

# Incident Action Plan

## DE HPAI 2022

Operational Period: Start: 2/28/22 0800 End: 2/28/22 1900

Approved By



Prepared By



Date Prepared 2/27/22



Approved By Incident Commander(s)

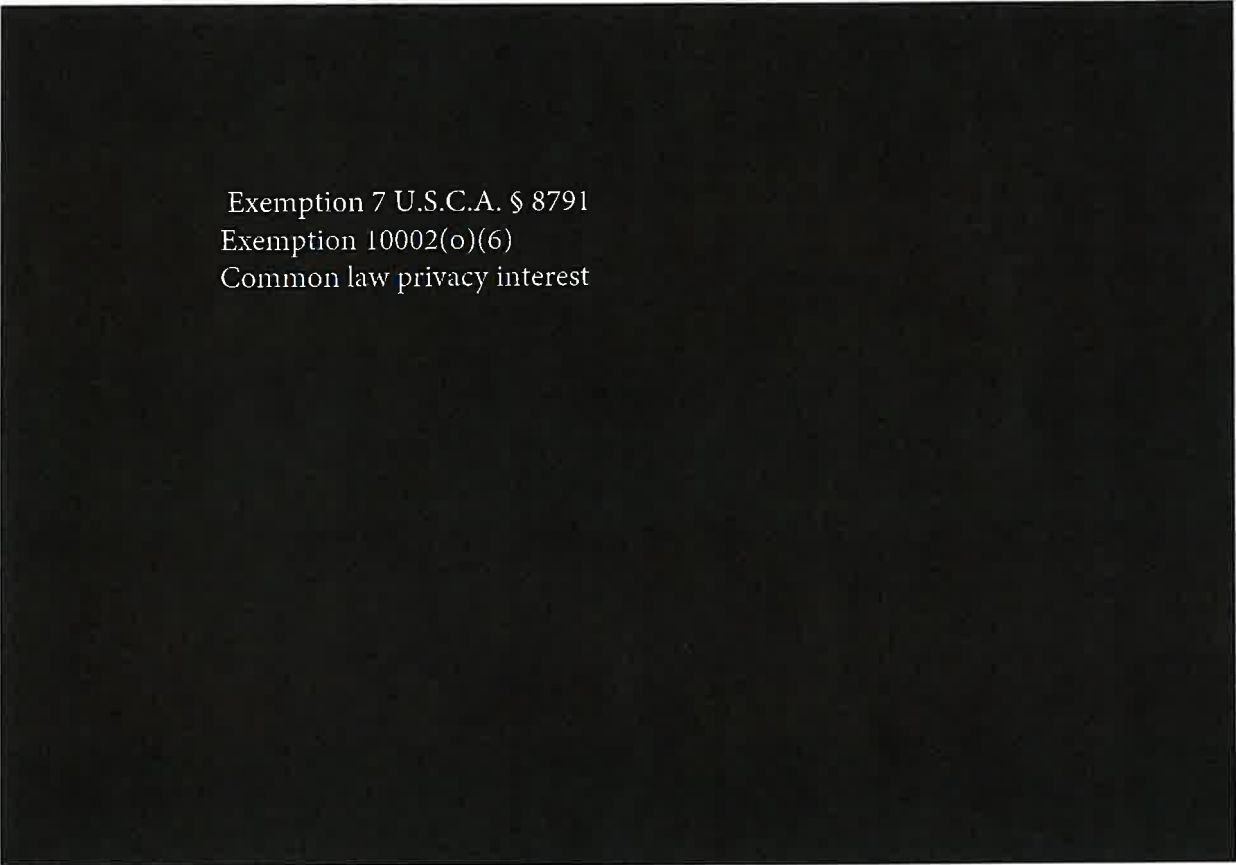


Date/Time: 2/27/22 1700














### INCIDENT BRIEFING (ICS 201)

|  |  |  |
|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022   | <b>2. Incident Number:</b><br>22DE0001 | <b>3. Date/Time Initiated:</b><br>Date: 2/28/2022 Time: 0800 |
| <b>4. Map/Sketch</b> (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):<br><br>DE HPAI 2022<br><br> <p>Exemption 7 U.S.C.A. § 8791<br/>Exemption 10002(o)(6)<br/>Common law privacy interest</p>   |  |  |
| <b>5. Situation Summary and Health and Safety Briefing</b> (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.<br><br>Delaware confirmed 1 positive case of HPAI H5 at NVSL on 2/22/22. There are no additionally cases presented or confirmed. Due to the significant potential threat HPAI H5 poses to the DelMarVa poultry community and industry, Unified Command has been established with representatives from Delaware Department of Agriculture (DDA), Maryland Department of Agriculture (MDA), and USDA.<br><br>The DDA is engaged in management, coordination, and response to the presence of HPAI H5 in Delaware. Coordination with DPH regarding the human public health aspect of the incident is on-going, with no imminent threats or concerns. Public information is being coordinated through the DDA PIO and a Joint Information Center.<br><br>Hold orders are placed on all farms within the CA until CA is clear. |  |  |
| <b>6. Prepared by: Name:</b> _____ <b>Position/Title:</b> OPS PLN Unit <b>Signature:</b> _____   |  |  |
| ICS 201, Page _____  | Date/Time: 2/27/22 @ 1730              |  |



## INCIDENT OBJECTIVES (ICS 202)

|  |  |   |   |   |   |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
|--|--|---|---|---|---|---|---|----------------------------------|---|---|--|---|--------------------------------|---|---------|---|---------------|----|----------|
| <b>1. Incident Name:</b><br>DE HPAI 2022   | <b>2. Operational Period:</b> Date From: 2/28/22 Date To: 2/28/22<br>Time From: 0800 Time To: 1830 |   |   |   |   |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| <b>3. Objective(s):</b> <ul style="list-style-type: none"> <li>Ensure the safety, security, and well-being of all responders</li> <li>Establish physical security protocols and procedures around the affected premises</li> <li>Contain and eradicate HPAI H5N1 from the infected premises</li> <li>Conduct surveillance for HPAI H5N1 within the control area and surveillance zones</li> <li>Continue to work with partners and stakeholders to deliver public information and outreach</li> </ul>  |  |   |   |   |   |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| <b>4. Operational Period Command Emphasis:</b><br><br><p>Priority for all on-site personnel is to maintain enhanced biosecurity in the Control Area. Operational emphasis is on continued depopulation and disposal of the infected premises. DDA and partner agencies MDA and USDA, are working to contain the situation, including sampling and quarantining nearby poultry flocks. DPH EPI developed a sign-in sheet to assist with contact tracing based on state of residence.</p> <p>General Situational Awareness</p> <p>There is no public health concern, and avian influenza does not affect poultry meat or egg products, which remain safe to eat. Sudden drop in temperature has slowed the ability to complete VSD+. To continue operations additional heating units will be required as temperatures are expected to remain low.</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 15%;">Mon 28</td> <td style="width: 15%;">41°/27°</td> <td style="width: 15%; text-align: center;"></td> <td style="width: 15%;">Sunny</td> <td style="width: 15%; text-align: right;">0%</td> <td style="width: 15%; text-align: right;">N 12 mph</td> </tr> <tr> <td>Tue 01</td> <td>54°/35°</td> <td style="text-align: center;"></td> <td>Partly Cloudy</td> <td style="text-align: right;">3%</td> <td style="text-align: right;">SSW 13 mph</td> </tr> <tr> <td>Wed 02</td> <td>57°/42°</td> <td style="text-align: center;"></td> <td>Partly Cloudy</td> <td style="text-align: right;">6%</td> <td style="text-align: right;">W 10 mph</td> </tr> </table> |  | Mon 28  | 41°/27°                                     |  | Sunny                                       | 0%  | N 12 mph                                    | Tue 01                           | 54°/35°                                       |  | Partly Cloudy                                | 3%  | SSW 13 mph                     | Wed 02                                      | 57°/42° |  | Partly Cloudy | 6% | W 10 mph |
| Mon 28   | 41°/27°  |  | Sunny                                       | 0%  | N 12 mph                                    |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| Tue 01   | 54°/35°  |  | Partly Cloudy                               | 3%  | SSW 13 mph                                  |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| Wed 02   | 57°/42°  |  | Partly Cloudy                               | 6%  | W 10 mph                                    |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| <b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located at:</b> USDA generated   |  |   |   |   |   |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| <b>6. Incident Action Plan (the items checked below are included in this Incident Action Plan):</b> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 203</td> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 207</td> <td style="width: 34%;"><u>Other Attachments:</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> ICS 230</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Map/Chart</td> <td><input checked="" type="checkbox"/> ICS 215A</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table>  |  | <input checked="" type="checkbox"/> ICS 203   | <input checked="" type="checkbox"/> ICS 207 | <u>Other Attachments:</u>   | <input checked="" type="checkbox"/> ICS 204 | <input checked="" type="checkbox"/> ICS 208 | <input checked="" type="checkbox"/> ICS 230 | <input type="checkbox"/> ICS 205 | <input checked="" type="checkbox"/> Map/Chart | <input checked="" type="checkbox"/> ICS 215A  | <input checked="" type="checkbox"/> ICS 205A | <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> ICS 206 |         | <input type="checkbox"/> _____  |               |    |          |
| <input checked="" type="checkbox"/> ICS 203  | <input checked="" type="checkbox"/> ICS 207  | <u>Other Attachments:</u>   |   |   |   |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| <input checked="" type="checkbox"/> ICS 204  | <input checked="" type="checkbox"/> ICS 208  | <input checked="" type="checkbox"/> ICS 230   |   |   |   |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| <input type="checkbox"/> ICS 205   | <input checked="" type="checkbox"/> Map/Chart  | <input checked="" type="checkbox"/> ICS 215A  |   |   |   |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| <input checked="" type="checkbox"/> ICS 205A   | <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents                                | <input type="checkbox"/> _____  |   |   |   |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| <input checked="" type="checkbox"/> ICS 206  |  | <input type="checkbox"/> _____  |   |   |   |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| <b>7. Prepared by:</b> Name: _____ Position/Title: OPS PLN Unit Signature: _____   |  |   |   |   |   |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| <b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____   |  |   |   |   |   |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |
| ICS 202  | IAP Page _____ Date/Time: _____  |   |   |   |   |   |   |                                  |   |   |  |   |                                |   |         |   |               |    |          |



## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/28/22 @ 0800 to 2/28/22 @ 1830 |   | <b>Page</b>            |                              |
|--|----------------|--|---|------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Disease Mgmt Branch       |   | <b>5. Prepared By:</b> | <b>Date</b><br>2/27/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |   | <b>6. PSC Review:</b>  | <b>Date</b>                  |
|  |                |  |   | <b>7. OSC Review:</b>  | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |   |                        |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment   | Obj #                  | Reporting Info/Notes/Remarks |
| Depopulation   | [REDACTED]     | 65 Total   | Coordinate and complete depopulation of chicken houses through VSD+ and CO2.  |                        | [REDACTED]                   |
| Disposal Group   | [REDACTED]     | 28-29  | Prepare for disposal of depopulated chickens within 72 hours of depopulation being completed.   |                        | [REDACTED]                   |
| Case Management  | [REDACTED]     | 1  | Supporting on-site operations of depopulation and disposal while ensuring C&D and decon are completed appropriately to enhance biosecurity. Maintaining operational communications with UC. |                        |                              |
| Site Manager   | [REDACTED]     | 1  | Maintain operational coordination of on-site depopulation, disposal, case management, decon   |                        |                              |
| Biosecurity Officer/Decon Group  |                | 1  | Maintain and enforce biosecurity on-site  |                        | [REDACTED]                   |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |   |                        |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |   |                        |                              |
| DE ICS 204   |                | IAP Page   |   |                        |                              |

# ASSIGNMENT LISTING (DE ICS 204)

Exemption 10002(o)(6)  
Common law privacy interest

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/28/22 @ 0800 to 2/28/22 @ 1830 |                 | <b>Page</b>            |                              |
|--|----------------|--|-----------------|------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Surveillance Branch       |                 | <b>5. Prepared By:</b> | <b>Date</b><br>2/27/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |                 | <b>6. PSC Review:</b>  | <b>Date</b>                  |
|  |                |  |                 | <b>7. OSC Review:</b>  | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |                 |                        |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment | Obj #                  | Reporting Info/Notes/Remarks |
| Non-Commercial Surveillance  | 1              |  |                 |                        |                              |
| Lab Testing and Reporting  | 3              |  |                 |                        |                              |
| Data Mapping   | 1              |  |                 |                        |                              |
| Epi  | 1              |  |                 |                        |                              |
| Disease Reporting Officer  | 1              |  |                 |                        |                              |
|  |                |  |                 |                        |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |                 |                        |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |                 |                        |                              |



## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/28/22 @ 0800 to 2/28/22 @ 1830 |                 | <b>Page</b>                          |                              |
|--|----------------|--|-----------------|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Logistics   |                | <b>4. Branch/Unit/Group/Staging</b><br>Logistics                 |                 | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/27/2022     |
| <b>8. Operations Personnel</b><br>Section Supervisor: [REDACTED]                           |                |  |                 | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |                 | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |                 |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment | Obj #                                | Reporting Info/Notes/Remarks |
| Logistics Section Chief  |                | 2  | [REDACTED]      |                                      |                              |
| Ground Support Unit Leader   |                | 2  | [REDACTED]      |                                      |                              |
| Food Unit Leader   |                | 1  | [REDACTED]      |                                      |                              |
| Support Branch   |                | 1  | [REDACTED]      |                                      |                              |
| Supply Unit Leader   |                |  | [REDACTED]      |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |                 |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |                 |                                      |                              |
| DE ICS 204   |                | IAP Page   |                 | 5                                    |                              |



## ASSIGNMENT LISTING (DE ICS 204)

|   |  |  |  |                                      |                          |
|---|--|--|--|--------------------------------------|--------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022                    |  | <b>2. Operational Period</b><br>2/28/22 @ 0800 to 2/28/22 @ 1830 |  | <b>Page</b>                          |                          |
| <b>3. Section</b><br>Operations                             |  | <b>4. Branch/Unit/Group/Staging</b><br>Bio Security Branch       |  | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/27/2022 |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED] |  |  |  | <b>6. PSC Review:</b>                | <b>Date</b>              |
|   |  |  |  | <b>7. OSC Review:</b>                | <b>Date</b>              |

| 9. Resources Assigned                             |                |                |                 |       |                              |
|---|----------------|----------------|-----------------|-------|------------------------------|
| Strike Team/Task Force Resource Identifier/Leader | Contact Info # | # of Personnel | Work Assignment | Obj # | Reporting Info/Notes/Remarks |
| Tactical Epi                                      | [REDACTED]     | 2              |                 |       |                              |
|   |                |                |                 |       |                              |
|   |                |                |                 |       |                              |
|   |                |                |                 |       |                              |
|   |                |                |                 |       |                              |
|   |                |                |                 |       |                              |
|   |                |                |                 |       |                              |

**10. Special Instructions or Resource Needs:**

**11. Communications (radio and/or phone contact numbers needed for this assignment):**

## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>2/28/22 @ 0800 to 2/28/22 @ 1830 |                 | <b>Page</b>                          |                              |
|--|----------------|--|-----------------|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Public Health Operations  |                 | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/27/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |                 | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |                 | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |                 |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment | Obj #                                | Reporting Info/Notes/Remarks |
| DPH Operations   | [REDACTED]     | 1  |                 |                                      |                              |
| SME  |                | 0  |                 |                                      |                              |
| MD Public Health   |                | 0  |                 |                                      |                              |
| EPI  | [REDACTED]     | 1  |                 |                                      |                              |
| Infectious Disease Safety  | [REDACTED]     | 1  |                 |                                      |                              |
|  |                |  |                 |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |                 |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |                 |                                      |                              |
| DE ICS 204   |                | IAP Page   |                 |                                      |                              |

### MEDICAL PLAN (ICS 206)

| <b>1. Incident Name:</b><br>DE HPAI 2022 # 22DE0001  |   | <b>2. Operational Period:</b> Date From: 2/28/2022<br>Time From: 0800 |                              | Date To: 2/28/2022<br>Time To: 1830     |   |   |  |
|--|---|---|------------------------------|---|---|---|--|
| <b>3. Medical Aid Stations:</b>  |   |   |                              |   |   |   |  |
| Name   | Location                                  | Contact Number(s)/Frequency   | Paramedics on Site?          |   |   |   |  |
| On-Site  |   |   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No  |   |   |  |
| ICP  | 640 South State St, Dover                 | 302-674-4700 or 911   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No  |   |   |  |
|  |   |   | <input type="checkbox"/> Yes | <input type="checkbox"/> No             |   |   |  |
|  |   |   | <input type="checkbox"/> Yes | <input type="checkbox"/> No             |   |   |  |
|  |   |   | <input type="checkbox"/> Yes | <input type="checkbox"/> No             |   |   |  |
|  |   |   | <input type="checkbox"/> Yes | <input type="checkbox"/> No             |   |   |  |
| <b>4. Transportation (indicate air or ground):</b>   |   |   |                              |   |   |   |  |
| Ambulance Service  | Location                                  | Contact Number(s)/Frequency   | Level of Service             |   |   |   |  |
| NCC EMS  | 3601 N. Dupont Highway New Castle, DE     | 302-395-8184 or 911   | <input type="checkbox"/> ALS | <input checked="" type="checkbox"/> BLS |   |   |  |
| KC EMS   | 911 Public Safety Blvd                    | 302-735-2200 or 991   | <input type="checkbox"/> ALS | <input type="checkbox"/> BLS            |   |   |  |
|  |   |   | <input type="checkbox"/> ALS | <input type="checkbox"/> BLS            |   |   |  |
|  |   |   | <input type="checkbox"/> ALS | <input type="checkbox"/> BLS            |   |   |  |
| <b>5. Hospitals:</b>   |   |   |                              |   |   |   |  |
| Hospital Name  | Address, Latitude & Longitude if Helipad  | Contact Number(s)/Frequency   | Travel Time                  |   | Trauma Center                                       | Burn Center   | Helipad  |
|  |   |   | Air                          | Ground                                  |   |   |  |
| ChristianaCare   | 4755 Ogetown Stanton Rd, Newark, DE 19718 | 911   |                              |   | <input checked="" type="checkbox"/> Yes<br>Level: 1 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Bay Health   | 640 South State St Dover, DE              | 911   |                              |   | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |   |   |                              |   | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |   |   |                              |   | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |   |   |                              |   | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
| <b>6. Special Medical Emergency Procedures:</b>  |   |   |                              |   |   |   |  |
| <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. |   |   |                              |   |   |   |  |
| <b>7. Prepared by (Medical Unit Leader):</b> Name: _____   |   |   |                              | Signature: _____                        |   |   |  |
| <b>8. Approved by (Safety Officer):</b> Name: _____  |   |   |                              | Signature: _____                        |   |   |  |
| ICS 206   IAP Page   Date/Time: 2-26-22 1830   |   |   |                              |   |   |   |  |

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**INCIDENT ORGANIZATION CHART (ICS 207)**

|  |   |   |
|--|---|---|
| <b>1. Incident Name:</b><br>DE HPAI 2022 | <b>2. Operational Period:</b> Date From: 2/28/22<br>Time From: 0800 | Date To: 2/28/22<br>Time To: 1830   |
| <b>3. Organization Chart</b>             |   |   |
|  |   |   |
| ICS 207                                  | IAP Page ____   | 4. Prepared by: Name: _____ Position/Title: Operational Planning Unit Signature: _____ Date/Time: 02262022 1630 |

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### INCIDENT ORGANIZATION CHART (ICS 207)

|   |  |   |
|---|--|---|
| 1. Incident Name:<br>DE HPAI 2022   | 2. Operational Period: Date From: 2/27/22<br>Time From: 0800 | Date To: 2/27/22<br>Time To: 1830   |
| 3. Organization Chart   |  |   |
| <pre>graph TD; OS[Operations Section] --&gt; DM[Disease Mgmt Branch]; OS --&gt; BS[Bio Security Branch]; OS --&gt; SA[Staging Area]; DM --&gt; CM[Care Mgmt]; DM --&gt; RG[Reception Group]; CM --&gt; BO[Biosecurity Officer]; CM --&gt; SM[Site Manager]; RG --&gt; IS1[Industry Support]; RG --&gt; SC[Support Coordinated]; BS --&gt; COB[COB]; COB --&gt; CC[CO2 Contractors]; COB --&gt; CS[Composting SMEs]; COB --&gt; EO[Equipment Operators]; COB --&gt; UC[USDA Contractor]; SA --&gt; DG[Decon Group]; DG --&gt; IS2[Industry Support]; IS2 --&gt; IS3[Industry Support];</pre> |  |   |
| ICS 207 IAP Page ___  | 4. Prepared by: Name [Redacted]                              | Position/Title: Planning – DOC Unit Signature: _____ Date/Time: 02252022 1800 |

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### INCIDENT ORGANIZATION CHART (ICS 207)

|   |   |  |
|---|---|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 2/26/2022<br>Time From: 0800 | Date To: 2/26/2022<br>Time To: 1830  |
| <b>3. Organization Chart</b><br><pre>graph TD;   PH_Leadership[PH Leadership] --- PH_Operations_Chief[PH Operations Chief];   PH_Operations_Chief --- PH_Deputy_Operations_Chief[PH Deputy Operations Chief];   PH_Deputy_Operations_Chief --- EPI_Group[EPI Group];   PH_Deputy_Operations_Chief --- IDMS[Infectious Disease Mitigation/Safety];   PH_Deputy_Operations_Chief --- One_Health[One Health];   PH_Deputy_Operations_Chief --- Medical_Support[Medical Support];</pre> |   |  |
| ICS 207   | IAP Page ____   | <b>4. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____ |

## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

| DE HPAI 2022   |  | <b>2. Incident Number:</b><br>22DE0001  |  |
|--|--|---|--|
| <b>3. Date/Time Prepared:</b><br>Date: 02-27-2022 Time: 0800 |  | <b>4. Operational Period:</b> Date From: 02/28/2022 Date To: 02/28/2022<br>Time From: 08:00 am Time To: 06:30 am  |  |
| 5. Incident Area   | 6. Hazards/Risks   | 7. Mitigations  |  |
| <b>ICP</b>   | <ul style="list-style-type: none"> <li>-Dehydration</li> <li>-Exhaustion</li> <li>-Stress</li> <br/> <li>-Driving and Weather Hazard</li> <br/> <li>-Slips Trips and Falls</li> <li>-Covid exposure and Influenza monitoring</li> <br/> <li>-Security-Control conversations outside the Premise/ICP</li> <br/> <li>Mental Health</li> </ul>  | <ul style="list-style-type: none"> <li>-Hydrate with water</li> <li>-Adequate sleep-8 hours, rest breaks</li> <li>-Connect with home. Social Interaction, Be kind, laugh and relax,</li> <li>-Weather reports, Weather warning APP on Phone, defensive driving, NO cell phone calls/texts while driving</li> <li>-situational awareness,</li> <li>-Maintain 6 foot distance where possible, USDA personnel are Masked mandated in office space. Follow Influenza Like Illness monitoring/reporting. Report any symptoms to Safety Office</li> <li>-Avoid conversations in Public Areas. Some of the public does not approve of what we are doing, do not discuss name of the farm/location</li> <li>-Watch coworkers and employees for signs of stress, utilize Employee Assistance programs. Positive feedback for importance of the work being done.</li> </ul>   |  |
| <b>Depopulation</b>  | <p>In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Inquisitive Public</li> <br/> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <br/> <li>-Ammonia Levels</li> <br/> <li>-Heat</li> <br/> <li>-Disinfectants</li> <br/> <li>-Machinery and farm operations</li> <br/> <li>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</li> </ul> | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Safety</li> <br/> <li>-Proper PPE and Proper Biosecurity Follow Influenza Like Illness monitoring Report any symptoms to Safety Officer Hand washing and proper Decon Adhere to 12 hour work.</li> <br/> <li>-report any houses with irritating levels, have fans running while in house ( owner can assist with adjusting fans)</li> <li>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</li> <li>-SDS, PPE, Proper mixing techniques, proper storage and handling</li> <li>-Avoid areas of machinery travel, House feeders, egg belts, fans, safety vests, give wide berth, safety vests</li> <li>-BUDDY SYSTEM Check ins.</li> <li>Situational awareness, Adhere to 12 hour shift if possible,</li> <li><i>Check in</i> when arriving, leaving area / returning.</li> </ul> |  |



|                                |  |  |
|--------------------------------|--|--|
| <p><b>CO2 Depopulation</b></p> | <p>In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Disgruntled Public</li> <li>-Bird handling</li> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <li>-CO2</li> <li>-Ammonia Levels</li> <li>-Heat</li> <li>-Disinfectants</li> <li>-Safety and Well being, Early and late operations lighting, visibility, uneven terrain</li> </ul> | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Security</li> <li>-Practice proper bird restraint/humane euthanasia of birds.</li> <li>-Proper PPE, Proper biosecurity</li> <li>Follow Influenza Like Illness monitoring/reporting</li> <li>Report any symptoms to Safety Officer</li> <li>Hand washing and proper Decon</li> <li>Adhere to 12 hour work cycle</li> <li>-Proper gloves, PPE, correct storage. Strictly follow SOP and CO2 Lead, stay clear of dispensing truck and area. Lookouts for monitoring area during house CO2 fill. Limit access to area</li> <li>-report any houses with irritating levels, have fans running while in house, increased mortality will increase Ammonia levels. Use of FullFace Respirators/ Ammonia Cartidges</li> <li>-Hydration with water prior to activity, rest breaks, Tyvek versus Tychems for heat.</li> <li>-SDS, PPE, Proper mixing techniques.</li> <li>-BUDDY SYSTEM, Situational awareness, Adhere to 12 hour shift if possible, <i>Mandatory Check in</i> when arriving, leaving area /returning. Always in parties of 2 working around and entering houses.</li> </ul> |
|--------------------------------|--|--|

|  |   |  |
|--|---|--|
| <p><b>DISPOSAL/<br/>COMPOSTING</b></p>               | <p>In addition to ICP Hazards:<br/>-Inquisitive Public</p> <p>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</p> <p>-Ammonia Levels</p> <p>-Heat</p> <p>-Disinfectants</p> <p>-Machinery and farm operations</p> <p>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</p>                    | <p>-Leave the area if threatened or unsafe, Contact Safety</p> <p>-Proper PPE and Proper Biosecurity Follow Influenza Like Illness monitoring Report any symptoms to Safety Officer Hand washing and proper Decon Adhere to 12 hour work.</p> <p>-report any area with irritating levels, immediately add more cap to pile</p> <p>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</p> <p>-SDS, PPE, Proper mixing techniques, proper storage and handling</p> <p>-Avoid areas of machinery travel, Safety vests, give wide berth,</p> <p>-BUDDY SYSTEM Check ins. Situational awareness, Adhere to 12 hour shift if possible, <i>Check in</i> when arriving, leaving area/ returning.</p>                         |
| <p><b>CASE<br/>MANAGER/<br/>SITE<br/>MANAGER</b></p> | <p>In addition to ICP Hazards:<br/>-Inquisitive Public</p> <p>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</p> <p>-Heat</p> <p>-Disinfectants</p> <p>-Machinery and farm operations</p> <p>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</p> <p>Mental Health Awareness (producer)</p> | <p>-Leave the area if threatened or unsafe, Contact Safety</p> <p>-Proper PPE and Proper Biosecurity Follow Influenza Like Illness monitoring Report any symptoms to Safety Officer Hand washing and proper Decon Adhere to 12 hour work.</p> <p>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</p> <p>-SDS, PPE, Proper mixing techniques, proper storage and handling</p> <p>-Avoid areas of machinery travel, House feeders, safety vests, give wide berth,</p> <p>-BUDDY SYSTEM Check ins. Situational awareness, Adhere to 12 hour shift if possible, <i>Check in</i> when arriving, leaving area/ returning.</p> <p>-In addition to ICP mitigations-Public Health/State/County hotlines and resources.</p> |

|  |  |   |
|--|--|---|
| <p><b>DECON</b></p>                            | <p>In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Inquisitive Public</li> <br/> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <br/> <li>-Heat</li> <br/> <li>-Disinfectants</li> <br/> <li>-Machinery and farm operations</li> <br/> <li>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</li> </ul>                | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Safety</li> <br/> <li>-Proper PPE and Proper Biosecurity<br/>Follow Influenza Like Illness monitoring<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work.</li> <br/> <li>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</li> <li>-SDS, PPE, Proper mixing techniques, proper storage and handling,</li> <br/> <li>-Avoid areas of machinery travel, safety vests/visibility colors, give wide berth, Face shields/eye protection for disinfecting vehicle, clear communications with operators,</li> <br/> <li>-BUDDY SYSTEM Check ins.<br/>Situational awareness, Adhere to 12 hour shift if possible,<br/><i>Check in</i> when arriving, leaving area / returning.</li> </ul>   |
| <p><b>SURVEIL/<br/>SICK BIRD<br/>CALLS</b></p> | <p>In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Disgruntled Public</li> <br/> <li>-Bird handling</li> <br/> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <br/> <li>-Ammonia Levels</li> <br/> <li>-Heat</li> <br/> <li>-Disinfectants</li> <br/> <li>-Safety and Well being, Early and late operations lighting, visibility, uneven terrain</li> </ul> | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Security</li> <li>-Practice proper bird restraint/humane euthanasia of birds.</li> <li>-Proper PPE, Proper biosecurity<br/>Follow Influenza Like Illness monitoring/reporting<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work cycle</li> <li>-report any houses with irritating levels, have fans running while in house, increased mortality will increase Ammonia levels. Use of FullFace Respirators/ Ammonia Cartidges if warranted.</li> <br/> <li>-Hydration with water prior to activity, rest breaks, Tyvek versus Tychems for heat.</li> <li>-SDS, PPE, Proper mixing techniques.</li> <br/> <li>-BUDDY SYSTEM, Situational awareness, Adhere to 12 hour shift if possible. <i>Mandatory Check in</i> when arriving, leaving area /returning. Always in parties of 2 working around and entering houses.</li> </ul> |
|  |  |   |

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|  |                    |                  |
|  |                    |                  |
| <b>8. Prepared by (Safety Officer):</b> Name: [REDACTED]   |                    | Signature: _____ |
| <b>Prepared by (Operations Section Chief):</b> Name: _____ |                    | Signature: _____ |
| ICS 215A   | Date/Time: 2-27-22 |                  |

## SAFETY MESSAGE/PLAN (ICS 208)

|   |  |                                    |
|---|--|------------------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 02282022<br>Time From: 0800 | Date To: 02282022<br>Time To: 1830 |
| <b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b> <ul style="list-style-type: none"><li>• BUDDY SYSTEM know where your team members are at all times. Check in and check out.</li><li>• HYDRATE: Stay hydrated to avoid the risk of heat related illness and take breaks in the shade or in a cool area as necessary. Drink plenty of water to keep hydrated and watch for signs of heat related illness in yourself and others. Weight options of Tyvek versus Tychem.</li><li>• Utilize the proper PPE along with proper donning/doffing procedures for safety and biosecurity. Watch for rips and tears, compromises in biosecurity</li><li>• Adhere to the 12-hour work rule and get plenty of rest in the evening, and attempt to maintain a regular schedule.</li><li>• Drive Defensively and obey State Regulations.</li><li>• Maintain Situational Awareness. Practice the buddy system; know where your team members are, check in regularly with supervisor. Be alert for high levels of traffic in work areas and practice defensive driving techniques.</li><li>• Maintain a 6 foot distance whenever possible due to Covid guidance. Face coverings required for USDA personnel in Office space.</li><li>• Report any illness, Accident, injury or Near Miss to Supervisor and Safety Officer Immediately. USDA required to complete First Report as soon as possible.</li><li>• State and Contractor Employees follow procedures outlined by management.</li><li>• Influenza Like Illness Monitoring. Reporting and follow up is being conducted through agreement with CDC through DE Dept of Health and MD Dept of Health. Contacts listed in the Communications List in IAP. More information to follow.</li></ul> <p>Review the 215A for specific hazards related to Operations.</p> <p>FOR EMERGENCIES: Call 911 and report to Safety Officer and Supervisor.</p> |  |                                    |
| <b>4. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located At:</b> USDA Generated  |  |                                    |
| <b>5. Prepared by:</b> Name: <span style="background-color: black; color: black;">[REDACTED]</span> Position/Title: Safety Officer Signature: _____   |  |                                    |
| ICS 208   | IAP Page _____   | Date/Time: 02272022 1200           |

**COMMUNICATIONS LIST (ICS 205a)**

Exemption 10002(o)(6)  
Common law privacy interest

|   |                              |  |                                      |
|---|------------------------------|--|--------------------------------------|
| <b>1. Incident Name</b><br>DE HPAI 2022 | <b>2. Operational Period</b> | Date From:<br>2/28/22<br>Time From: 0800 | Date To:<br>2/28/22<br>Time To: 1830 |
|---|------------------------------|--|--------------------------------------|

| <b>3. Basic Local Communications Information</b> |                     |        |               |                  |
|--|---------------------|--------|---------------|------------------|
| Incident Assigned Position                       | Name (Alphabetized) | Emails | Phone numbers | Remote/In Person |
| Lab Liaison - MD                                 |                     |        |               | Remote           |
|  |                     |        |               | Remote           |
| Case Manager                                     |                     |        |               | On-Site          |
|  |                     |        |               | On-Site          |
| USDA Liason                                      |                     |        |               | Remote           |
|  |                     |        |               | ICP              |
|  |                     |        |               | On-Site          |
|  |                     |        |               | Remote           |
| EMRS-permitting                                  |                     |        |               | Remote           |
| Liaison Officer                                  |                     |        |               | ICP              |
| SME  |                     |        |               | On-site          |
| Planning - Documentation Unit                    |                     |        |               | ICP              |
| NCC EMA/Staging Area Manager                     |                     |        |               | On-Site          |
| Deputy Planning Chief                            |                     |        |               | ICP              |
| DPH  |                     |        |               | Remote           |
| Disposal Group                                   |                     |        |               | On-Site          |
| DRO  |                     |        |               | Remote           |
| Liaison Officer                                  |                     |        |               | ICP              |
| Public Health Ops - MD                           |                     |        |               | Remote           |
| Lab Liaison - DE                                 |                     |        |               | ICP              |
| Surveillance Br Lead                             |                     |        |               | ICP              |
| Disposal Group                                   |                     |        |               | On-Site          |
| DE Public Health Operations Chief                |                     |        |               | Remote           |
| EMRS-permitting                                  |                     |        |               | Remote           |
| IC/UC-DE   |                     |        |               | ICP              |
| PIO-DE   |                     |        |               | ICP              |
| DPH Leadership                                   |                     |        |               | Remote           |
| Depop Group                                      |                     |        |               | On-Site          |
| DCS Broiler Liaison                              |                     |        |               | ICP              |
|  |                     |        |               | ICP              |
| Planning - Arc/GIS & Mapping                     |                     |        |               | Remote           |
| UC (USDA AVIC)                                   |                     |        |               | ICP              |
| DDA Liason                                       |                     |        |               | ICP              |
| MD Commercial Layers Testing                     |                     |        |               | Remote           |
| Lab Group  |                     |        |               | ICP              |
| Epi  |                     |        |               | Remote           |

|                        |                                     |                            |
|------------------------|-------------------------------------|----------------------------|
| <b>4. Prepared by:</b> | <b>Position/Title:</b> PLN DOC Unit | <b>Signature:</b>          |
| ICS 205A               | IAP Page                            | Date/Time: 02/27/22 @ 1700 |

### COMMUNICATIONS LIST (ICS 205a)

| Operations Section Chief                             | [REDACTED]          | [REDACTED]                            | ICP                               |                  |
|--|---------------------|---------------------------------------|-----------------------------------|------------------|
| Biosecurity Officer                                  | [REDACTED]          | [REDACTED]                            | Remote                            |                  |
| Contracting Officer                                  | [REDACTED]          | [REDACTED]                            | On-Site                           |                  |
| <b>1. Incident Name</b>                              |                     | <b>2. Operational Period</b>          |                                   |                  |
| DE HPAI 2022   |                     | Date From: 2/28/22<br>Time From: 0800 | Date To: 2/28/22<br>Time To: 1830 |                  |
| <b>3. Basic Local Communications Information</b>     |                     |                                       |                                   |                  |
| Incident Assigned Position                           | Name (Alphabetized) | Emails                                | Phone numbers                     | Remote/In Person |
|  | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | ICP              |
| Ground Support Unit                                  | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | ICP/On-Site      |
| UC-MD  | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | ICP              |
| Field Reimbursement Specialist / Federal Coordinator | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | Remote           |
| Supply Unit  | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | ICP              |
| Planning - Resource Unit                             | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | Remote           |
| Supply Unit Lead                                     | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | ICP              |
| Case Manager   | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | On-Site          |
| Planning - Operational Planning Unit                 | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | ICP              |
| Public Health Ops-DE (One Health) Biosecurity Group  | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | On-Site          |
| PIO - DEMA   | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | Remote           |
| Deputy Logistics Chief                               | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | Remote           |
| Finance Chief  | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | ICP              |
|  | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | Remote           |
|  | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | On-Site          |
| PIO-MD   | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | Remote           |
|  | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | On-Site          |
| Deputy Finance Chief                                 | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | Remote           |
| Operations Section Deputy & USDA Support             | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | ICP              |
| Logistics Support                                    | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | ICP              |
| Logistics Chief                                      | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | ICP              |
| Field Reimbursement Specialist                       | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | Remote           |
| Planning - EMRS                                      | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | Remote           |
| Planning Chief                                       | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | ICP              |
| Logistics Support                                    | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | ICP              |
| EMRS-permitting                                      | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | Remote           |
| Safety Officer                                       | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | On-Site          |
| Planning-Situation Unit                              | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | Remote           |
| Site Manager (USDA)                                  | [REDACTED]          | [REDACTED]                            | [REDACTED]                        | On-Site          |

|                                   |                                     |                            |
|-----------------------------------|-------------------------------------|----------------------------|
| <b>4. Prepared by:</b> [REDACTED] | <b>Position/Title:</b> PLN DOC Unit | <b>Signature:</b>          |
| ICS 205A                          | IAP Page                            | Date/Time: 02/27/22 @ 1700 |



Exemption 7 U.S.C.A. § 8791  
 Exemption 10002(o)(6)  
 Common law privacy interest

| <b>1. Incident Name</b><br>DE HPAI 2022                          |                                    | <b>2. Operational Period (Date/Time)</b><br>From: 2/28/22 0800 To: 2/28/22 1830                                   |  | <b>DAILY MEETING SCHEDULE</b><br>ICS 230-CG |  |
|--|------------------------------------|---|--|---|--|
| <b>3. Meeting Schedule (Commonly-held meetings are included)</b> |                                    |   |  |   |  |
| Date/ Time   | Meeting Name                       | Purpose   | Attendees  | Location                                    |  |
| 0830   | Unified Command Objectives Meeting | Review/Identify objectives for the next operational period.   | Unified Command members  |   |  |
|  |                                    |   |  |   |  |
| 0930   | Command & General Staff Meeting    | IC/UC gives direction to Command & General staff including incident objectives and priorities                     | IC/UC, Command & General Staff   |   |  |
|  |                                    |   |  |   |  |
|  |                                    |   |  |   |  |
|  |                                    |   |  |   |  |
| 1200   | USDA Policy Meeting                |   |  |   |  |
| 1400   | Planning Meeting                   | Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period | Determined by the IC/UC  |   |  |
|  |                                    |   |  |   |  |
|  |                                    |   |  |   |  |
| 1700   | Operations Briefing                | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period                          | IC/UC, Command & General Staff, Branch Directors, Div/Grp Sups, Task Force/Sinks Team Leaders and Unit Leaders |   |  |
|  |                                    |   |  |   |  |
|  |                                    |   |  |   |  |
|  |                                    |   |  |   |  |
| <b>4. Prepared by:</b> [REDACTED]                                |                                    |   | <b>Date/Time</b><br>2.27.22 1800   |   |  |
| <b>DAILY MEETING SCHEDULE</b>                                    |                                    |   |  | <b>ICS 230-CG (Rev.07/04)</b>               |  |

Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
Common law privacy interest

# Incident Action Plan

## DE HPAI 2022

Operational Period: Start: 3/1/22 07:00 End: 3/1/22 19:00

Approved By

Prepared By:

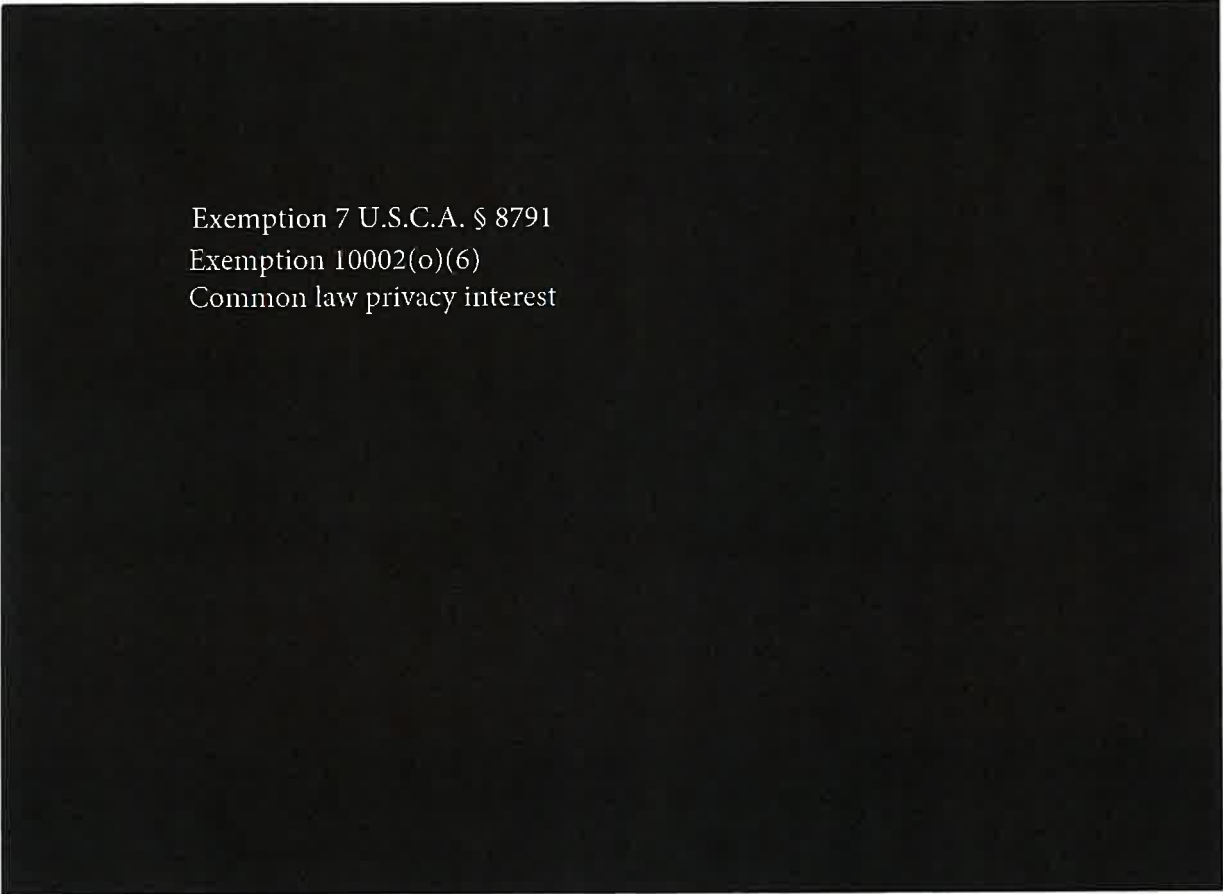
Date Prepared 2/28/22



Approved By Incident Commander(s)

Date/Time: 2/28/22 1700

### INCIDENT BRIEFING (ICS 201)

|  |  |  |
|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022   | <b>2. Incident Number:</b><br>22DE0001 | <b>3. Date/Time Initiated:</b><br>Date: 3/01/2022 Time: 0800 |
| <b>4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):</b><br><br>DE HPAI 2022<br><br> <p>Exemption 7 U.S.C.A. § 8791<br/>Exemption 10002(o)(6)<br/>Common law privacy interest</p>   |  |  |
| <b>5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command):</b> Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.<br><br>Delaware confirmed 1 positive case of HPAI H5 at NVSL on 2/22/22. There are no additionally cases presented or confirmed. Due to the significant potential threat HPAI H5 poses to the DelMarVa poultry community and industry, Unified Command has been established with representatives from Delaware Department of Agriculture (DDA), Maryland Department of Agriculture (MDA), and USDA.<br><br>The DDA is engaged in management, coordination, and response to the presence of HPAI H5 in Delaware. Coordination with DPH regarding the human public health aspect of the incident is on-going, with no imminent threats or concerns. Public information is being coordinated through the DDA PIO and a Joint Information Center.<br><br>Hold orders are placed on all farms within the CA until CA is clear. |  |  |
| <b>6. Prepared by: Name:</b> _____ <b>Position/Title:</b> OPS PLN Unit <b>Signature:</b> _____   |  |  |
| ICS 201, Page  | Date/Time: 2/28/22 @ 1800              |  |

|  |  |  |
|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022 | <b>2. Incident Number:</b><br>22DE0001 | <b>3. Date/Time Initiated:</b><br>Date: 3/01/2022 Time: 0800 |
|--|--|--|

All commercial farms & backyard flocks within the 10k Control Area (CA) and within the 10-20k Surveillance Zone (SZ) have been identified and mapped. All commercial farms in the 10k CA and 20k SZ have been tested at least once; all tests are negative for HPAI H5. Met BYF Surveillance goal in the 10k CA. Daily surveillance testing continues at Maryland commercial layer farms to permit movement and continuity of business. Samples continue to be run at Allen Lab. Eggs are permitted to move with negative testing and on-going enhanced biosecurity. Testing to continue in compliance with Secure Egg Supply Plan for movement of eggs. Plan for on-gong surveillance at commercial and backyard flocks located within the CA and SZ is under review.

On-premise cleaning and disinfection (C&D) and decontamination procedures are being enforced to maintain enhanced biosecurity. VSD+ and CO2 will be used to depopulated infected premise. Windrow method of composting to be utilized for disposal. VSD+ depopulation of House #2 completed 2/23/22. VSD+ depopulation of House #3 completed 2/24/22. VSD+ depopulation of House #5 completed 2/25/22. Depopulation of House #4 through VSD+ and House #1 through CO2 completed 2/26/22. Depopulation of House #7 (VSD+) and House #8 (CO2) anticipated to be completed on 2/28/22. Depopulation of House #9 (VSD+) anticipated for 03/01/22. USDA support teams for depopulation, disposal and chicken removal are on-site. Composting operations began on 2/25/22 and anticipated to continue through 3/4/22.

Public Health contact tracing/EPI on-going for DE and MD. Developing an on-site medical plan established to address any human infection. Safety Officer from USDA developing ICS208 and supporting site safety.

**7. Current and Planned Objectives:**

- Ensure the safety security and well-being of all responders
- Establish physical security protocols and procedures around the affected premises
- Contain and eradicate HPAI H5N1 from the infected premises
- Conduct surveillance for HPAI H5N1 within the control area and surveillance zones
- Continue to work with partners and stakeholders to deliver public information and outreach
- Monitor social media and news outlets for information and misinformation regarding HPAI in Delaware.
- Coordinate Demobilization Planning Team

**8. Current and Planned Actions, Strategies, and Tactics:**

| Time: | Actions:   |
|-------|--|
|       | Beginning to receive sign-in sheets from the field (Logistics is picking them up and bringing them back to the ICP when they go to the site) |
|       | DDA and USDA have provided personnel to assist with signing in resources and personal  |
|       | United Rental Lighting carts (x3) on scene for night operations.   |
|       | DelDOT emergency lighting expected to be picked up by COB 11/28/22   |
|       | As of 2/28/22 eight of nine bird houses depopulated, (1,2,3,4,5,6, 7, & 8).  |
|       | Houses 1-6 pulled.   |
|       | House #2 Unloaded  |
|       | Prepping house #9 VSD+ Heat  |
|       | House #9 is double the population of birds (249,411) to other houses on site.  |
|       | Operations coordinating with Hot Zone to track manure displacement within houses.  |
|       | 0% of Houses Debulk.   |
|       | 0% of Houses Decon   |
|       |  |
|       | Over the next operational period, continue composting operations and plan decontamination strategy.  |

|                                    |                                     |                         |
|------------------------------------|-------------------------------------|-------------------------|
| <b>6. Prepared by: Name:</b> _____ | <b>Position/Title:</b> OPS PLN Unit | <b>Signature:</b> _____ |
| ICS 201, Page                      | Date/Time: 2/28/22 @ 1800           |                         |

## INCIDENT OBJECTIVES (ICS 202)

|   |   |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
|---|---|--|---|---------------------------|---|---|--|----------------------------------|---|--|--|---|------------------------------------|---|--------------------------------------|--------------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 3/01/22    Date To: 3/01/22<br>Time From: 0800    Time To: 1830    |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| <b>3. Objective(s):</b> <ul style="list-style-type: none"> <li>Ensure the safety security and well-being of all responders</li> <li>Establish physical security protocols and procedures around the affected premises</li> <li>Contain and eradicate HPAI H5N1 from the infected premises</li> <li>Conduct surveillance for HPAI H5N1 within the control area and surveillance zones</li> <li>Continue to work with partners and stakeholders to deliver public information and outreach</li> <li>Monitor social media and news outlets for information and misinformation regarding HPAI in Delaware.</li> <li>Coordinate Demobilization Planning Team</li> </ul>  |   |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| <b>4. Operational Period Command Emphasis:</b><br><br>Priority for all on-site personnel is to maintain enhanced biosecurity in the Control Area. Operational emphasis is on continued depopulation and disposal of the infected premises. DDA and partner agencies MDA and USDA, are working to contain the situation, including sampling and quarantining nearby poultry flocks. DPH EPI developed a sign-in sheet to assist with contact tracing based on state of residence.  |   |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| <b>General Situational Awareness</b><br><br>There is no public health concern, and avian influenza does not affect poultry meat or egg products, which remain safe to eat. Sudden drop in temperature has slowed the ability to complete VSD+. To continue operations additional heating units will be required as temperatures are expected to remain low.<br><br><b>Detailed Forecast</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Tonight</td> <td>Partly cloudy, with a low around 25. East wind around 5 mph becoming calm in the evening.</td> </tr> <tr> <td>Tuesday</td> <td>Partly sunny, with a high near 53. Southeast wind 5 to 10 mph becoming south 10 to 15 mph in the afternoon.</td> </tr> <tr> <td>Tuesday Night</td> <td>Partly cloudy, with a low around 39. South wind around 5 mph becoming west after midnight.</td> </tr> <tr> <td>Wednesday</td> <td>Mostly sunny, with a high near 57. West wind 5 to 10 mph.</td> </tr> <tr> <td>Wednesday Night</td> <td>Partly cloudy, with a low around 42. West wind around 5 mph.</td> </tr> <tr> <td>Thursday</td> <td>Mostly sunny, with a high near 49.</td> </tr> <tr> <td>Thursday Night</td> <td>Partly cloudy, with a low around 24.</td> </tr> </table> |   | Tonight                                      | Partly cloudy, with a low around 25. East wind around 5 mph becoming calm in the evening. | Tuesday                   | Partly sunny, with a high near 53. Southeast wind 5 to 10 mph becoming south 10 to 15 mph in the afternoon. | Tuesday Night                               | Partly cloudy, with a low around 39. South wind around 5 mph becoming west after midnight. | Wednesday                        | Mostly sunny, with a high near 57. West wind 5 to 10 mph. | Wednesday Night                              | Partly cloudy, with a low around 42. West wind around 5 mph. | Thursday  | Mostly sunny, with a high near 49. | Thursday Night                              | Partly cloudy, with a low around 24. |                                |
| Tonight   | Partly cloudy, with a low around 25. East wind around 5 mph becoming calm in the evening.                   |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| Tuesday   | Partly sunny, with a high near 53. Southeast wind 5 to 10 mph becoming south 10 to 15 mph in the afternoon. |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| Tuesday Night   | Partly cloudy, with a low around 39. South wind around 5 mph becoming west after midnight.                  |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| Wednesday   | Mostly sunny, with a high near 57. West wind 5 to 10 mph.   |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| Wednesday Night   | Partly cloudy, with a low around 42. West wind around 5 mph.  |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| Thursday  | Mostly sunny, with a high near 49.  |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| Thursday Night  | Partly cloudy, with a low around 24.  |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| <b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located at:</b> USDA generated  |   |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| <b>6. Incident Action Plan (the items checked below are included in this Incident Action Plan):</b><br><table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input checked="" type="checkbox"/> ICS 207</td> <td><u>Other Attachments:</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> ICS 230</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Map/Chart</td> <td><input checked="" type="checkbox"/> ICS 215A</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table>  |   | <input checked="" type="checkbox"/> ICS 203  | <input checked="" type="checkbox"/> ICS 207   | <u>Other Attachments:</u> | <input checked="" type="checkbox"/> ICS 204   | <input checked="" type="checkbox"/> ICS 208 | <input checked="" type="checkbox"/> ICS 230  | <input type="checkbox"/> ICS 205 | <input checked="" type="checkbox"/> Map/Chart             | <input checked="" type="checkbox"/> ICS 215A | <input checked="" type="checkbox"/> ICS 205A                 | <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents | <input type="checkbox"/> _____     | <input checked="" type="checkbox"/> ICS 206 |                                      | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> ICS 203   | <input checked="" type="checkbox"/> ICS 207   | <u>Other Attachments:</u>                    |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| <input checked="" type="checkbox"/> ICS 204   | <input checked="" type="checkbox"/> ICS 208   | <input checked="" type="checkbox"/> ICS 230  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| <input type="checkbox"/> ICS 205  | <input checked="" type="checkbox"/> Map/Chart   | <input checked="" type="checkbox"/> ICS 215A |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| <input checked="" type="checkbox"/> ICS 205A  | <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents   | <input type="checkbox"/> _____               |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| <input checked="" type="checkbox"/> ICS 206   |   | <input type="checkbox"/> _____               |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| <b>7. Prepared by:</b> Name: _____ Position/Title: OPS PLN Unit    Signature: _____   |   |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| <b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____  |   |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |
| ICS 202   | IAP Page _____ Date/Time: _____   |  |   |                           |   |   |  |                                  |   |  |  |   |                                    |   |                                      |                                |





## ASSIGNMENT LISTING (DE ICS 204)

|   |  |  |  |                                      |                          |
|---|--|--|--|--------------------------------------|--------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022                    |  | <b>2. Operational Period</b><br>03/01/22 @ 0800 to 03/01/22 @ 1830 |  | <b>Page</b>                          |                          |
| <b>3. Section</b><br>Operations                             |  | <b>4. Branch/Unit/Group/Staging</b><br>Bio Security Branch         |  | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/28/2022 |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED] |  |  |  | <b>6. PSC Review:</b>                | <b>Date</b>              |
|   |  |  |  | <b>7. OSC Review:</b>                | <b>Date</b>              |

| 9. Resources Assigned                             |                |                |                 |       |                              |
|---|----------------|----------------|-----------------|-------|------------------------------|
| Strike Team/Task Force Resource Identifier/Leader | Contact Info # | # of Personnel | Work Assignment | Obj # | Reporting Info/Notes/Remarks |
| Tactical Epi                                      |                | 2              |                 |       |                              |
|   |                |                |                 |       |                              |
|   |                |                |                 |       |                              |
|   |                |                |                 |       |                              |
|   |                |                |                 |       |                              |
|   |                |                |                 |       |                              |
|   |                |                |                 |       |                              |

**10. Special Instructions or Resource Needs:**

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**11. Communications (radio and/or phone contact numbers needed for this assignment):**



## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>03/01/22 @ 0800 to 03/01/22 @ 1830 |   | <b>Page</b>                          |                              |
|--|----------------|--|---|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Disease Mgmt Branch         |   | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/28/2022     |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |   | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |   | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |   |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment   | Obj #                                | Reporting Info/Notes/Remarks |
| Depopulation   | [REDACTED]     | 88 Total   | Coordinate and complete depopulation of chicken houses through VSD+ and CO2.  |                                      | [REDACTED]                   |
| Disposal Group   | [REDACTED]     | 28-29  | Prepare for disposal of depopulated chickens within 72 hours of depopulation being completed.   |                                      | [REDACTED]                   |
| Case Management  | [REDACTED]     | 1  | Supporting on-site operations of depopulation and disposal while ensuring C&D and decon are completed appropriately to enhance biosecurity. Maintaining operational communications with UC. |                                      |                              |
| Site Manager   | [REDACTED]     | 1  | Maintain operational coordination of on-site depopulation, disposal, case management, decon   |                                      |                              |
| Biosecurity Officer/Decon Group  |                | 1  | Maintain and enforce biosecurity on-site  |                                      | [REDACTED]                   |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |   |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |   |                                      |                              |
| DE ICS 204   |                | IAP Page   |   |                                      |                              |

## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>3/1/22 @ 0800 to 3/1/22 @ 1830 |                 | <b>Page</b>                          |                              |
|--|----------------|--|-----------------|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Logistics   |                | <b>4. Branch/Unit/Group/Staging</b><br>Logistics               |                 | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/28/2022     |
| <b>8. Operations Personnel</b><br>Section Supervisor: [REDACTED]                           |                |  |                 | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |                 | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |                 |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment | Obj #                                | Reporting Info/Notes/Remarks |
| Logistics Section Chief  |                | 2  | [REDACTED]      |                                      |                              |
| Ground Support Unit Leader   |                | 2  | [REDACTED]      |                                      |                              |
| Food Unit Leader   |                | 1  | [REDACTED]      |                                      |                              |
| Support Branch   |                | 1  | [REDACTED]      |                                      |                              |
| Supply Unit Leader   |                |  | [REDACTED]      |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |                 |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |                 |                                      |                              |
| DE ICS 204   |                | IAP Page   |                 | 5                                    |                              |

## ASSIGNMENT LISTING (DE ICS 204)

|  |  |  |  |                                      |                          |
|--|--|--|--|--------------------------------------|--------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022                   |  | <b>2. Operational Period</b><br>03/01/22 @ 0800 to 03/01/22 @ 1830 |  | <b>Page</b>                          |                          |
| <b>3. Section</b><br>Operations                            |  | <b>4. Branch/Unit/Group/Staging</b><br>Public Health Operations    |  | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/28/2022 |
| <b>8. Operations Personnel</b><br>Branch Leader [REDACTED] |  |  |  | <b>6. PSC Review:</b>                | <b>Date</b>              |
|  |  |  |  | <b>7. OSC Review:</b>                | <b>Date</b>              |

| 9. Resources Assigned                             |                |                |                 |       |                              |
|---|----------------|----------------|-----------------|-------|------------------------------|
| Strike Team/Task Force Resource Identifier/Leader | Contact Info # | # of Personnel | Work Assignment | Obj # | Reporting Info/Notes/Remarks |
| DPH Operations                                    | [REDACTED]     | 1              |                 |       |                              |
| SME   |                | 0              |                 |       |                              |
| MD Public Health                                  |                | 0              |                 |       |                              |
| EPI   | [REDACTED]     | 1              |                 |       |                              |
| Infectious Disease Safety                         | [REDACTED]     | 1              |                 |       |                              |
|   |                |                |                 |       |                              |

**10. Special Instructions or Resource Needs:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. Communications (radio and/or phone contact numbers needed for this assignment):**  
 \_\_\_\_\_  
 \_\_\_\_\_

## ASSIGNMENT LISTING (DE ICS 204)

|   |  |  |  |                                      |                          |
|---|--|--|--|--------------------------------------|--------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022                    |  | <b>2. Operational Period</b><br>03/01/22 @ 0800 to 03/01/22 @ 1830 |  | <b>Page</b>                          |                          |
| <b>3. Section</b><br>Operations                             |  | <b>4. Branch/Unit/Group/Staging</b><br>Surveillance Branch         |  | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>2/28/2022 |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED] |  |  |  | <b>6. PSC Review:</b>                | <b>Date</b>              |
|   |  |  |  | <b>7. OSC Review:</b>                | <b>Date</b>              |

| <b>9. Resources Assigned</b>                      |                |                |                 |       |                              |
|---|----------------|----------------|-----------------|-------|------------------------------|
| Strike Team/Task Force Resource Identifier/Leader | Contact Info # | # of Personnel | Work Assignment | Obj # | Reporting Info/Notes/Remarks |
| Non-Commercial Surveillance                       | 1              |                |                 |       |                              |
| Lab Testing and Reporting                         | 3              |                |                 |       |                              |
| Data Mapping                                      | 1              |                |                 |       |                              |
| Epi   | 1              |                |                 |       |                              |
| Disease Reporting Officer                         | 1              |                |                 |       |                              |
|   |                |                |                 |       |                              |

**10. Special Instructions or Resource Needs:**

**11. Communications (radio and/or phone contact numbers needed for this assignment):**

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**COMMUNICATIONS LIST (ICS 205a)**

|                         |                              |                  |                 |
|-------------------------|------------------------------|------------------|-----------------|
| <b>1. Incident Name</b> | <b>2. Operational Period</b> | <b>Date From</b> | <b>Date To:</b> |
| DE HPAI 2022            | Time From: 0800              | 2/29/22          | 2/29/22         |
|                         |                              | Time To: 1830    |                 |

**3. Basic Local Communications Information**

| Incident Assigned Position          | Name (Alphabetized) | Emails     | Phone numbers | Remote/In Person |
|-------------------------------------|---------------------|------------|---------------|------------------|
| Lab Liaison - MD                    | [REDACTED]          | [REDACTED] | [REDACTED]    | Remote           |
| USDA/EMRS Specialist                | [REDACTED]          | [REDACTED] | [REDACTED]    | Remote           |
| USDA Contract Composting Specialist | [REDACTED]          | [REDACTED] | [REDACTED]    | On-Site          |
| (temporarily deactivated)           | [REDACTED]          | [REDACTED] | [REDACTED]    | ICP              |
| USDA EPI Group                      | [REDACTED]          | [REDACTED] | [REDACTED]    | Remote           |
| EMRS-permitting                     | [REDACTED]          | [REDACTED] | [REDACTED]    | Remote           |
| Liaison Officer                     | [REDACTED]          | [REDACTED] | [REDACTED]    | ICP              |
| Disposal Group Mgmt                 | [REDACTED]          | [REDACTED] | [REDACTED]    | On-Site          |
| Planning - Documentation Unit       | [REDACTED]          | [REDACTED] | [REDACTED]    | ICP              |
| NCC EMA/Staging Area Manager        | [REDACTED]          | [REDACTED] | [REDACTED]    | On-Site          |
| Planning Chief                      | [REDACTED]          | [REDACTED] | [REDACTED]    | ICP              |
| DEACTIVATED                         | [REDACTED]          | [REDACTED] | [REDACTED]    | Remote           |
| DEACTIVATED                         | [REDACTED]          | [REDACTED] | [REDACTED]    | Remote           |
| Liaison Officer                     | [REDACTED]          | [REDACTED] | [REDACTED]    | ICP              |
| Public Health Ops - MD              | [REDACTED]          | [REDACTED] | [REDACTED]    | Remote           |
| Lab Liaison - DE                    | [REDACTED]          | [REDACTED] | [REDACTED]    | ICP              |
| Surveillance Br Lead                | [REDACTED]          | [REDACTED] | [REDACTED]    | ICP              |
| Disposal Group                      | [REDACTED]          | [REDACTED] | [REDACTED]    | On-Site          |
| DE Public Health Operations Chief   | [REDACTED]          | [REDACTED] | [REDACTED]    | Remote           |

|                                   |                                     |                            |
|-----------------------------------|-------------------------------------|----------------------------|
| <b>4. Prepared by:</b> [REDACTED] | <b>Position/Title:</b> PLN DOC Unit | <b>Signature:</b>          |
| ICS 205A                          | IAP Page                            | Date/Time: 02/28/22 @ 1650 |

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**COMMUNICATIONS LIST (ICS 205a)**

|  |            |             |
|--|------------|-------------|
| VS Document Support                                  | [REDACTED] | remote      |
| EMRS-permitting                                      | [REDACTED] | Remote      |
| IC/UC-DE   | [REDACTED] | ICP         |
| PIO-DE   | [REDACTED] | ICP         |
| DPH Leadership                                       | [REDACTED] | Remote      |
| Depop Group  | [REDACTED] | On-Site     |
| DCS Broller Liaison                                  | [REDACTED] | ICP         |
| <b>(temporarily deactivated)</b>                     | [REDACTED] | ICP         |
| Planning - Arc/GIS & Mapping                         | [REDACTED] | Remote      |
| EMRS Support   | [REDACTED] | Remote      |
| UC (USDA AVIC)                                       | [REDACTED] | ICP         |
| DDA Liason   | [REDACTED] | ICP         |
| MD Commercial Layers Testing Lab Group               | [REDACTED] | Remote      |
| Epi/DRO  | [REDACTED] | ICP         |
| Operations Section Chief                             | [REDACTED] | Remote      |
| Biosecurity Officer                                  | [REDACTED] | On-Site     |
| Contracting Officer                                  | [REDACTED] | ICP         |
| Biosecurity Manager                                  | [REDACTED] | Remote      |
| DPH  | [REDACTED] | ICP/On-Site |
| Ground Support Unit                                  | [REDACTED] | ICP         |
| UC-MD  | [REDACTED] | Remote      |
| Field Reimbursement Specialist / Federal Coordinator | [REDACTED] | ICP         |
| Supply Unit  | [REDACTED] | Remote      |
| Planning - Resource Unit                             | [REDACTED] | ICP         |
| Supply Unit Lead                                     | [REDACTED] | On-Site     |
| Case Manager   | [REDACTED] |             |

|                 |            |                              |                            |
|-----------------|------------|------------------------------|----------------------------|
| 4. Prepared by: | [REDACTED] | Position/Title: PLN DOC Unit | Signature:                 |
| ICS 205A        | [REDACTED] | IAP Page                     | Date/Time: 02/28/22 @ 1650 |

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**COMMUNICATIONS LIST (ICS 205a)**

|  |  |         |
|--|--|---------|
| Planning - Operational                   |  | ICP     |
| Planning Unit                            |  | On-Site |
| Public Health Ops-DE<br>(One Health) SME |  | Remote  |
| Biosecurity Group                        |  | Remote  |
| PIO - DEMA                               |  | ICP     |
| Deputy Logistics Chief                   |  | Remote  |
| Finance Chief                            |  | On-Site |
| SMIE                                     |  | Remote  |
| PIO-MD                                   |  | On-Site |
| MDA Resource                             |  | Remote  |
| Conservation                             |  | On-Site |
| Deputy Finance Chief                     |  | Remote  |
| Operations Section                       |  | ICP     |
| Deputy & USDA Support                    |  | ICP     |
| Logistics Support                        |  | ICP     |
| Logistics Chief                          |  | Remote  |
| Field Reimbursement<br>Specialist        |  | Remote  |
| Planning - EMRS                          |  | ICP     |
| Planning Chief                           |  | ICP     |
| Logistics Support                        |  | Remote  |
| EMRS-permitting                          |  | On-Site |
| Safety Officer                           |  | Remote  |
| Planning-Situation Unit                  |  | On-Site |
| Site Manager (USDA)                      |  | Remote  |
| Unclassified                             |  | Remote  |

|                            |                              |                            |
|----------------------------|------------------------------|----------------------------|
| 4. Prepared by: [Redacted] | Position/Title: PLN DOC Unit | Signature:                 |
| ICS 205A                   | IAP Page                     | Date/Time: 02/28/22 @ 1650 |

**MEDICAL PLAN (ICS 206)**

| <b>1. Incident Name:</b><br>DE HPAI 2022 # 22DE0001  |  | <b>2. Operational Period:</b> Date From: 2/28/2022<br>Time From: 0800 |  | Date To: 2/28/2022<br>Time To: 1830 |   |   |  |
|--|--|---|--|-------------------------------------|---|---|--|
| <b>3. Medical Aid Stations:</b>  |  |   |  |                                     |   |   |  |
| Name   | Location                                   | Contact Number(s)/Frequency   | Paramedics on Site?  |                                     |   |   |  |
| <b>On-Site</b>   |  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                     |   |   |  |
| ICP  | 640 South State St, Dover                  | 302-674-4700 or 911   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No             |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No             |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No             |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No             |                                     |   |   |  |
| <b>4. Transportation (indicate air or ground):</b>   |  |   |  |                                     |   |   |  |
| Ambulance Service  | Location                                   | Contact Number(s)/Frequency   | Level of Service   |                                     |   |   |  |
| NCC EMS  | 3601 N. Dupont Highway New Castle, DE      | 302-395-8184 or 911   | <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS |                                     |   |   |  |
| KC EMS   | 911 Public Safety Blvd                     | 302-735-2200 or 991   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS            |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS            |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS            |                                     |   |   |  |
| <b>5. Hospitals:</b>   |  |   |  |                                     |   |   |  |
| Hospital Name  | Address, Latitude & Longitude if Helipad   | Contact Number(s)/Frequency   | Travel Time  |                                     | Trauma Center                                       | Burn Center   | Helipad  |
|  |  |   | Air  | Ground                              |   |   |  |
| ChristianaCare   | 4755 Ogletown Stanton Rd, Newark, DE 19718 | 911   |  |                                     | <input checked="" type="checkbox"/> Yes<br>Level: 1 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Bay Health   | 640 South State St<br>Dover, DE            | 911   |  |                                     | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |   |  |                                     | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |   |  |                                     | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |   |  |                                     | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
| <b>6. Special Medical Emergency Procedures:</b>  |  |   |  |                                     |   |   |  |
| <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. |  |   |  |                                     |   |   |  |
| <b>7. Prepared by (Medical Unit Leader):</b> Name: _____   |  |   |  |                                     | Signature: _____                                    |   |  |
| <b>8. Approved by (Safety Officer):</b> Name: _____  |  |   |  |                                     | Signature: _____                                    |   |  |
| ICS 206   IAP Page   Date/Time: 2-26-22 1830   |  |   |  |                                     |   |   |  |



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### INCIDENT ORGANIZATION CHART (ICS 207)

|   |  |
|---|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 03/01/2022    Date To: 03/01/2022<br>Time From: 0800    Time To: 1830 |
| <b>3. Organization Chart</b><br><pre>graph TD; PH_Leadership[PH Leadership] --- PH_Operations_Chief[PH Operations Chief]; PH_Operations_Chief --- PH_Deputy_Operations_Chief[PH Deputy Operations Chief]; PH_Operations_Chief --- EPI_Group[EPI Group]; PH_Operations_Chief --- IDMS[Infectious Disease Mitigation/Safety]; PH_Operations_Chief --- One_Health[One Health]; PH_Operations_Chief --- Medical_Support[Medical Support];</pre> |  |
| ICS 207 IAP Page ___  | <b>4. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____                     |

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### INCIDENT ORGANIZATION CHART (ICS 207)

|   |          |  |                                     |
|---|----------|--|-------------------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022  |          | <b>2. Operational Period:</b> Date From: 03/01/22 Date To: 03/01/22<br>Time From: 0800 Time To: 1830 |                                     |
| <b>3. Organization Chart</b>  |          |  |                                     |
| <pre>graph TD     OS[Operations Section] --&gt; DM[Disease Mgmt Branch]     OS --&gt; BS[Bio Security Branch]     OS --&gt; SA[Staging Area]     DM --&gt; CM[Case Mgmt]     DM --&gt; NG[Negotiation Group]     DM --&gt; CO2[CO2]     BS --&gt; TL[Test Lab]     CM --&gt; BO[Biosecurity Officer]     CM --&gt; SM[Site Manager]     NG --&gt; IS1[Industry Support]     NG --&gt; AS[Additional Support Coordinators]     CO2 --&gt; CC[CO2 Contractors]     CO2 --&gt; CS[Composting SMEs]     CO2 --&gt; EO[Equipment Operators]     CO2 --&gt; USC[USDA Contractor]     SA --&gt; DG[Decon Group]     SA --&gt; DSG[Disposal Group]     DG --&gt; IS2[Industry Support]     DSG --&gt; IS3[Industry Support]</pre> |          |  |                                     |
| ICS 207   | IAP Page | 4. Prepared by: Name   | Position/Title: Planning - DOC Unit |
|   |          | Signature:   | Date/Time: 02/28/2022 1800          |

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### INCIDENT ORGANIZATION CHART (ICS 207)

|  |  |  |
|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022 | <b>2. Operational Period:</b> Date From: 03/01/22<br>Time From: 0800 | Date To: 03/01/22<br>Time To: 1830   |
| <b>3. Organization Chart</b>             |  |  |
|  |  |  |
| ICS 207                                  | IAP Page ____  | 4. Prepared by: Name [Redacted] Position/Title: Operational Planning Unit Signature: ____ Date/Time: 02/28/2022 1630 |

## SAFETY MESSAGE/PLAN (ICS 208)

|   |  |                                    |
|---|--|------------------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 03012022<br>Time From: 0800 | Date To: 03012022<br>Time To: 1830 |
| <b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b> <ul style="list-style-type: none"><li>• BUDDY SYSTEM know where your team members are at all times. Check in and check out.</li><li>• HYDRATE: Stay hydrated to avoid the risk of heat related illness and take breaks in the shade or in a cool area as necessary. Drink plenty of water to keep hydrated and watch for signs of heat related illness in yourself and others. Weight options of Tyvek versus Tychem.</li><li>• Utilize the proper PPE along with proper donning/doffing procedures for safety and biosecurity. Watch for rips and tears, compromises in biosecurity</li><li>• Adhere to the 12-hour work rule and get plenty of rest in the evening, and attempt to maintain a regular schedule.</li><li>• Drive Defensively and obey State Regulations.</li><li>• Maintain Situational Awareness. Practice the buddy system; know where your team members are, check in regularly with supervisor. Be alert for high levels of traffic in work areas and practice defensive driving techniques.</li><li>• Maintain a 6 foot distance whenever possible due to Covid guidance. Face coverings required for USDA personnel in Office space.</li><li>• Report any illness, Accident, injury or Near Miss to Supervisor and Safety Officer immediately. USDA required to complete First Report as soon as possible.</li><li>• State and Contractor Employees follow procedures outlined by management.</li><li>• Influenza Like Illness Monitoring. Reporting and follow up is being conducted through agreement with CDC through DE Dept of Health and MD Dept of Health. Contacts listed in the Communications List in IAP. More information to follow.</li></ul> <p>Review the 215A for specific hazards related to Operations.</p> <p>FOR EMERGENCIES: Call 911 and report to Safety Officer and Supervisor.</p> |  |                                    |
| <b>4. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located At:</b> USDA Generated  |  |                                    |
| <b>5. Prepared by:</b> Name: _____ Position/Title: Safety Officer Signature: _____  |  |                                    |
| ICS 208   | IAP Page _____   | Date/Time: 02282022 1200           |

## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

| DE HPAI 2022   |  | <b>2. Incident Number:</b><br>22DE0001  |
|--|--|---|
| <b>3. Date/Time Prepared:</b><br>Date: 03-01-2022 Time: 0800 |  | <b>4. Operational Period:</b> Date From: 03/01/2022 Date To: 03/01/2022<br>Time From: 08:00 am Time To: 06:30 am  |
| 5. Incident Area   | 6. Hazards/Risks   | 7. Mitigations  |
| ICP  | <ul style="list-style-type: none"> <li>-Dehydration</li> <li>-Exhaustion</li> <li>-Stress</li> <br/> <li>-Driving and Weather Hazard</li> <br/> <li>-Slips Trips and Falls</li> <li>-Covid exposure and Influenza monitoring</li> <br/> <li>-Security-Control conversations outside the Premise/ICP</li> <br/> <li>Mental Health</li> </ul>  | <ul style="list-style-type: none"> <li>-Hydrate with water</li> <li>-Adequate sleep-8 hours, rest breaks</li> <li>-Connect with home. Social Interaction, Be kind, laugh and relax,</li> <li>-Weather reports, Weather warning APP on Phone, defensive driving, NO cell phone calls/texts while driving</li> <li>-situational awareness,</li> <li>-Maintain 6 foot distance where possible, USDA personnel are Masked mandated in office space. Follow Influenza Like Illness monitoring/reporting. Report any symptoms to Safety Office</li> <li>-Avoid conversations in Public Areas. Some of the public does not approve of what we are doing, do not discuss name of the farm/location</li> <li>-Watch coworkers and employees for signs of stress, utilize Employee Assistance programs. Positive feedback for importance of the work being done.</li> </ul>   |
| Depopulation   | <p>In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Inquisitive Public</li> <br/> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <br/> <li>-Ammonia Levels</li> <br/> <li>-Heat</li> <br/> <li>-Disinfectants</li> <br/> <li>-Machinery and farm operations</li> <br/> <li>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</li> </ul> | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Safety</li> <br/> <li>-Proper PPE and Proper Biosecurity Follow Influenza Like Illness monitoring Report any symptoms to Safety Officer Hand washing and proper Decon Adhere to 12 hour work.</li> <br/> <li>-report any houses with irritating levels, have fans running while in house ( owner can assist with adjusting fans)</li> <li>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</li> <li>-SDS, PPE, Proper mixing techniques, proper storage and handling</li> <li>-Avoid areas of machinery travel, House feeders, egg belts, fans, safety vests, give wide berth, safety vests</li> <li>-BUDDY SYSTEM Check ins.</li> <li>Situational awareness, Adhere to 12 hour shift if possible,</li> <li><i>Check in</i> when arriving, leaving area / returning.</li> </ul> |

|                                |  |  |
|--------------------------------|--|--|
| <p><b>CO2 Depopulation</b></p> | <p>In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Disgruntled Public</li> <li>-Bird handling</li> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <li>-CO2</li> <li>-Ammonia Levels</li> <li>-Heat</li> <li>-Disinfectants</li> <li>-Safety and Well being, Early and late operations lighting, visibility, uneven terrain</li> </ul> | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Security</li> <li>-Practice proper bird restraint/humane euthanasia of birds.</li> <li>-Proper PPE, Proper biosecurity</li> <li>Follow Influenza Like Illness monitoring/reporting</li> <li>Report any symptoms to Safety Officer</li> <li>Hand washing and proper Decon</li> <li>Adhere to 12 hour work cycle</li> <li>-Proper gloves, PPE, correct storage. Strictly follow SOP and CO2 Lead, stay clear of dispensing truck and area. Lookouts for monitoring area during house CO2 fill. Limit access to area</li> <li>-report any houses with irritating levels, have fans running while in house, increased mortality will increase Ammonia levels. Use of FullFace Respirators/ Ammonia Cartidges</li> <li>-Hydration with water prior to activity, rest breaks, Tyvek versus Tychems for heat.</li> <li>-SDS, PPE, Proper mixing techniques.</li> <li>-BUDDY SYSTEM, Situational awareness, Adhere to 12 hour shift if possible, <i>Mandatory Check in</i> when arriving, leaving area /returning. Always in parties of 2 working around and entering houses.</li> </ul> |
|--------------------------------|--|--|

|  |   |  |
|--|---|--|
| <p><b>DISPOSAL/<br/>COMPOSTING</b></p>               | <p>In addition to ICP Hazards:<br/>-Inquisitive Public</p> <p>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</p> <p>-Ammonia Levels</p> <p>-Heat</p> <p>-Disinfectants</p> <p>-Machinery and farm operations</p> <p>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</p>                    | <p>-Leave the area if threatened or unsafe, Contact Safety</p> <p>-Proper PPE and Proper Biosecurity<br/>Follow Influenza Like Illness monitoring<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work.</p> <p>-report any area with irritating levels, immediately add more cap to pile</p> <p>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</p> <p>-SDS, PPE, Proper mixing techniques, proper storage and handling<br/>-Avoid areas of machinery travel, Safety vests, give wide berth,</p> <p>-BUDDY SYSTEM Check ins.<br/>Situational awareness, Adhere to 12 hour shift if possible,<br/><i>Check in</i> when arriving, leaving area/ returning.</p>                        |
| <p><b>CASE<br/>MANAGER/<br/>SITE<br/>MANAGER</b></p> | <p>In addition to ICP Hazards:<br/>-Inquisitive Public</p> <p>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</p> <p>-Heat</p> <p>-Disinfectants</p> <p>-Machinery and farm operations</p> <p>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</p> <p>Mental Health Awareness (producer)</p> | <p>-Leave the area if threatened or unsafe, Contact Safety</p> <p>-Proper PPE and Proper Biosecurity<br/>Follow Influenza Like Illness monitoring<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work.</p> <p>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</p> <p>-SDS, PPE, Proper mixing techniques, proper storage and handling<br/>-Avoid areas of machinery travel, House feeders, safety vests, give wide berth,</p> <p>-BUDDY SYSTEM Check ins.<br/>Situational awareness, Adhere to 12 hour shift if possible,<br/><i>Check in</i> when arriving, leaving area/ returning.</p> <p>-In addition to ICP mitigations-Public Health/State/County hotlines and resources</p> |

|  |  |   |
|--|--|---|
| <p><b>DECON</b></p>                            | <p>In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Inquisitive Public</li> <br/> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <br/> <li>-Heat</li> <br/> <li>-Disinfectants</li> <br/> <li>-Machinery and farm operations</li> <br/> <li>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</li> </ul>                | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Safety</li> <br/> <li>-Proper PPE and Proper Biosecurity<br/>Follow Influenza Like Illness monitoring<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work.</li> <br/> <li>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</li> <li>-SDS, PPE, Proper mixing techniques, proper storage and handling,</li> <br/> <li>-Avoid areas of machinery travel, safety vests/visibility colors, give wide berth, Face shields/eye protection for disinfecting vehicle, clear communications with operators,</li> <br/> <li>-BUDDY SYSTEM Check ins.<br/>Situational awareness, Adhere to 12 hour shift if possible.<br/><i>Check in</i> when arriving, leaving area / returning</li> </ul>  |
| <p><b>SURVEIL/<br/>SICK BIRD<br/>CALLS</b></p> | <p>In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Disgruntled Public</li> <br/> <li>-Bird handling</li> <br/> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <br/> <li>-Ammonia Levels</li> <br/> <li>-Heat</li> <br/> <li>-Disinfectants</li> <br/> <li>-Safety and Well being, Early and late operations lighting, visibility, uneven terrain</li> </ul> | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Security</li> <li>-Practice proper bird restraint/humane euthanasia of birds.</li> <li>-Proper PPE, Proper biosecurity<br/>Follow Influenza Like Illness monitoring/reporting<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work cycle</li> <li>-report any houses with irritating levels, have fans running while in house, increased mortality will increase Ammonia levels. Use of FullFace Respirators/ Ammonia Cartidges if warranted.</li> <br/> <li>-Hydration with water prior to activity, rest breaks, Tyvek versus Tychems for heat.</li> <li>-SDS, PPE, Proper mixing techniques.</li> <br/> <li>-BUDDY SYSTEM, Situational awareness, Adhere to 12 hour shift if possible, <i>Mandatory Check in</i> when arriving, leaving area /returning. Always in parties of 2 working around and entering houses.</li> </ul> |
|  |  |   |



|  |                    |                         |
|--|--------------------|-------------------------|
|  |                    |                         |
|  |                    |                         |
|  |                    |                         |
|  |                    |                         |
|  |                    |                         |
|  |                    |                         |
| <b>8. Prepared by (Safety Officer): Name:</b> [REDACTED]   |                    | <b>Signature:</b> _____ |
| <b>Prepared by (Operations Section Chief): Name:</b> _____ |                    | <b>Signature:</b> _____ |
| ICS 215A   | Date/Time: 2/28/22 |                         |

**ICS 215A  
Incident Action Plan Safety Analysis**

**Purpose.** The purpose of the Incident Action Plan Safety Analysis (ICS 215A) is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards, safety, and health issues, and to develop appropriate controls. This worksheet addresses communications challenges between planning and operations, and is best utilized in the planning phase and for Operations Section briefings.

**Preparation.** The ICS 215A is typically prepared by the Safety Officer during the incident action planning cycle. When the Operations Section Chief is preparing for the tactics meeting, the Safety Officer collaborates with the Operations Section Chief to complete the Incident Action Plan Safety Analysis. This worksheet is closely linked to the Operational Planning Worksheet (ICS 215). Incident areas or regions are listed along with associated hazards and risks. For those assignments involving risks and hazards, mitigations or controls should be developed to safeguard responders, and appropriate incident personnel should be briefed on the hazards, mitigations, and related measures. Use additional sheets as needed.

**Distribution.** When the safety analysis is completed, the form is distributed to the Resources Unit to help prepare the Operations Section briefing. All completed original forms must be given to the Documentation Unit.

**Notes:**

- This worksheet can be made into a wall mount, and can be part of the IAP.
- If additional pages are needed, use a blank ICS 215A and repaginate as needed.

| Block Number | Block Title   | Instructions   |
|--------------|---|--|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident.   |
| 2            | <b>Incident Number</b>  | Enter the number assigned to the incident.   |
| 3            | <b>Date/Time Prepared</b>   | Enter date (month/day/year) and time (using the 24-hour clock) prepared.   |
| 4            | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>  | Enter the start date (month/day/year) and time (24-hour clock) and end date and time for the operational period to which the form applies.   |
| 5            | <b>Incident Area</b>  | Enter the incident areas where personnel or resources are likely to encounter risks. This may be specified as a Branch, Division, or Group.  |
| 6            | <b>Hazards/Risks</b>  | 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.  |
| 7            | <b>Mitigations</b>  | List actions taken to reduce risk for each hazard indicated (e.g., specify personal protective equipment or use of a buddy system or escape routes).                                   |
| 8            | <b>Prepared by (Safety Officer and Operations Section Chief)</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul> | Enter the name of both the Safety Officer and the Operations Section Chief, who should collaborate on form preparation. Enter date (month/day/year) and time (24-hour clock) reviewed. |

Exemption 10002(o)(6)  
Common law privacy interest

| <b>1. Incident Name</b><br>DE HPAI 2022                          |                                    | <b>2. Operational Period (Date/Time)</b><br>From: 2/28/22 0800 To 2/28/22 1830                                    |   | <b>DAILY MEETING SCHEDULE</b><br>ICS 230-CG |  |
|--|------------------------------------|---|---|---|--|
| <b>3. Meeting Schedule (Commonly-held meetings are Included)</b> |                                    |   |   |   |  |
| Date/ Time   | Meeting Name                       | Purpose   | Attendees   | Location                                    |  |
| 0830   | Unified Command Objectives Meeting | Review/ identify objectives for the next operational period.  | Unified Command members   |   |  |
|  |                                    |   |   |   |  |
| 0930   | Command & General Staff Meeting    | IC/UC gives direction to Command & General staff including incident objectives and priorities                     | IC/UC, Command & General Staff  |   |  |
|  |                                    |   |   |   |  |
| 0930   | Tactics Meeting                    | Develop/Review primary and alternate Strategies to meet Incident Objectives for the next Operational Period       | PSC, OSC, LSC, RESL & SITL  |   |  |
|  |                                    |   |   |   |  |
| 1200   | USDA Policy Meeting                |   |   |   |  |
| 1400   | Planning Meeting                   | Review status and finalize strategies and assignments to meet incident Objectives for the next Operational Period | Determined by the IC/UC   |   |  |
|  |                                    |   |   |   |  |
|  |                                    |   |   |   |  |
| 1700   | Operations Briefing                | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period                          | IC/UC, Command & General Staff, Branch Directors, Div/Grp Sups, Task Force/Strike Team Leaders and Unit Leaders |   |  |
|  |                                    |   |   |   |  |
|  |                                    |   |   |   |  |
|  |                                    |   |   |   |  |
| <b>4. Prepared by</b> [REDACTED]                                 |                                    |   | <b>Date/Time</b><br>2.26.22 1800  |   |  |
| <b>DAILY MEETING SCHEDULE</b>                                    |                                    |   |   | <b>ICS 230-CG (Rev 07/04)</b>               |  |

Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
Common law privacy interest

# Incident Action Plan

## DE HPAI 2022

**Operational Period: Start: 3/2/22 07:00 End: 3/2/22 19:00**

**Approved By:** [REDACTED]

**Prepared By** [REDACTED]

**Date Prepared 3/2/22**

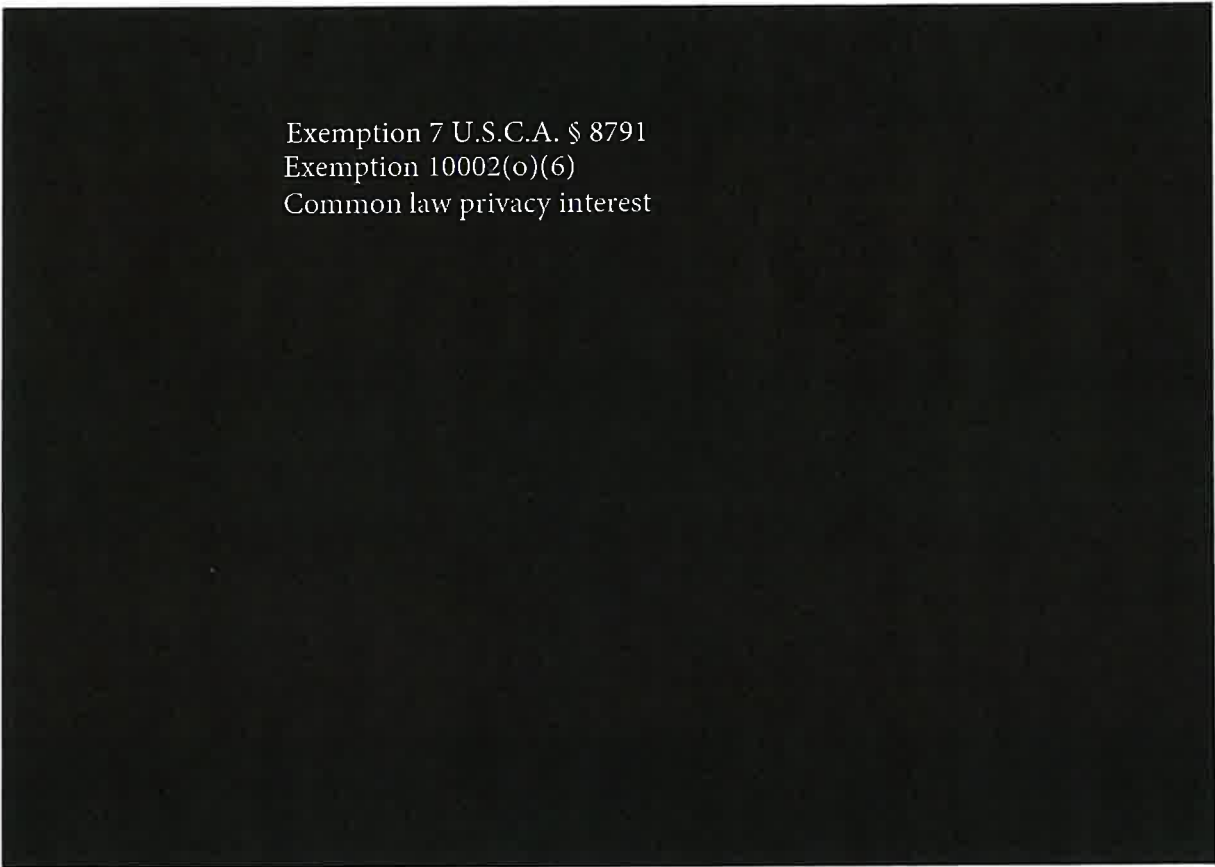


**Approved By Incident Commander(s)** [REDACTED]

**Date/Time: 3/2/22 1700**

[REDACTED]

## INCIDENT BRIEFING (ICS 201)

|  |  |  |
|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022   | <b>2. Incident Number:</b><br>22DE0001 | <b>3. Date/Time Initiated:</b><br>Date: 3/02/2022 Time: 0800 |
| <b>4. Map/Sketch</b> (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):<br><br><div style="text-align: center; margin: 20px 0;">DE HPAI 2022</div> <div style="text-align: center; margin: 20px 0;"><p>Exemption 7 U.S.C.A. § 8791<br/>Exemption 10002(o)(6)<br/>Common law privacy interest</p></div>   |  |  |
| <b>5. Situation Summary and Health and Safety Briefing</b> (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.<br><br>Delaware confirmed 1 positive case of HPAI H5 at NVSL on 2/22/22. There are no additionally cases presented or confirmed. Due to the significant potential threat HPAI H5 poses to the DelMarVa poultry community and industry, Unified Command has been established with representatives from Delaware Department of Agriculture (DDA), Maryland Department of Agriculture (MDA), and USDA.<br><br>The DDA is engaged in management, coordination, and response to the presence of HPAI H5 in Delaware. Coordination with DPH regarding the human public health aspect of the incident is on-going, with no imminent threats or concerns. Public information is being coordinated through the DDA PIO and a Joint Information Center.<br><br>Hold orders are placed on all farms within the CA until CA is clear. |  |  |
| <b>6. Prepared by:</b> Name: <span style="background-color: black; color: black;">[REDACTED]</span> Position/Title: <u>PLN DOC Unit</u> Signature: _____   |  |  |
| ICS 201, Page  |  | Date/Time: <u>3/01/22 @ 1800</u>                             |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022  |  | <b>2. Incident Number:</b><br>22DE0001   |  | <b>3. Date/Time Initiated:</b><br>Date: 3/02/2022 Time: 0800 |  |
| <p>All commercial farms &amp; backyard flocks within the 10k Control Area (CA) and within the 10-20k Surveillance Zone (SZ) have been identified and mapped. All commercial farms in the 10k CA and 20k SZ have been tested at least once; all tests are negative for HPAI H5. Met BYF Surveillance goal in the 10k CA. Daily surveillance testing continues at Maryland commercial layer farms to permit movement and continuity of business. Samples continue to be run at Allen Lab. Eggs are permitted to move with negative testing and on-going enhanced biosecurity. Testing to continue in compliance with Secure Egg Supply Plan for movement of eggs. Plan for on-gong surveillance at commercial and backyard flocks located within the CA and SZ is under review.</p> <p>On-premise cleaning and disinfection (C&amp;D) and decontamination procedures are being enforced to maintain enhanced biosecurity. VSD+ and CO2 will be used to depopulated infected premise. Windrow method of composting to be utilized for disposal. VSD+ depopulation of House #2 completed 2/23/22. VSD+ depopulation of House #3 completed 2/24/22. VSD+ depopulation of House #5 completed 2/25/22. Depopulation of House #4 through VSD+ and House #1 through CO2 completed 2/26/22. Depopulation of House #7 (VSD+) and House #8 (CO2) completed on 2/28/22. Depopulation of House #9 (VSD+) initiated 2/28/22 with remaining birds depopulated 03/01/22 and 03/02/22. USDA support teams for depopulation, disposal and chicken removal are on-site. Composting operations began on 2/25/22 and anticipated to continue through 3/4/22.</p> <p>Public Health contact tracing/EPI on-going for DE and MD. Developing an on-site medical plan established to address any human infection. Safety Officer from USDA developing ICS208 and supporting site safety.</p> |  |  |  |  |  |
| <b>7. Current and Planned Objectives:</b>   |  |  |  |  |  |
| <ul style="list-style-type: none"> <li>• Ensure the safety security and well-being of all responders</li> <li>• Establish physical security protocols and procedures around the affected premises</li> <li>• Contain and eradicate HPAI H5N1 from the infected premises</li> <li>• Conduct surveillance for HPAI H5N1 within the control area and surveillance zones</li> <li>• Continue to work with partners and stakeholders to deliver public information and outreach</li> <li>• Monitor social media and news outlets for information and misinformation regarding HPAI in Delaware.</li> <li>• Coordinate Demobilization Planning Team</li> </ul>  |  |  |  |  |  |
| <b>8. Current and Planned Actions, Strategies, and Tactics:</b>   |  |  |  |  |  |
| <b>Time:</b>  |  | <b>Actions:</b>  |  |  |  |
|   |  | Beginning to receive sign-in sheets from the field (Logistics is picking them up and bringing them back to the ICP when they go to the site) |  |  |  |
|   |  | DDA and USDA have provided personnel to assist with signing in resources and personnel   |  |  |  |
|   |  | United Rental Lighting carts (x3) on scene for night operations  |  |  |  |
|   |  | Bird houses (1-8) depopulated  |  |  |  |
|   |  | Houses 1-8 pulled  |  |  |  |
|   |  | House 2 unloaded   |  |  |  |
|   |  | House 9 – 95% depopulated  |  |  |  |
|   |  | 0% of houses debulked  |  |  |  |
|   |  | 0% of houses deconned  |  |  |  |
|   |  | Build Demobilization Excel template and upload to Microsoft Teams  |  |  |  |
|   |  | [REDACTED]   |  |  |  |
|   |  | [REDACTED]   |  |  |  |
|   |  | Over the next operational period, continue composting operations and plan decontamination strategy.  |  |  |  |
| <b>6. Prepared by: Name</b> [REDACTED]  |  | <b>Position/Title:</b> PLN DOC Unit  |  | <b>Signature:</b> _____                                      |  |
| <b>ICS 201, Page</b>  |  | <b>Date/Time:</b> 3/01/22 @ 1800   |  |  |  |



## INCIDENT OBJECTIVES (ICS 202)

|  |  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
|--|--|--|---|---------------------------|---|---|---|----------------------------------|---|--|--|---|--------------------------------|---|---------|--------------------------------|---------------|----|-----------|
| <b>1. Incident Name:</b><br>DE HPAI 2022   | <b>2. Operational Period:</b> Date From: 3/02/22    Date To: 3/02/22<br>Time From: 0800    Time To: 1830 |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| <b>3. Objective(s):</b> <ul style="list-style-type: none"> <li>Ensure the safety security and well-being of all responders</li> <li>Establish physical security protocols and procedures around the affected premises</li> <li>Contain and eradicate HPAI H5N1 from the infected premises</li> <li>Conduct surveillance for HPAI H5N1 within the control area and surveillance zones</li> <li>Continue to work with partners and stakeholders to deliver public information and outreach</li> <li>Monitor social media and news outlets for information and misinformation regarding HPAI in Delaware.</li> <li>Coordinate Demobilization Planning Team</li> </ul>   |  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| <b>4. Operational Period Command Emphasis:</b><br><br>Priority for all on-site personnel is to maintain enhanced biosecurity in the Control Area. Operational emphasis is on continued depopulation and disposal of the infected premises. DDA and partner agencies MDA and USDA, are working to contain the situation, including sampling and quarantining nearby poultry flocks. DPH EPI developed a sign-in sheet to assist with contact tracing based on state of residence.   |  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| <b>General Situational Awareness</b><br><br>There is no public health concern, and avian influenza does not affect poultry meat or egg products, which remain safe to eat. Sudden drop in temperature has slowed the ability to complete VSD+. To continue operations additional heating units will be required as temperatures are expected to remain low.  |  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Wed 02</td> <td style="width: 15%;">58°/45°</td> <td style="width: 15%; text-align: center;"></td> <td style="width: 15%;">Partly Cloudy</td> <td style="width: 15%; text-align: right;">7%</td> <td style="width: 20%; text-align: right;">WNW 9 mph</td> </tr> <tr> <td>Thu 03</td> <td>50°/24°</td> <td style="text-align: center;"></td> <td>Partly Cloudy</td> <td style="text-align: right;">23%</td> <td style="text-align: right;">NW 15 mph</td> </tr> <tr> <td>Fri 04</td> <td>43°/31°</td> <td style="text-align: center;"></td> <td>Partly Cloudy</td> <td style="text-align: right;">0%</td> <td style="text-align: right;">WNW 6 mph</td> </tr> </table>  |  | Wed 02                                       | 58°/45°                                     |                           | Partly Cloudy                               | 7%  | WNW 9 mph                                   | Thu 03                           | 50°/24°                                       |  | Partly Cloudy                                | 23%   | NW 15 mph                      | Fri 04                                      | 43°/31° |                                | Partly Cloudy | 0% | WNW 6 mph |
| Wed 02   | 58°/45°  |  | Partly Cloudy                               | 7%                        | WNW 9 mph                                   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| Thu 03   | 50°/24°  |  | Partly Cloudy                               | 23%                       | NW 15 mph                                   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| Fri 04   | 43°/31°  |  | Partly Cloudy                               | 0%                        | WNW 6 mph                                   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| <b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located at:</b> USDA generated   |  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| <b>6. Incident Action Plan (the items checked below are included in this Incident Action Plan):</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 203</td> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 207</td> <td style="width: 34%;"><u>Other Attachments:</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> ICS 230</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Map/Chart</td> <td><input checked="" type="checkbox"/> ICS 215A</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table> |  | <input checked="" type="checkbox"/> ICS 203  | <input checked="" type="checkbox"/> ICS 207 | <u>Other Attachments:</u> | <input checked="" type="checkbox"/> ICS 204 | <input checked="" type="checkbox"/> ICS 208 | <input checked="" type="checkbox"/> ICS 230 | <input type="checkbox"/> ICS 205 | <input checked="" type="checkbox"/> Map/Chart | <input checked="" type="checkbox"/> ICS 215A | <input checked="" type="checkbox"/> ICS 205A | <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> ICS 206 |         | <input type="checkbox"/> _____ |               |    |           |
| <input checked="" type="checkbox"/> ICS 203  | <input checked="" type="checkbox"/> ICS 207  | <u>Other Attachments:</u>                    |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| <input checked="" type="checkbox"/> ICS 204  | <input checked="" type="checkbox"/> ICS 208  | <input checked="" type="checkbox"/> ICS 230  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| <input type="checkbox"/> ICS 205   | <input checked="" type="checkbox"/> Map/Chart  | <input checked="" type="checkbox"/> ICS 215A |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| <input checked="" type="checkbox"/> ICS 205A   | <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents                                      | <input type="checkbox"/> _____               |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| <input checked="" type="checkbox"/> ICS 206  |  | <input type="checkbox"/> _____               |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| <b>7. Prepared by:</b> Name: _____ Position/Title: PLN – DOC Unit    Signature: _____  |  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| <b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____   |  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |
| ICS 202  | IAP Page _____   | Date/Time: _____                             |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |               |    |           |





## ASSIGNMENT LISTING (DE ICS 204)

|  |  |  |  |                                      |                         |
|--|--|--|--|--------------------------------------|-------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022                   |  | <b>2. Operational Period</b><br>03/02/22 @ 0800 to 03/02/22 @ 1830 |  | <b>Page</b>                          |                         |
| <b>3. Section</b><br>Operations                            |  | <b>4. Branch/Unit/Group/Staging</b><br>Disease Mgmt Branch         |  | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>3/1/2022 |
| <b>8. Operations Personnel</b><br>Branch Leader [REDACTED] |  |  |  | <b>6. PSC Review:</b>                | <b>Date</b>             |
|  |  |  |  | <b>7. OSC Review:</b>                | <b>Date</b>             |

| 9. Resources Assigned                             |                |                |   |       |                              |
|---|----------------|----------------|---|-------|------------------------------|
| Strike Team/Task Force Resource Identifier/Leader | Contact Info # | # of Personnel | Work Assignment   | Obj # | Reporting Info/Notes/Remarks |
| Depopulation                                      | [REDACTED]     | 63 Total       | Coordinate and complete depopulation of chicken houses through VSD+ and CO2.  |       | [REDACTED]                   |
| Disposal Group                                    | [REDACTED]     | 10-11          | Prepare for disposal of depopulated chickens within 72 hours of depopulation being completed.   |       | [REDACTED]                   |
| Case Management                                   | [REDACTED]     | 1              | Supporting on-site operations of depopulation and disposal while ensuring C&D and decon are completed appropriately to enhance biosecurity. Maintaining operational communications with UC. |       |                              |
| Site Manager                                      | [REDACTED]     | 1              | Maintain operational coordination of on-site depopulation, disposal, case management, decon   |       |                              |
| Biosecurity Officer/Decon Group                   |                | 1              | Maintain and enforce biosecurity on-site  |       | [REDACTED]                   |

**10. Special Instructions or Resource Needs:**

**11. Communications (radio and/or phone contact numbers needed for this assignment):**

# ASSIGNMENT LISTING (DE ICS 204)

Exemption 10002(o)(6)  
Common law privacy interest

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>3/2/22 @ 0800 to 3/1/22 @ 1830 |                 | <b>Page</b>                          |                              |
|--|----------------|--|-----------------|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Logistics   |                | <b>4. Branch/Unit/Group/Staging</b><br>Logistics               |                 | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>3/1/2022      |
| <b>8. Operations Personnel</b><br>Section Supervisor: [REDACTED]                           |                |  |                 | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |                 | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |                 |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment | Obj #                                | Reporting Info/Notes/Remarks |
| Logistics Section Chief  |                | 2  | [REDACTED]      |                                      |                              |
| Ground Support Unit Leader   |                | 2  | [REDACTED]      |                                      |                              |
| Food Unit Leader   |                | 1  | [REDACTED]      |                                      |                              |
| Supply Unit Leader   |                | 2  | [REDACTED]      |                                      |                              |
|  |                |  |                 |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |                 |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |                 |                                      |                              |
| DE ICS 204   |                | IAP Page   |                 | 5                                    |                              |

| 1. Incident Name                                 |                     | 2. Operational Period |  | Date From: 03/02/22 | Date To: 03/02/22 |
|--|---------------------|-----------------------|--|---------------------|-------------------|
| DE HPAI 2022                                     |                     | Time From: 0800       |  | Time To: 1830       |                   |
| <b>3. Basic Local Communications Information</b> |                     |                       |  |                     |                   |
| Incident Assigned Position                       | Name (Alphabetized) | E-mails               |  | Remote/In Person    |                   |
| Lab Liaison - MD                                 |                     |                       |  | Remote              |                   |
| USDA/EMRS Specialist                             |                     |                       |  | Remote              |                   |
| DPH Deputy Operations Chief                      |                     |                       |  | Remote              |                   |
| <b>Temporarily deactivated</b>                   |                     |                       |  | ICP                 |                   |
| USDA Liason                                      |                     |                       |  | Remote              |                   |
| USDA Contract Composting Specialist              |                     |                       |  | On-Site             |                   |
| USDA EPI Group                                   |                     |                       |  | Remote              |                   |
| EMRS-permitting                                  |                     |                       |  | Remote              |                   |
| Liaison Officer                                  |                     |                       |  | ICP                 |                   |
| Disposal Group Mgmt                              |                     |                       |  | On-Site             |                   |
| Planning - Documentation Unit                    |                     |                       |  | ICP                 |                   |
| NCC EMA/Staging Area Manager                     |                     |                       |  | On-Site             |                   |
| Planning Chief                                   |                     |                       |  | ICP                 |                   |
|  |                     |                       |  |                     |                   |
| Liaison Officer                                  |                     |                       |  | ICP                 |                   |
| Epidemiologist                                   |                     |                       |  | Remote              |                   |
| Public Health Ops - MD                           |                     |                       |  | Remote              |                   |
| Lab Liaison - DE                                 |                     |                       |  | ICP                 |                   |
| DPH ID Mitigation/Safety                         |                     |                       |  | Remote              |                   |
| Surveillance Br Lead                             |                     |                       |  | ICP                 |                   |
| Disposal Group                                   |                     |                       |  | On-Site             |                   |
| DE Epidemiologist                                |                     |                       |  | Remote              |                   |
| DE Public Health Operations Chief                |                     |                       |  | Remote              |                   |
| DE Epidemiologist                                |                     |                       |  | Remote              |                   |
| VS Document Support                              |                     |                       |  | Remote              |                   |
| EMRS-permitting                                  |                     |                       |  | Remote              |                   |
| IC/UC-DE   |                     |                       |  | ICP                 |                   |
| PIO-DE   |                     |                       |  | ICP                 |                   |
| DPH Leadership                                   |                     |                       |  | Remote              |                   |
| Depop Group                                      |                     |                       |  | On-Site             |                   |
| DCS Broiler Liaison                              |                     |                       |  | ICP                 |                   |
| Planning - Operational Planning Unit             |                     |                       |  | ICP                 |                   |
| Planning - Arc/GIS & Mapping                     |                     |                       |  | Remote              |                   |
| EMRS Support                                     |                     |                       |  | Remote              |                   |
| UC (USDA AVIC)                                   |                     |                       |  | ICP                 |                   |
| DDA Liason                                       |                     |                       |  | ICP                 |                   |
| MD Commercial Layers Testing                     |                     |                       |  | Remote              |                   |
| Lab Group  |                     |                       |  | ICP                 |                   |
| Epi/DRO  |                     |                       |  | Remote              |                   |
| Operations Section Chief                         |                     |                       |  | ICP                 |                   |
| Biosecurity Officer                              |                     |                       |  | Remote              |                   |

|                                      |  |             |
|--------------------------------------|--|-------------|
| Contracting Officer                  |  | On-Site     |
| Biosecurity Manager                  |  | ICP         |
| DPH                                  |  | Remote      |
| Ground Support Unit                  |  | ICP/On-Site |
| Supply Unit                          |  | ICP         |
| UC-MD                                |  | ICP         |
| Field Reimbursement Specialist / Fed |  | Remote      |
| Planning - Resource Unit             |  | Remote      |
| Supply Unit Lead                     |  | ICP         |
| Case Manager                         |  | On-Site     |
| <b>Temporarily Deactivated</b>       |  | ICP         |
| Public Health Ops-DE (One Health) S  |  | On-Site     |
| DPH Medical Support                  |  | Remote      |
| Biosecurity Group                    |  | Remote      |
| PIO - DEMA                           |  | Remote      |
| Deputy Logistics Chief               |  | ICP         |
| Finance Chief                        |  | Remote      |
| SME                                  |  | On-Site     |
| PIO-MD                               |  | Remote      |
| MDA Resource Conservation            |  | On-Site     |
| Operations Section Deputy & USDA S   |  | ICP         |
| Deputy Finance Chief                 |  | Remote      |
| Logistics Support                    |  | ICP         |
| Logistics Chief                      |  | ICP         |
| Planning - EMRS                      |  | Remote      |
| Field Reimbursement Specialist       |  | Remote      |
| CCI Contractor                       |  | On-Site     |
| Composting SME                       |  | On-Site     |
| Planning Chief                       |  | ICP         |
| Logistics Support                    |  | ICP         |
| EMRS-permitting                      |  | Remote      |
| Safety Officer                       |  | On-Site     |
| Planning-Situation Unit              |  | Remote      |
| Site Manager (USDA)                  |  | On-Site     |
| USDA Poultry VMO                     |  | Remote      |



**MEDICAL PLAN (ICS 206)**

| <b>1. Incident Name:</b><br>DE HPAI 2022 # 22DE0001  |  | <b>2. Operational Period:</b> Date From: 3/02/2022<br>Time From: 0800 |  | Date To: 3/02/2022<br>Time To: 1830 |   |   |  |
|--|--|---|--|-------------------------------------|---|---|--|
| <b>3. Medical Aid Stations:</b>  |  |   |  |                                     |   |   |  |
| Name   | Location                                   | Contact Number(s)/Frequency   | Paramedics on Site?  |                                     |   |   |  |
| On-Site  |  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                     |   |   |  |
| ICP  | 640 South State St, Dover                  | 302-674-4700 or 911   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No             |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No             |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No             |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No             |                                     |   |   |  |
| <b>4. Transportation (indicate air or ground):</b>   |  |   |  |                                     |   |   |  |
| Ambulance Service  | Location                                   | Contact Number(s)/Frequency   | Level of Service   |                                     |   |   |  |
| NCC EMS  | 3601 N. Dupont Highway New Castle, DE      | 302-395-8184 or 911   | <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS |                                     |   |   |  |
| KC EMS   | 911 Public Safety Blvd                     | 302-735-2200 or 991   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS            |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS            |                                     |   |   |  |
|  |  |   | <input type="checkbox"/> ALS <input type="checkbox"/> BLS            |                                     |   |   |  |
| <b>5. Hospitals:</b>   |  |   |  |                                     |   |   |  |
| Hospital Name  | Address, Latitude & Longitude if Helipad   | Contact Number(s)/ Frequency  | Travel Time  |                                     | Trauma Center                                       | Burn Center   | Helipad  |
|  |  |   | Air  | Ground                              |   |   |  |
| ChristianaCare   | 4755 Ogletown Stanton Rd, Newark, DE 19718 | 911   |  |                                     | <input checked="" type="checkbox"/> Yes<br>Level: 1 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Bay Health   | 640 South State St Dover, DE               | 911   |  |                                     | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |   |  |                                     | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |   |  |                                     | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |   |  |                                     | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
| <b>6. Special Medical Emergency Procedures:</b>  |  |   |  |                                     |   |   |  |
| <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. |  |   |  |                                     |   |   |  |
| <b>7. Prepared by (Medical Unit Leader):</b> Name: _____   |  |   |  |                                     | Signature: _____                                    |   |  |
| <b>8. Approved by (Safety Officer):</b> Name: _____  |  |   |  |                                     | Signature: _____                                    |   |  |
| ICS 206   IAP Page   Date/Time: 030122 1830  |  |   |  |                                     |   |   |  |

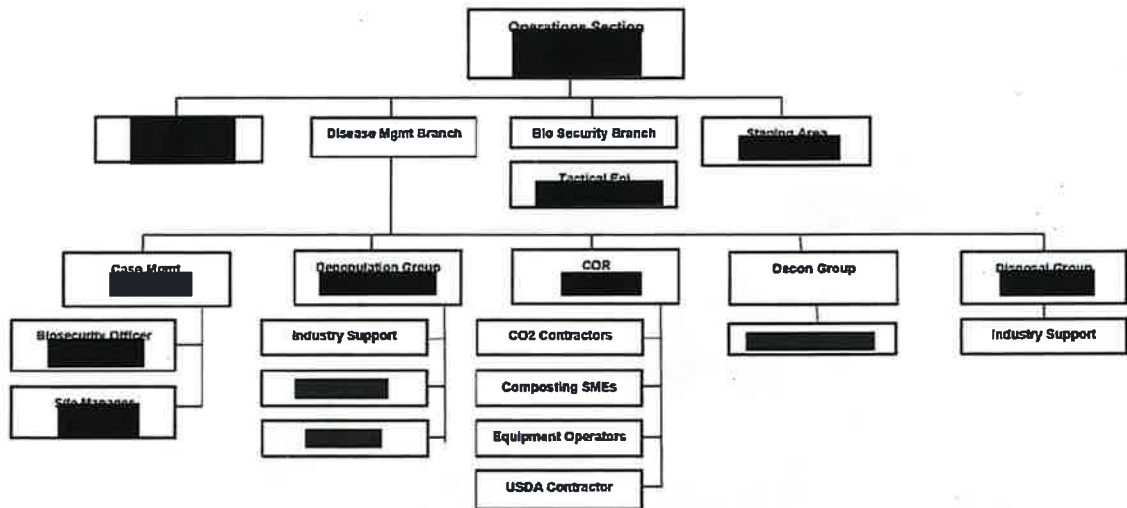
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### INCIDENT ORGANIZATION CHART (ICS 207)

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022  |  | <b>2. Operational Period:</b> Date From: 03/02/22<br>Time From: 0800 |  | Date To: 03/02/22<br>Time To: 1830                  |  |
| <b>3. Organization Chart</b>  |  |  |  |   |  |
| <b>Operations Section</b><br>[Redacted]   |  | <b>Unified Commanders</b><br>[Redacted]                              |  | <b>Liaison Officer</b><br>[Redacted]                |  |
| <b>Disease Mgmt Branch</b>  |  |  |  | <b>Safety Officer</b><br>[Redacted]                 |  |
| <b>Bio Security Branch</b>  |  | <b>Staging Area</b><br>[Redacted]                                    |  | <b>Public Information Officer</b><br>[Redacted]     |  |
| [Redacted]  |  |  |  | [Redacted]  |  |
|   |  |  |  | <b>USDA AVIC</b><br>[Redacted]                      |  |
|   |  |  |  | <b>Poultry Industry Liaison</b><br>[Redacted]       |  |
|   |  |  |  | <b>Public Health</b><br>[Redacted]                  |  |
|   |  | <b>Planning Section</b><br>[Redacted]                                |  | <b>Logistics Section</b><br>[Redacted]              |  |
|   |  | <b>Surveillance Branch</b><br>[Redacted]                             |  | <b>Support Branch Dir.</b><br>[Redacted]            |  |
|   |  | <b>DDO</b><br>[Redacted]   |  | <b>Supply Unit</b><br>[Redacted]                    |  |
|   |  | <b>Epidemiologist</b><br>[Redacted]                                  |  | <b>Ground Set Unit</b><br>[Redacted]                |  |
|   |  | <b>Noncommercial Surveillance</b><br>[Redacted]                      |  | <b>On-Site Supply Unit</b><br>[Redacted]            |  |
|   |  | <b>Lab Group</b><br>[Redacted]                                       |  | <b>Food Unit Ldr.</b><br>[Redacted]                 |  |
|   |  | [Redacted]   |  |   |  |
|   |  | [Redacted]   |  |   |  |
|   |  | <b>Deputy</b><br>[Redacted]  |  | <b>Finance/Admin Section</b><br>[Redacted]          |  |
|   |  | <b>Situation Unit Ldr.</b><br>[Redacted]                             |  | <b>Deputy</b><br>[Redacted]                         |  |
|   |  | <b>ArcGIS/Mapping</b><br>[Redacted]                                  |  | <b>Field Reimbursement Specialist</b><br>[Redacted] |  |
|   |  | <b>Operational Planning Unit</b><br>[Redacted]                       |  | <b>DDA Fiscal</b><br>[Redacted]                     |  |
|   |  | <b>Documentation Unit</b><br>[Redacted]                              |  | <b>MDA Fiscal</b><br>[Redacted]                     |  |
|   |  | <b>EMRS Permitting</b><br>[Redacted]                                 |  |   |  |
|   |  | <b>Resource Unit</b><br>[Redacted]                                   |  |   |  |
| <b>ICS 207</b>   IAP Page ___   <b>4. Prepared by:</b> Name [Redacted]   Position/Title: PLN – DOC Unit   Signature: _____   Date/Time: 03/01/2022 1630 |  |  |  |   |  |

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### INCIDENT ORGANIZATION CHART (ICS 207)

|  |   |                                     |                  |                            |
|--|---|-------------------------------------|------------------|----------------------------|
| 1. Incident Name:<br>DE HPAI 2022  | 2. Operational Period: Date From: 03/02/22 Date To: 03/02/22<br>Time From: 0800 Time To: 1830 |                                     |                  |                            |
| 3. Organization Chart<br> <pre>graph TD; OS[Operations Section] --- DM[Disease Mgmt Branch]; OS --- BS[Bio Security Branch]; OS --- SA[Staging Area]; OS --- CaseMgmt[Case Mgmt]; OS --- Decon[Decon Group]; OS --- Disposal[Disposal Group]; DM --- CaseMgmt; DM --- Repop[Repopulation Group]; DM --- COR[COR]; BS --- Tactical[Tactical Epi]; COR --- CO2[CO2 Contractors]; COR --- Compost[Composting SMEs]; COR --- Equip[Equipment Operators]; COR --- USDA[USDA Contractor]; Repop --- IS1[Industry Support]; Decon --- IS2[Industry Support]; Disposal --- IS3[Industry Support]; CaseMgmt --- BioSec[Biosecurity Officer]; CaseMgmt --- SiteMgt[Site Manager];</pre> |   |                                     |                  |                            |
| ICS 207 IAP Page ____  | 4. Prepared by: Name [REDACTED]   | Position/Title: Planning – DOC Unit | Signature: _____ | Date/Time: 03/01/2022 1800 |



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### INCIDENT ORGANIZATION CHART (ICS 207)

|   |  |   |                                       |                  |                            |
|---|--|---|---------------------------------------|------------------|----------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 03/02/2022    Date To: 03/02/2022<br>Time From: 0800    Time To: 1830 |   |                                       |                  |                            |
| <b>3. Organization Chart</b><br><pre>graph TD;   A[PHI Leadership] --- B[PHI Operations Chief];   B --- C[PHI Deputy Operations Chief];   C --- D[EPI Group];   C --- E[Infectious Disease Mitigation/Safety];   C --- F[One Health];   C --- G[Medical Support];</pre> |  |   |                                       |                  |                            |
| ICS 207   | IAP Page ___   | <b>4. Prepared by: Name:</b> [Redacted] | Position/Title: <u>PLN – DOC Unit</u> | Signature: _____ | Date/Time: <u>03012022</u> |

## SAFETY MESSAGE/PLAN (ICS 208)

|  |   |                                  |
|--|---|----------------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022   | <b>2. Operational Period:</b> Date From: 3/1/22<br>Time From: 700 | Date To: 3/1/22<br>Time To: 1900 |
| <b>Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b><br>Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan   |   |                                  |
| <p>- BUDDY SYSTEM know where your team members are at all times. Check in and check out.</p> <ul style="list-style-type: none"><li>• HYDRATE: Stay hydrated to avoid the risk of heat related illness and take breaks in the shade or in a cool area as necessary. Drink plenty of water to keep hydrated and watch for signs of heat related illness in yourself and others. Weight options of Tyvek versus Tychem.</li><li>• Utilize the proper PPE along with proper donning/doffing procedures for safety and biosecurity. Watch for rips and tears. compromises in biosecurity</li><li>• Adhere to the 12-hour work rule and get plenty of rest in the evening, and attempt to maintain a regular schedule.</li><li>• Drive Defensively and obey State Regulations.</li><li>• Maintain Situational Awareness. Practice the buddy system: know where your team members are, check in regularly with supervisor. Be alert for high levels of traffic in work areas and practice defensive driving techniques.</li><br/><li>• Maintain a 6 foot distance whenever possible due to Covid guidance. Face coverings required for USDA personnel in Office space.</li><br/><li>• Report any illness, Accident, injury or Near Miss to Supervisor and Safety Officer immediately. USDA required to complete First Report as soon as possible.</li><li>• State and Contractor Employees follow procedures outlined by management.</li><br/><li>• Influenza Like Illness Monitoring. Reporting and follow up is being conducted through agreement with CDC through DE Dept of Health and MD Dept of Health. Contacts listed in the Communications List in IAP. More information to follow.</li></ul> <p>Review the 215A for specific hazards related to Operations and ICP</p> <p>FOR EMERGENCIES: Call 911 and report to Safety Officer and Supervisor.</p> <p style="text-align: center;"><b>Above all, use common sense and report any unsafe conditions immediately</b></p> <p><b><u>Vehicle Safety</u></b></p> <p>Maintaining our vehicles in proper working order is one of the most important issues we can address. The following list contains the minimum items to be inspected daily and reported to the Logistics Chief if there are any inconsistencies: <b><u>What to Look For:</u></b></p> <ul style="list-style-type: none"><li>• Are wiper blades in good condition?</li><li>• Tires have correct air pressure?</li><li>• Does vehicle have coolant?</li><li>• Does air conditioner work correctly?</li><li>• Are gauges in safe zone?</li><li>• Do head lights and blinkers work?</li><li>• Does vehicle have correct amount of oil?</li><li>• Does vehicle have first aid kits?</li><li>• Does vehicle have gas?</li></ul> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">SAFETY IS NO ACCIDENT</p> |   |                                  |
| <b>4. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Approved Site Safety Plan(s) Located At: Site  |   |                                  |
| <b>5. Prepared by:</b> Name: _____ Position/Title: Safety Officer Signature: _____   |   |                                  |
| ICS 208  | IAP Page _____  | Date/Time: 3/1/22 4:38           |

## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

| DE HPAI 2022   |  | <b>2. Incident Number:</b><br>22DE0001  |  |
|--|--|---|--|
| <b>3. Date/Time Prepared:</b><br>Date: 03-01-2022 Time: 0800 |  | <b>4. Operational Period:</b> Date From: 03/02/2022 Date To: 03/02/2022<br>Time From: 0800 Time To: 1830  |  |
| 5. Incident Area   | 6. Hazards/Risks   | 7. Mitigations  |  |
| <b>ICP</b>   | <ul style="list-style-type: none"> <li>-Dehydration</li> <li>-Exhaustion</li> <li>-Stress</li> <br/> <li>-Driving and Weather Hazard</li> <br/> <li>-Slips Trips and Falls</li> <li>-Covid exposure and Influenza monitoring</li> <br/> <li>-Security-Control conversations outside the Premise/ICP</li> <br/> <li>Mental health</li> </ul>  | <ul style="list-style-type: none"> <li>-Hydrate with water</li> <li>-Adequate sleep-8 hours, rest breaks</li> <li>-Connect with home. Social Interaction, Be kind, laugh and relax,</li> <li>-Weather reports, Weather warning APP on Phone, defensive driving, NO cell phone calls/texts while driving</li> <li>-situational awareness,</li> <li>-Maintain 6 foot distance where possible, USDA personnel are Masked mandated in office space. Follow Influenza Like Illness monitoring/reporting. Report any symptoms to Safety Office</li> <li>-Avoid conversations in Public Areas. Some of the public does not approve of what we are doing, do not discuss name of the farm/location</li> <li>-Watch coworkers and employees for signs of stress, utilize Employee Assistance programs. Positive feedback for importance of the work being done.</li> </ul>   |  |
| <b>Disposal<br/>(pulling birds)</b>                          | <p style="text-align: center;">In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Inquisitive Public</li> <br/> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <br/> <li>-cage wires and conveyor scratches, ripped coveralls and gloves, compromised biosecurity</li> <br/> <li>-Ammonia Levels</li> <br/> <li>-Heat</li> <br/> <li>-Disinfectants</li> <br/> <li>-Machinery and farm operations</li> <br/> <li>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</li> </ul> | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Safety</li> <li>-Proper PPE and Proper Biosecurity Follow Influenza Like Illness monitoring Report any symptoms to Safety Officer Hand washing and proper Decon Adhere to 12 hour work.</li> <li>-reenforced sleeve protectors, extra gloves and tape in hot zone, maintain biosecurity through spot and buddy checks.</li> <br/> <li>-report any houses with irritating levels, have fans running while in house ( owner can assist with adjusting fans)</li> <li>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</li> <li>-SDS, PPE, Proper mixing techniques, proper storage and handling</li> <li>-Avoid areas of machinery travel, House feeders, egg belts, fans, safety vests, give wide berth, safety vests</li> <li>-BUDDY SYSTEM Check ins.</li> <li>Situational awareness, Adhere to 12 hour shift if possible,<br/><i>Check in</i> when arriving, leaving area / returning.</li> </ul> |  |

|  |   |  |
|--|---|--|
| <p><b>DISPOSAL/<br/>COMPOSTING</b></p>               | <p>In addition to ICP Hazards:<br/>-Inquisitive Public</p> <p>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</p> <p>-Ammonia Levels</p> <p>-Fatigue,<br/>-Heat</p> <p>-Disinfectants</p> <p>Machinery and farm operations, loaders, dump trucks, work in pits.<br/>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</p> | <p>-Leave the area if threatened or unsafe, Contact Safety</p> <p>-Proper PPE and Proper Biosecurity<br/>Follow Influenza Like Illness monitoring<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work.</p> <p>-report any area with irritating levels, immediately add more cap to pile<br/>-frequent breaks, switch off physical jobs.<br/>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.<br/>-SDS, PPE, Proper mixing techniques, proper storage and handling<br/>-Avoid areas of machinery travel, Safety vests, give wide berth, make eye contact with operator.<br/>-BUDDY SYSTEM Check ins.<br/>Situational awareness, Adhere to 12 hour shift if possible,<br/><i>Check in</i> when arriving, leaving area/ returning.</p> |
| <p><b>CASE<br/>MANAGER/<br/>SITE<br/>MANAGER</b></p> | <p>In addition to ICP Hazards:<br/>-Inquisitive Public</p> <p>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</p> <p>-Heat</p> <p>-Disinfectants</p> <p>-Machinery and farm operations</p> <p>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</p> <p>Mental Health Awareness (producer)</p>                             | <p>-Leave the area if threatened or unsafe, Contact Safety</p> <p>-Proper PPE and Proper Biosecurity<br/>Follow Influenza Like Illness monitoring<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work.<br/>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.<br/>-SDS, PPE, Proper mixing techniques, proper storage and handling<br/>-Avoid areas of machinery travel, House feeders, safety vests, give wide berth,</p> <p>-BUDDY SYSTEM Check ins.<br/>Situational awareness, Adhere to 12 hour shift if possible,<br/><i>Check in</i> when arriving, leaving area/ returning.<br/>-In addition to ICP mitigations-Public Health/State/County hotlines and resources</p>  |

|  |  |  |
|--|--|--|
| <p><b>DECON</b></p>                            | <p>In addition to ICP Hazards:<br/>-Inquisitive Public</p> <p>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</p> <p>-Heat</p> <p>-Disinfectants</p> <p>-Machinery and farm operations</p> <p>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</p>        | <p>-Leave the area if threatened or unsafe, Contact Safety</p> <p>-Proper PPE and Proper Biosecurity<br/>Follow Influenza Like Illness monitoring<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work.</p> <p>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</p> <p>-SDS, PPE, Proper mixing techniques, proper storage and handling,</p> <p>-Avoid areas of machinery travel, safety vests/visibility colors, give wide berth, Face shields/eye protection for disinfecting vehicle, clear communications with operators,</p> <p>-BUDDY SYSTEM Check ins.<br/>Situational awareness, Adhere to 12 hour shift if possible,<br/><i>Check in</i> when arriving, leaving area / returning.</p>   |
| <p><b>SURVEIL/<br/>SICK BIRD<br/>CALLS</b></p> | <p>In addition to ICP Hazards:<br/>-Disgruntled Public</p> <p>-Bird handling</p> <p>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</p> <p>-Ammonia Levels</p> <p>-Heat</p> <p>-Disinfectants</p> <p>-Safety and Well being, Early and late operations lighting, visibility, uneven terrain</p> | <p>-Leave the area if threatened or unsafe, Contact Security</p> <p>-Practice proper bird restrain and handling. Watch for compromised PPE</p> <p>-Proper PPE, Proper biosecurity<br/>Follow Influenza Like Illness monitoring/reporting<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work cycle</p> <p>-report any houses with irritating levels, have fans running while in house, increased mortality will increase Ammonia levels. Use of FullFace Respirators/ Ammonia Cartridges if warranted.</p> <p>-Hydration with water prior to activity, rest breaks, Tyvek versus Tychems for heat.</p> <p>-SDS, PPE, Proper mixing techniques.</p> <p>-BUDDY SYSTEM, Situational awareness, Adhere to 12 hour shift if possible, <i>Mandatory Check in</i> when arriving, leaving area /returning. Always in parties of 2 working around and entering houses.</p> |

8. Prepared by (Safety Officer): Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Prepared by (Operations Section Chief): Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Exemption 10002(o)(6)  
Common law privacy interest

| <b>1. Incident Name</b><br>DE HPAI 2022                          |                                    | <b>2. Operational Period (Date/Time)</b><br>From: 3/02/22 0800 To: 3/02/22 1830                                   |   | <b>DAILY MEETING SCHEDULE</b><br>ICS 230-CG |  |
|--|------------------------------------|---|---|---|--|
| <b>3. Meeting Schedule (Commonly-held meetings are included)</b> |                                    |   |   |   |  |
| Date/ Time   | Meeting Name                       | Purpose   | Attendees   | Location                                    |  |
| 0830   | Unified Command Objectives Meeting | Review/ identify objectives for the next operational period.  | Unified Command members   |   |  |
|  |                                    |   |   |   |  |
| 0930   | Command & General Staff Meeting    | IC/UC gives direction to Command & General staff including incident objectives and priorities                     | IC/UC, Command & General Staff  |   |  |
|  |                                    |   |   |   |  |
| 1200   | USDA Policy Meeting                |   |   |   |  |
|  |                                    |   |   |   |  |
|  |                                    |   |   |   |  |
| 1400   | Planning Meeting                   | Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period | Determined by the IC/UC   |   |  |
|  |                                    |   |   |   |  |
|  |                                    |   |   |   |  |
| 1700   | Operations Briefing                | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period                          | IC/UC, Command & General Staff, Branch Directors, Div/Grp Sups, Task Force/Strike Team Leaders and Unit Leaders |   |  |
|  |                                    |   |   |   |  |
|  |                                    |   |   |   |  |
|  |                                    |   |   |   |  |
| <b>4. Prepared by:</b> [REDACTED]                                |                                    |   | <b>Date/Time</b><br>3.01.22 1800  |   |  |
| <b>DAILY MEETING SCHEDULE</b>                                    |                                    |   |   | <b>ICS 230-CG (Rev 07/04)</b>               |  |

Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
Common law privacy interest

# Incident Action Plan

## DE HPAI 2022

**Operational Period: Start: 3/3/22 12:01 End: 3/3/22 11:59**

**Approved By:**



**Prepared By:**



**Date Prepared 03/02/22**



**Approved By Incident Commander(s)**

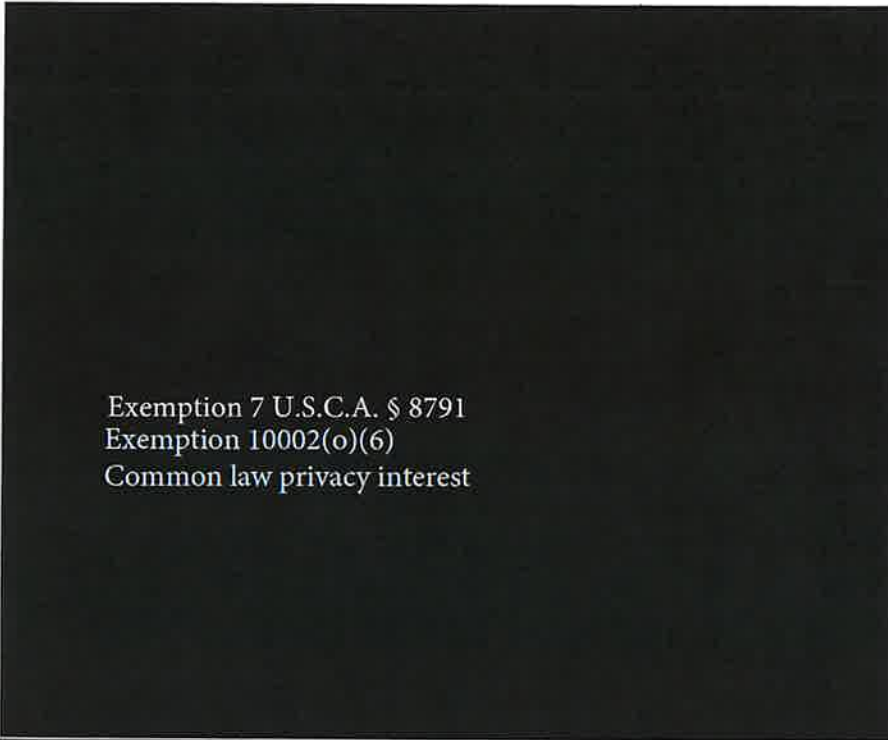


**Date/Time: 03/02/22 1745**





## INCIDENT BRIEFING (ICS 201)

|  |   |  |
|--|---|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022   | <b>2. Incident Number:</b><br>22DE0001  | <b>3. Date/Time Initiated:</b><br>Date: 3/03/2022 Time: 0500 |
| <b>4. Map/Sketch</b> (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):<br><br> <p>Exemption 7 U.S.C.A. § 8791<br/>Exemption 10002(o)(6)<br/>Common law privacy interest</p>   |   |  |
| <b>5. Situation Summary and Health and Safety Briefing</b> (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.<br><br>Delaware confirmed 1 positive case of HPAI H5 at NVSL on 2/22/22. There are no additional cases presented or confirmed. Due to the significant potential threat HPAI H5 poses to the DelMarVa poultry community and industry, Unified Command has been established with representatives from Delaware Department of Agriculture (DDA), Maryland Department of Agriculture (MDA), and USDA.<br><br>The DDA is engaged in management, coordination, and response to the presence of HPAI H5 in Delaware. Coordination with DPH regarding the human public health aspect of the incident is on-going, with no imminent threats or concerns. Public information is being coordinated through the DDA PIO and a Joint Information Center.<br><br>Hold orders are placed on all farms within the CA until CA is clear.<br>All commercial farms & backyard flocks within the 10k Control Area (CA) and within the 10-20k Surveillance Zone (SZ) have been identified and mapped. All commercial farms in the 10k CA and 20k SZ have been tested at least once; all tests are negative for HPAI H5. Met BYF Surveillance goal in the 10k CA Daily surveillance testing continues at Maryland commercial layer farms to permit movement and continuity of business. Samples continue to be run at Allen Lab. Eggs are permitted to move with negative testing and on-going enhanced biosecurity. Testing to continue in compliance with Secure Egg Supply Plan for movement of eggs. Plan for on-going surveillance at commercial and backyard flocks located within the CA and SZ is under review. |   |  |
| <b>6. Prepared by: Name:</b> _____   | <b>Position/Title:</b> <u>Doc Plan</u>  | <b>Signature:</b> _____                                      |
| <b>ICS 201, Page</b>   | <b>Date/Time:</b> <u>3/02/22 @ 1800</u> |  |

| <b>1. Incident Name:</b><br>DE HPAI 2022   | <b>2. Incident Number:</b><br>22DE0001   | <b>3. Date/Time Initiated:</b><br>Date: 3/03/2022 Time: 0500 |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|--|--|--|-------|----------|--|--|--|---|--|--|--|--|--|--|--|---|--|---------------------------------------|--|-----------------------|--|-----------------------|--|---|--|--|--|--|
| <p>On-premise cleaning and disinfection (C&amp;D) and decontamination procedures are being enforced to maintain enhanced biosecurity. VSD+ and CO2 will be used to depopulated infected premise. Windrow method of composting to be utilized for disposal. VSD+ depopulation of House #2 completed 2/23/22. VSD+ depopulation of House #3 completed 2/24/22 VSD+ depopulation of House #5 completed 2/25/22. Depopulation of House #4 through VSD+ and House #1 through CO2 completed 2/26/22. Depopulation of House #7 (VSD+) and House #8 (CO2) completed on 2/28/22. Depopulation of House #9 (VSD+) initiated 2/28/22 with remaining birds depopulated 03/01/22, completed at 1900. USDA support teams for depopulation, disposal on-site. Composting operations began on 2/25/22 and anticipated to continue through 3/20/22. All houses are pulled.</p> <p>CO2 team demobilized as of 2/28/2022. De-Pop Lead changed to disease management branch lead.</p> <p>Public Health contact tracing/EPI on-going for DE and MD. Developing an on-site medical plan established to address any human infection. Safety Officer from USDA developing ICS208 and supporting site safety.</p>   |  |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
| <p><b>7. Current and Planned Objectives:</b></p> <ul style="list-style-type: none"> <li>• Ensure the safety security and well-being of all responders</li> <li>• Establish physical security protocols and procedures around the affected premises</li> <li>• Contain and eradicate HPAI H5N1 from the infected premises</li> <li>• Conduct surveillance for HPAI H5N1 within the control area and surveillance zones</li> <li>• Continue to work with partners and stakeholders to deliver public information and outreach</li> <li>• Monitor social media and news outlets for information and misinformation regarding HPAI in Delaware.</li> <li>• Coordinate Demobilization Planning Team</li> </ul>  |  |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
| <p><b>8. Current and Planned Actions, Strategies, and Tactics:</b></p> <table border="1"> <thead> <tr> <th>Time:</th> <th>Actions:</th> </tr> </thead> <tbody> <tr> <td></td> <td>Continue sign-in sheets from the field (Logistics is picking them up and bringing them back to the ICP when they go to the site)</td> </tr> <tr> <td></td> <td>DDA and USDA have provided personnel to assist with signing in resources and personal</td> </tr> <tr> <td></td> <td>Continue focus on safety including United Rental lights pre-staged</td> </tr> <tr> <td></td> <td>Bird houses (1-9) depopulated &amp; pulled</td> </tr> <tr> <td></td> <td>House 2 unloaded, continue removing manure &amp; birds from under houses</td> </tr> <tr> <td></td> <td>Continue composting operations and receiving carbon</td> </tr> <tr> <td></td> <td>Maintain Biosecurity through C&amp;D line</td> </tr> <tr> <td></td> <td>0% of houses debulked</td> </tr> <tr> <td></td> <td>0% of houses deconned</td> </tr> <tr> <td></td> <td>Continue developing Demobilization Excel template and upload to Microsoft Teams</td> </tr> <tr> <td></td> <td>Over the next operational period, continue composting operations and plan decontamination strategy</td> </tr> <tr> <td></td> <td>Communicate response staff personnel information to DPH for surveillance</td> </tr> </tbody> </table> |  |  | Time: | Actions: |  | Continue sign-in sheets from the field (Logistics is picking them up and bringing them back to the ICP when they go to the site) |  | DDA and USDA have provided personnel to assist with signing in resources and personal |  | Continue focus on safety including United Rental lights pre-staged |  | Bird houses (1-9) depopulated & pulled |  | House 2 unloaded, continue removing manure & birds from under houses |  | Continue composting operations and receiving carbon |  | Maintain Biosecurity through C&D line |  | 0% of houses debulked |  | 0% of houses deconned |  | Continue developing Demobilization Excel template and upload to Microsoft Teams |  | Over the next operational period, continue composting operations and plan decontamination strategy |  | Communicate response staff personnel information to DPH for surveillance |
| Time:  | Actions:   |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|  | Continue sign-in sheets from the field (Logistics is picking them up and bringing them back to the ICP when they go to the site) |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|  | DDA and USDA have provided personnel to assist with signing in resources and personal  |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|  | Continue focus on safety including United Rental lights pre-staged   |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|  | Bird houses (1-9) depopulated & pulled   |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|  | House 2 unloaded, continue removing manure & birds from under houses   |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|  | Continue composting operations and receiving carbon  |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|  | Maintain Biosecurity through C&D line  |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|  | 0% of houses debulked  |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|  | 0% of houses deconned  |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|  | Continue developing Demobilization Excel template and upload to Microsoft Teams  |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|  | Over the next operational period, continue composting operations and plan decontamination strategy                               |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |
|  | Communicate response staff personnel information to DPH for surveillance   |  |       |          |  |  |  |   |  |  |  |  |  |  |  |   |  |                                       |  |                       |  |                       |  |   |  |  |  |  |

|                                    |   |                         |
|------------------------------------|---|-------------------------|
| <b>6. Prepared by: Name:</b> _____ | <b>Position/Title:</b> <u>Doc Plan</u>  | <b>Signature:</b> _____ |
| <b>ICS 201, Page</b>               | <b>Date/Time:</b> <u>3/02/22 @ 1800</u> |                         |

## INCIDENT OBJECTIVES (ICS 202)

|   |  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
|---|--|--|---|---------------------------|---|---|---|----------------------------------|---|--|--|---|--------------------------------|---|---------|--------------------------------|--------|----|-----------|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 3/03/22    Date To: 3/03/22<br>Time From: 1201    Time To: 2359 |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| <b>3. Objective(s):</b> <ul style="list-style-type: none"> <li>Ensure the safety security and well-being of all responders</li> <li>Establish physical security protocols and procedures around the affected premises</li> <li>Contain and eradicate HPAI H5N1 from the infected premises</li> <li>Conduct surveillance for HPAI H5N1 within the control area and surveillance zones</li> <li>Continue to work with partners and stakeholders to deliver public information and outreach</li> <li>Monitor social media and news outlets for information and misinformation regarding HPAI in Delaware</li> <li>Coordinate Demobilization Planning Team</li> </ul>   |  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| <b>4. Operational Period Command Emphasis:</b><br><br><p>Priority for all on-site personnel is to maintain enhanced biosecurity in the Control Area. Operational emphasis is on continued depopulation and disposal of the infected premises. DDA and partner agencies MDA and USDA, are working to contain the situation, including sampling, and quarantining nearby poultry flocks. DPH EPI developed a sign-in sheet to assist with contact tracing based on state of residence.</p> <p>General Situational Awareness</p> <p>There is no public health concern, and avian influenza does not affect poultry meat or egg products, which remain safe to eat. Temperatures are expected to climb into the 50s and 60s over the next several days, with Sunday potentially reaching 70 degrees. Hydration and breaks are recommended. Continue to ensure PPE measures are monitored and ensure biosecurity risks are mitigated.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Thu 03</td> <td style="width: 15%;">48°/23°</td> <td style="width: 15%; text-align: center;"></td> <td style="width: 25%;">Partly Cloudy</td> <td style="width: 10%;">8%</td> <td style="width: 20%;">NW 16 mph</td> </tr> <tr> <td>Fri 04</td> <td>42°/28°</td> <td style="text-align: center;"></td> <td>Mostly Sunny</td> <td>0%</td> <td>W 8 mph</td> </tr> <tr> <td>Sat 05</td> <td>56°/47°</td> <td style="text-align: center;"></td> <td>Cloudy</td> <td>4%</td> <td>SE 10 mph</td> </tr> </table> |  | Thu 03                                       | 48°/23°                                     |                           | Partly Cloudy                               | 8%  | NW 16 mph                                   | Fri 04                           | 42°/28°                                       |  | Mostly Sunny                                 | 0%  | W 8 mph                        | Sat 05                                      | 56°/47° |                                | Cloudy | 4% | SE 10 mph |
| Thu 03  | 48°/23°  |  | Partly Cloudy                               | 8%                        | NW 16 mph                                   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| Fri 04  | 42°/28°  |  | Mostly Sunny                                | 0%                        | W 8 mph                                     |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| Sat 05  | 56°/47°  |  | Cloudy                                      | 4%                        | SE 10 mph                                   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| <b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located at:</b> USDA generated  |  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| <b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input checked="" type="checkbox"/> ICS 203</td> <td style="width: 25%;"><input checked="" type="checkbox"/> ICS 207</td> <td style="width: 50%;"><u>Other Attachments:</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> ICS 230</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Map/Chart</td> <td><input checked="" type="checkbox"/> ICS 215A</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table>  |  | <input checked="" type="checkbox"/> ICS 203  | <input checked="" type="checkbox"/> ICS 207 | <u>Other Attachments:</u> | <input checked="" type="checkbox"/> ICS 204 | <input checked="" type="checkbox"/> ICS 208 | <input checked="" type="checkbox"/> ICS 230 | <input type="checkbox"/> ICS 205 | <input checked="" type="checkbox"/> Map/Chart | <input checked="" type="checkbox"/> ICS 215A | <input checked="" type="checkbox"/> ICS 205A | <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> ICS 206 |         | <input type="checkbox"/> _____ |        |    |           |
| <input checked="" type="checkbox"/> ICS 203   | <input checked="" type="checkbox"/> ICS 207  | <u>Other Attachments:</u>                    |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| <input checked="" type="checkbox"/> ICS 204   | <input checked="" type="checkbox"/> ICS 208  | <input checked="" type="checkbox"/> ICS 230  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| <input type="checkbox"/> ICS 205  | <input checked="" type="checkbox"/> Map/Chart  | <input checked="" type="checkbox"/> ICS 215A |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| <input checked="" type="checkbox"/> ICS 205A  | <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents                                      | <input type="checkbox"/> _____               |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| <input checked="" type="checkbox"/> ICS 206   |  | <input type="checkbox"/> _____               |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| <b>7. Prepared by:</b> Name: _____ Position/Title: PLN – DOC Unit    Signature: _____   |  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| <b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____  |  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |
| ICS 202   | IAP Page _____ Date/Time: _____  |  |   |                           |   |   |   |                                  |   |  |  |   |                                |   |         |                                |        |    |           |



# ASSIGNMENT LISTING (DE ICS 204)

Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
Common law privacy interest

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>03/03/22 @ 1201 to 03/03/22 @ 2359 |   | <b>Page</b>                          |                              |
|--|----------------|--|---|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Disease Mgmt Branch         |   | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>3/2/2022      |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |   | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |   | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |   |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment   | Obj #                                | Reporting Info/Notes/Remarks |
| Decon Group  | [REDACTED]     | 1  | Maintain and enforce biosecurity on-site  |                                      | [REDACTED]                   |
| Disposal Group   | [REDACTED]     | 10-11  | Prepare for disposal of depopulated chickens within 72 hours of depopulation being completed.   |                                      | [REDACTED]                   |
| Case Management  | [REDACTED]     | 1  | Supporting on-site operations of depopulation and disposal while ensuring C&D and decon are completed appropriately to enhance biosecurity. Maintaining operational communications with UC. |                                      |                              |
| Site Manager   | [REDACTED]     | 1  | Maintain operational coordination of on-site depopulation, disposal, case management, decon   |                                      |                              |
| Biosecurity Officer  | [REDACTED]     | 1  | Maintain and enforce biosecurity on-site  |                                      | [REDACTED]                   |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |   |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |   |                                      |                              |
| DE ICS 204   |                | IAP Page   |   |                                      |                              |



Exemption 10002(o)(6)  
Common law privacy interest

## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>3/3/22 @ 1202 to 3/3/22 @ 2359 |                 | <b>Page</b>                          |                              |
|--|----------------|--|-----------------|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Logistics   |                | <b>4. Branch/Unit/Group/Staging</b><br>Logistics               |                 | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>3/2/2022      |
| <b>8. Operations Personnel</b><br>Section Supervisor [REDACTED]                            |                |  |                 | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |                 | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |                 |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment | Obj #                                | Reporting Info/Notes/Remarks |
| Logistics Section Chief  |                | 2  | [REDACTED]      |                                      |                              |
| Ground Support Unit Leader   |                | 2  | [REDACTED]      |                                      |                              |
| Food Unit Leader   |                | 1  | [REDACTED]      |                                      |                              |
| Supply Unit Leader   |                | 1  | [REDACTED]      |                                      |                              |
|  |                |  |                 |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |                 |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |                 |                                      |                              |
| DE ICS 204   IAP Page 5  |                |  |                 |                                      |                              |

Exemption 10002(o)(6)  
Common law privacy interest

| 1. Incident Name                                 |                     | 2. Operational Period |               | Date From: 03/03/2 | Date To: 03/03 |
|--|---------------------|-----------------------|---------------|--------------------|----------------|
| DE HPAI 2022                                     |                     | Time From: 1201       |               | Time To: 2359      |                |
| <b>3. Basic Local Communications Information</b> |                     |                       |               |                    |                |
| Incident Assigned Position                       | Name (Alphabetized) | Emails                | Phone numbers | Location           |                |
| Lab Liaison - MD                                 |                     |                       |               | Remote             |                |
| USDA/EMRS Specialist                             |                     |                       |               | Remote             |                |
| DPH Deputy Operations Chief                      |                     |                       |               | Remote             |                |
| Operational Planning Unit                        |                     |                       |               | ICP                |                |
| Maryland State Epi                               |                     |                       |               | Remote             |                |
| USDA Contract Composting Specialist              |                     |                       |               | On-Site            |                |
| USDA EPI Group                                   |                     |                       |               | Remote             |                |
| EMRS-permitting                                  |                     |                       |               | Remote             |                |
| Liaison Officer                                  |                     |                       |               | ICP                |                |
| Disposal Group Mgmt                              |                     |                       |               | On-Site            |                |
| <b>Temporarily Deactivated</b>                   |                     |                       |               | ICP                |                |
| NCC EMA/Staging Area Manager                     |                     |                       |               | On-Site            |                |
| Planning Chief                                   |                     |                       |               | ICP                |                |
| Liaison Officer                                  |                     |                       |               | ICP                |                |
| Public Health Ops - MD                           |                     |                       |               | Remote             |                |
| Lab Liaison - DE                                 |                     |                       |               | ICP                |                |
| DPH ID Mitigation/Safety                         |                     |                       |               | Remote             |                |
| Surveillance Br Lead                             |                     |                       |               | ICP                |                |
| Disposal Group                                   |                     |                       |               | On-Site            |                |
| DE Public Health Operations Chief                |                     |                       |               | Remote             |                |
| DE Epidemiologist                                |                     |                       |               | Remote             |                |
| VS Document Support                              |                     |                       |               | Remote             |                |
| EMRS-permitting                                  |                     |                       |               | Remote             |                |
| IC/UC-DE   |                     |                       |               | ICP                |                |
| PIO-DE   |                     |                       |               | ICP                |                |
| DPH Leadership                                   |                     |                       |               | Remote             |                |
| Depop Group                                      |                     |                       |               | On-Site            |                |
| DCS Broiler Liaison                              |                     |                       |               | ICP                |                |
| <b>Temporarily Deactivated</b>                   |                     |                       |               | ICP                |                |
| Planning - Arc/GIS & Mapping                     |                     |                       |               | Remote             |                |
| EMRS Support                                     |                     |                       |               | Remote             |                |
| UC (USDA AVIC)                                   |                     |                       |               | ICP                |                |
| DDA Liason                                       |                     |                       |               | ICP                |                |
| MD Commercial Layers Testing                     |                     |                       |               | Remote             |                |
| Lab Group  |                     |                       |               | ICP                |                |
| Epi/DRO  |                     |                       |               | Remote             |                |
| Operations Section Chief                         |                     |                       |               | ICP                |                |
| Biosecurity Officer                              |                     |                       |               | Remote             |                |
| DDA  |                     |                       |               |                    |                |
| Contracting Officer                              |                     |                       |               | On-Site            |                |
| Biosecurity Manager                              |                     |                       |               | ICP                |                |

|  |  |            |
|--|--|------------|
| DPH                                      |  | Remote     |
| Planning Documentation Unit              |  | CP         |
| Ground Support Unit                      |  | CP/On-Site |
| Supply Unit                              |  | CP         |
| UC-MD                                    |  | CP         |
| Field Reimbursement Specialist / Federal |  | Remote     |
| Planning - Resource Unit                 |  | Remote     |
| Supply Unit Lead                         |  | CP         |
| Case Manager                             |  | On-Site    |
| <b>Temporarily Deactivated</b>           |  | CP         |
| Public Health Ops-DE (One Health) SME    |  | On-Site    |
| DPH Medical Support                      |  | Remote     |
| Biosecurity Group                        |  | Remote     |
| PIO - DEMA                               |  | Remote     |
| Deputy Logistics Chief                   |  | CP         |
| DDA                                      |  |            |
| Finance Chief                            |  | Remote     |
| SME                                      |  | On-Site    |
| PIO-MD                                   |  | Remote     |
| MDA Resource Conservation                |  | On-Site    |
| Operations Section Deputy & USDA Support |  | CP         |
| Deputy Finance Chief                     |  | Remote     |
| Logistics Support                        |  | CP         |
| Logistics Chief                          |  | CP         |
| Planning - EMRS                          |  | Remote     |
| Field Reimbursement Specialist           |  | Remote     |
| CCI Contractor                           |  | On-Site    |
| SME                                      |  | On-Site    |
| Planning Chief                           |  | CP         |
| Logistics Support                        |  | CP         |
| EMRS-permitting                          |  | Remote     |
| USDA Contract Health Monitoring          |  | Remote     |
| Safety Officer                           |  | On-Site    |
| Planning-Situation Unit                  |  | Remote     |
| Site Manager (USDA)                      |  | On-Site    |
| Unclassified                             |  | Remote     |

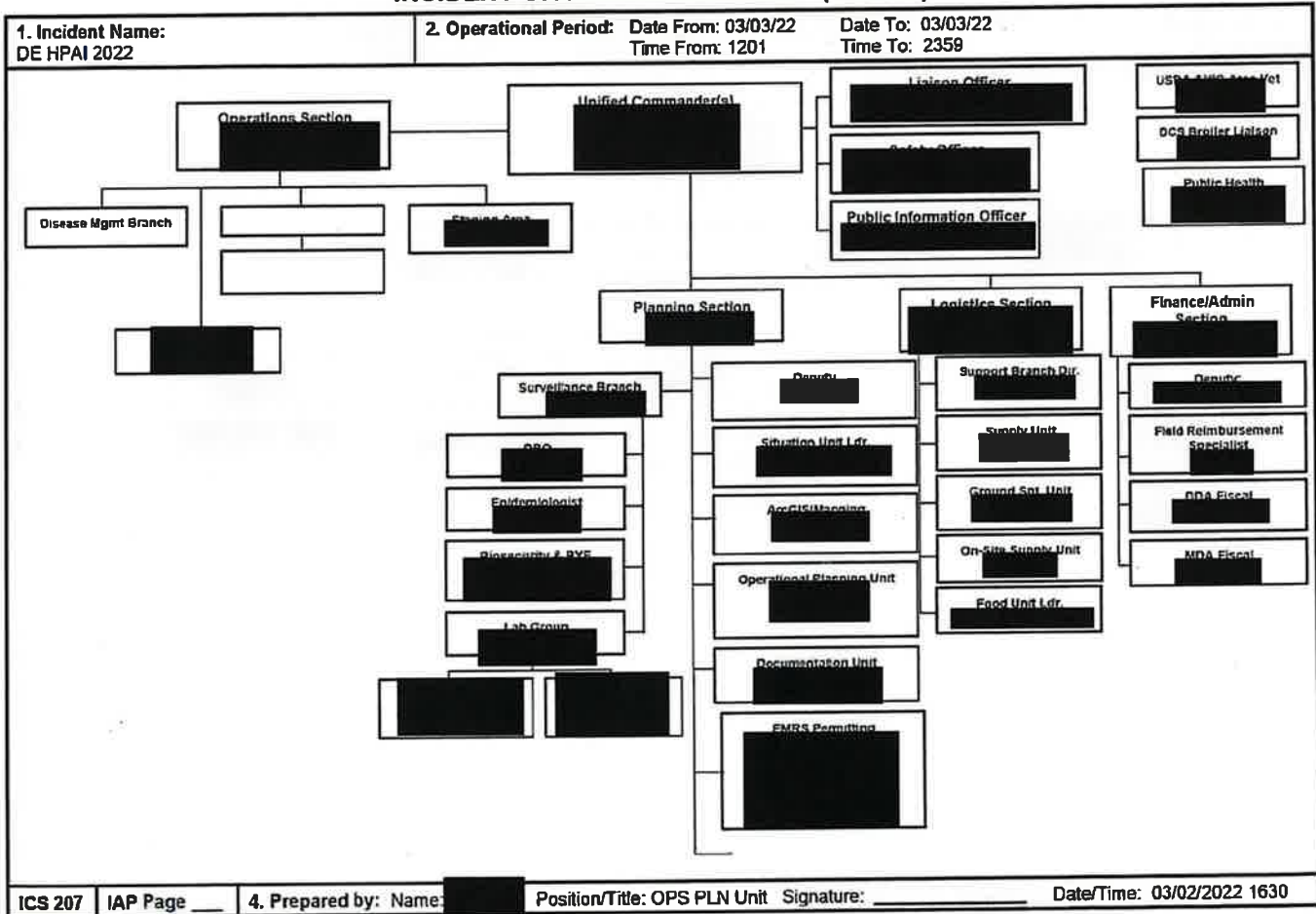


### MEDICAL PLAN (ICS 206)

| <b>1. Incident Name:</b><br>HPAI 2022  |  | <b>2. Operational Period:</b> Date From: 03/03/2022 Date To: 03/03/2022<br>Time From: 1201 Time To: 2359 |   |        |   |  |  |
|--|--|--|---|--------|---|--|--|
| <b>3. Medical Aid Stations:</b>  |  |  |   |        |   |  |  |
| Name   | Location                                   | Contact Number(s)/Frequency  | Paramedics on Site?   |        |   |  |  |
|  |  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             |        |   |  |  |
| ICP/Bay Health   | 640 South State Street, Dover              | 302-674-4700 or 911  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             |        |   |  |  |
|  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |        |   |  |  |
|  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |        |   |  |  |
|  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |        |   |  |  |
|  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |        |   |  |  |
| <b>4. Transportation (indicate air or ground):</b>   |  |  |   |        |   |  |  |
| Ambulance Service  | Location                                   | Contact Number(s)/Frequency  | Level of Service  |        |   |  |  |
| NCC EMS  | 3601 N. Dupont Highway New Castle, DE      | 302-395-8184 or 911  | <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS |        |   |  |  |
| KC EMS   | 911 Public Safety Blvd                     | 302-735-2200 or 911  | <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS |        |   |  |  |
|  |  |  | <input type="checkbox"/> ALS <input type="checkbox"/> BLS                       |        |   |  |  |
|  |  |  | <input type="checkbox"/> ALS <input type="checkbox"/> BLS                       |        |   |  |  |
| <b>5. Hospitals:</b>   |  |  |   |        |   |  |  |
| Hospital Name  | Address, Latitude & Longitude if Helipad   | Contact Number(s)/Frequency  | Travel Time   |        | Trauma Center                                       | Burn Center  | Helipad  |
|  |  |  | Air   | Ground |   |  |  |
| Christiana Care  | 4755 Ogletown Stanton Rd, Newark, DE 19718 | 911  |   |        | <input checked="" type="checkbox"/> Yes<br>Level: 1 | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Bay Health   | 640 South State Street, Dover, DE          | 911  |   |        | <input checked="" type="checkbox"/> Yes<br>Level: 3 | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |  |  |   |        | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |  |   |        | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |  |   |        | <input type="checkbox"/> Yes<br>Level: _____        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
| <b>6. Special Medical Emergency Procedures:</b>  |  |  |   |        |   |  |  |
| <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. |  |  |   |        |   |  |  |
| <b>7. Prepared by (Medical Unit Leader):</b> Name: _____ Signature: _____  |  |  |   |        |   |  |  |
| <b>8. Approved by (Safety Officer):</b> Name: _____ Signature: _____   |  |  |   |        |   |  |  |
| ICS 206  | IAP Page _____                             | Date/Time: 03/02/2022  |   |        |   |  |  |

Exemption 10002(o)(6)  
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### INCIDENT ORGANIZATION CHART (ICS 207)



Exemption 10002(o)(6)  
Common law privacy interest

### INCIDENT ORGANIZATION CHART (ICS 207)

|  |          |  |  |
|--|----------|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022   |          | <b>2. Operational Period:</b> Date From: 03/03/22 Date To: 03/03/22<br>Time From: 1201 Time To: 2359 |  |
| <b>3. Organization Chart</b>   |          |  |  |
| <pre>graph TD; OS[Operations Section] --- CM[Case Management]; OS --- DM[Disease Management Branch]; OS --- COP[COP]; OS --- SA[Stabling Area]; CM --- CM1[Case Manager]; CM --- BO[Biosecurity Officer]; CM --- SM[Site Manager]; DM --- COP1[COP]; DM --- USC[USDA Contractor]; DM --- CSME[Composting SMEs]; SA --- DG1[Decon Group]; SA --- DG2[Disposal Group];</pre> |          |  |  |
| ICS 207  | IAP Page | 4. Prepared by: Name:  | Position/Title: OPS PLN Unit Signature: Date/Time: 03/02/2022 1800 |

Exemption 10002(o)(6)  
Common law privacy interest

### INCIDENT ORGANIZATION CHART (ICS 207)

|   |  |                             |                              |                  |                     |
|---|--|-----------------------------|------------------------------|------------------|---------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022  | <b>2. Operational Period:</b> Date From: 03/03/2022 Date To: 03/03/2022<br>Time From: 1201 Time To: 2359 |                             |                              |                  |                     |
| <b>3. Organization Chart</b><br><pre>graph TD; PH_Leadership[PH Leadership] --- PH_Operations_Chief[PH Operations Chief]; PH_Operations_Chief --- PH_Deputy_Operations_Chief[PH Deputy Operations Chief]; PH_Operations_Chief --- EPI_Group[EPI Group]; PH_Operations_Chief --- IDMS[Infectious Disease Mitigation/Safety]; PH_Operations_Chief --- One_Health[One Health]; PH_Operations_Chief --- Medical_Support[Medical Support];</pre> |  |                             |                              |                  |                     |
| ICS 207   | IAP Page ____  | 4. Prepared by: Name: _____ | Position/Title: OPS PLN Unit | Signature: _____ | Date/Time: 03022022 |

### SAFETY MESSAGE/PLAN (ICS 208)

|  |  |
|--|--|
| <b>1. Incident Name:</b><br>HPAI 2022  | <b>2. Operational Period:</b> Date From: 03/03/2022 Date To: 03/03/2022<br>Time From: 1201 Time To: 2359 |
| <b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b><br>Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan<br><ul style="list-style-type: none"><li>- BUDDY SYSTEM know where your team members are at all times. Check in and check out.</li><li>• HYDRATE: Stay hydrated to avoid the risk of heat related illness and take breaks in the shade or in a cool area as necessary. Drink plenty of water to keep hydrated and watch for signs of heat related illness in yourself and others. Weight options of Tyvek versus Tychem.</li><li>• Utilize the proper PPE along with proper donning/doffing procedures for safety and biosecurity. Watch for rips and tears, compromises in biosecurity.</li><li>• Adhere to the 12-hour work rule and get plenty of rest in the evening, and attempt to maintain a regular schedule.</li><li>• Drive Defensively and obey State Regulations.</li><li>• Maintain Situational Awareness. Practice the buddy system; know where your team members are, check in regularly with supervisor. Be alert for high levels of traffic in work areas and practice defensive driving techniques.</li><li>• Maintain a 6 foot distance whenever possible due to Covid guidance. Face coverings required for USDA personnel in Office space.</li><li>• Report any illness, Accident, injury or Near Miss to Supervisor and Safety Officer immediately. USDA required to complete First Report as soon as possible.</li><li>• State and Contractor Employees follow procedures outlined by management.</li><li>• Influenza Like Illness Monitoring. Reporting and follow up is being conducted with agreement with CDC through DE Dept of Health and MD Dept of Health. Contacts are listed in the Communications List in IAP. More information to follow.</li></ul> <p>Review the 215A for specific hazards related to Operations and ICP FOR EMERGENCIES: Call 911 and report to Safety Officer and Supervisor.</p> <p>Above all, use common sense and report any unsafe conditions immediately</p> <p>"Every day may not be good, but there is something good in every day." — Unknown</p> <p>State Government<br/>Mobile Crisis Intervention Services 27/7<br/>Northern DE 1-800-652-2929<br/>Southern DE 1-800-345-6785<br/>USDA APHIS Employee Assistance For immediate assistance call 1-800-222-0364 (1-888-262-7848 TTY).<br/><a href="https://my.aphis.usda.gov/myportal/myaphis/employeeresources/humanresources/workplace_resolutions/eap/">https://my.aphis.usda.gov/myportal/myaphis/employeeresources/humanresources/workplace_resolutions/eap/</a></p> |  |
| <b>4. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located At:</b>  |  |
| <b>5. Prepared by: Name:</b> _____   | <b>Position/Title:</b> Safety Officer <b>Signature:</b> _____  |
| ICS 208  | IAP Page _____ Date/Time: 03/02/2022 1404  |

## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

| DE HPAI 2022   |   | <b>2. Incident Number:</b><br>22DE0001   |  |
|--|---|--|--|
| <b>3. Date/Time Prepared:</b><br>Date: 03-02-2022 Time: 1745 |   | <b>4. Operational Period:</b> Date From: 03/03/2022 Date To: 03/03/2022<br>Time From: 12:01 am Time To: 11:59 pm   |  |
| 5. Incident Area   | 6. Hazards/Risks  | 7. Mitigations   |  |
| ICP  | <ul style="list-style-type: none"> <li>-Dehydration</li> <li>-Exhaustion</li> <li>-Stress</li> <br/> <li>-Driving and Weather Hazard</li> <br/> <li>Slips Trips and Falls</li> <li>-Covid exposure and Influenza monitoring</li> <br/> <li>-Security-Control conversations outside the Premise/ICP</li> <br/> <li>Mental health</li> </ul>  | <ul style="list-style-type: none"> <li>-Hydrate with water</li> <li>-Adequate sleep-8 hours, rest breaks</li> <li>-Connect with home. Social Interaction, Be kind, laugh and relax,</li> <li>-Weather reports, Weather warning APP on Phone, defensive driving, NO cell phone calls/texts while driving</li> <li>-situational awareness,</li> <li>-Maintain 6 foot distance where possible, USDA personnel are Masked mandated in office space. Follow Influenza Like Illness monitoring/reporting. Report any symptoms to Safety Officer.</li> <li>-Some of the public does not approve of what we are doing, Do not discuss name of the farm/location Avoid conversations in Public Areas.</li> <li>-Watch coworkers and employees for signs of stress, utilize Employee Assistance programs. Positive feedback for importance of the work being done. See Safety Message for Employee Assistance</li> </ul> |  |
| COMPOSTING   | <p>In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Inquisitive Public</li> <br/> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <br/> <li>-Ammonia Levels</li> <br/> <li>-Fatigue,</li> <li>-Heat</li> <br/> <li>-Disinfectants</li> <br/> <li>Machinery and farm operations, loaders, dump trucks, work in pits.</li> <li>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</li> </ul> | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Safety.</li> <li>-Proper PPE and Proper Biosecurity Follow Influenza Like Illness monitoring Report any symptoms to Safety Officer Hand washing and proper Decon Adhere to 12 hour work.</li> <br/> <li>-report any area with irritating levels, immediately add more cap to pile</li> <li>-frequent breaks, switch off physical jobs.</li> <li>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</li> <li>-SDS, PPE, Proper mixing techniques, proper storage and handling</li> <li>-Avoid areas of machinery travel, Safety vests, give wide berth, make eye contact with operator.</li> <li>-BUDDY SYSTEM Check ins.</li> <li>Situational awareness, Adhere to 12 hour shift if possible,<br/><i>Check in</i> when arriving, leaving area/returning.</li> </ul>          |  |

|  |   |  |
|--|---|--|
| <p><b>CASE<br/>MANAGER/<br/>SITE<br/>MANAGER</b></p> | <p>In addition to ICP Hazards:<br/>-Inquisitive Public</p> <p>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</p> <p>-Heat</p> <p>-Disinfectants</p> <p>-Machinery and farm operations</p> <p>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</p> <p>Mental Health Awareness (producer)</p> | <p>-Leave the area if threatened or unsafe, Contact Safety</p> <p>-Proper PPE and Proper Biosecurity<br/>Follow Influenza Like Illness monitoring<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work.</p> <p>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</p> <p>-SDS, PPE, Proper mixing techniques, proper storage and handling</p> <p>-Avoid areas of machinery travel, House feeders, safety vests, give wide berth,</p> <p>-BUDDY SYSTEM Check ins.<br/>Situational awareness, Adhere to 12 hour shift if possible,<br/><i>Check in</i> when arriving, leaving area/ returning.</p> <p>-In addition to ICP mitigations-Public Health/State/County hotlines and resources. See Safety Message for numbers.</p> |
| <p><b>DECON</b></p>                                  | <p>In addition to ICP Hazards:<br/>-Inquisitive Public</p> <p>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</p> <p>-Heat</p> <p>-Disinfectants</p> <p>-Machinery and farm operations</p> <p>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</p>   | <p>-Leave the area if threatened or unsafe, Contact Safety</p> <p>-Proper PPE and Proper Biosecurity<br/>Follow Influenza Like Illness monitoring<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work.</p> <p>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</p> <p>-SDS, PPE, Proper mixing techniques, proper storage and handling,</p> <p>-Avoid areas of machinery travel, safety vests/visibility colors, give wide berth, Face shields/eye protection for disinfecting vehicle, clear communications with operators,</p> <p>-BUDDY SYSTEM Check ins.<br/>Situational awareness, Adhere to 12 hour shift if possible,<br/><i>Check in</i> when arriving, leaving area / returning.</p>                           |



|   |  |  |
|---|--|--|
| <b>SURVEIL/<br/>SICK BIRD<br/>CALLS</b>   | In addition to ICP Hazards:<br>-Disgruntled Public<br><br>-Bird handling<br><br>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)<br><br>-Ammonia Levels<br><br>-Heat<br><br>-Disinfectants<br><br>-Safety and Well being, Early and late operations lighting, visibility, uneven terrain | -Leave the area if threatened or unsafe, Contact Security<br>-Practice proper bird restrain and handling. Watch for compromised PPE<br>-Proper PPE, Proper biosecurity<br>Follow Influenza Like Illness monitoring/reporting<br>Report any symptoms to Safety Officer<br>Hand washing and proper Decon<br>Adhere to 12 hour work cycle<br>-report any houses with irritating levels, have fans running while in house, increased mortality will increase Ammonia levels. Use of FullFace Respirators/ Ammonia Cartidges if warranted.<br>-Hydration with water prior to activity, rest breaks, Tyvek versus Tychems for heat.<br>-SDS, PPE, Proper mixing techniques.<br><br>-BUDDY SYSTEM, Situational awareness, Adhere to 12 hour shift if possible, <i>Mandatory Check in</i> when arriving, leaving area /returning. Always in parties of 2 working around and entering houses. |
| <b>8. Prepared by (Safety Officer):</b> Name: <span style="background-color: black; color: black;">[REDACTED]</span> Signature: _____ |  |  |
| <b>Prepared by (Operations Section Chief):</b> Name: _____ Signature: _____   |  |  |
| ICS 215A  | Date/Time: 3-3-22 1430   |  |

Exemption 7 U.S.C.A. § 8791  
 Exemption 10002(o)(6)  
 Common law privacy interest

| <b>1. Incident Name</b><br>DE HPAI 2022                          |                                   | <b>2. Operational Period (Date/Time)</b><br>From: 03/03/0800 1201 To: 03/03/2022 2359  |   | <b>DAILY MEETING SCHEDULE</b><br>ICS 230-CG |  |
|--|-----------------------------------|--|---|---|--|
| <b>3. Meeting Schedule (Commonly-held meetings are included)</b> |                                   |  |   |   |  |
| Date/ Time   | Meeting Name                      | Purpose  | Attendees   | Location                                    |  |
|  |                                   |  |   |   |  |
| 0830   | Unified Command Meeting           | Review for the next operational period.  | Unified Command members   | UC Meeting Room                             |  |
|  |                                   |  |   |   |  |
| 0930   | Command and General Staff meeting | UC Presents direction to Command and General Staff   | UC, Command & General Staff, Public Health  | ICP Meeting Room                            |  |
| 1200   | USDA Policy Meeting               |  |   |   |  |
|  |                                   |  |   |   |  |
| 1400   | Surveillance Meeting              | Review commercial and non-commercial surveillance goals and  | Planning Section Surveillance Branch  | Planning Meeting Room                       |  |
| 1600   | Planning Meeting                  | Review status and finalize strategies/tactics and assignments to meet Incident Objectives for the next Operational Period and get tacit approval of IAP. | UC, Command Staff, General Staff, SITL, DOCL, THSP  | ICP Meeting Room                            |  |
|  |                                   |  |   |   |  |
| 1700   | Operations Briefing               | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period.  | IC/UC, Command Staff, General Staff, Branch Directors, Div./Grp Sups., Task Force/ Strike Team Leaders and Unit Leaders | ICP Meeting Room                            |  |
|  |                                   |  |   |   |  |
|  |                                   |  |   |   |  |
| <b>4. Prepared by: (Situation Unit Leader)</b><br>[Redacted]     |                                   |  | <b>Date/Time</b><br>03/02/2022 1800 hrs   |   |  |
| <b>DAILY MEETING SCHEDULE</b>                                    |                                   |  |   | <b>ICS 230-CG(Rev.09/05)</b>                |  |

Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
Common law privacy interest

# Incident Action Plan

## DE HPAI 2022

**Operational Period: Start: 3/4/22 00:01 End: 3/4/22 23:59**

**Approved By** [REDACTED]

**Prepared By:** [REDACTED]

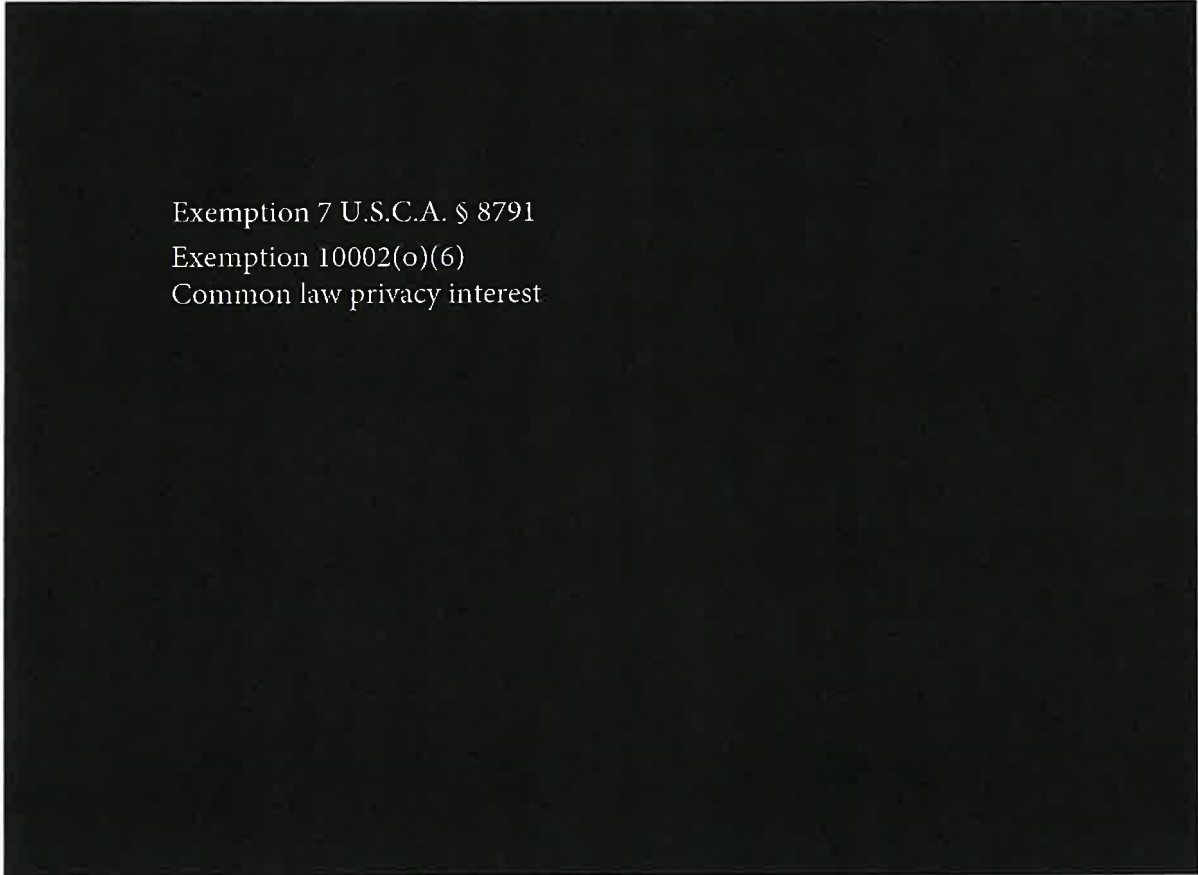
**Date Prepared 03/03/2022**



**Approved By Incident Commander(s):** [REDACTED]

**Date/Time: 03/03/22 1845** [REDACTED]

## INCIDENT BRIEFING (ICS 201)

|  |  |  |
|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022   | <b>2. Incident Number:</b><br>22DE0001     | <b>3. Date/Time Initiated:</b><br>Date: 3/04/2022 Time: 0600 |
| <b>4. Map/Sketch</b> (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):<br><br>DE HPAI 2022<br><br> <p>Exemption 7 U.S.C.A. § 8791<br/>Exemption 10002(o)(6)<br/>Common law privacy interest</p>   |  |  |
| <b>5. Situation Summary and Health and Safety Briefing</b> (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.<br><br>Delaware confirmed 1 positive case of HPAI H5 at NVSL on 2/22/22. There are no additional cases presented or confirmed. Due to the significant potential threat HPAI H5 poses to the DelMarVa poultry community and industry, Unified Command has been established with representatives from Delaware Department of Agriculture (DDA), Maryland Department of Agriculture (MDA), and USDA.<br><br>The DDA is engaged in management, coordination, and response to the presence of HPAI H5 in Delaware. Coordination with DPH regarding the human public health aspect of the incident is on-going, with no imminent threats or concerns. Public information is being coordinated through the DDA PIO and a Joint Information Center.<br><br>Hold orders are placed on all farms within the CA until CA is clear. |  |  |
| <b>6. Prepared by: Name:</b> _____   | <b>Position/Title:</b> Op. Plan Unit _____ | <b>Signature:</b> _____                                      |
| ICS 201, Page 2  | Date/Time: 3/04/22 @ 1700                  |  |

|  |  |  |
|--|--|--|
| <b>1. Incident Name:</b><br>DE HPAI 2022 | <b>2. Incident Number:</b><br>22DE0001 | <b>3. Date/Time Initiated:</b><br>Date: 3/04/2022 Time: 0600 |
|--|--|--|

All commercial farms & backyard flocks within the 10k Control Area (CA) and within the 10-20k Surveillance Zone (SZ) have been identified and mapped. All commercial farms in the 10k CA and 20k SZ have been tested at least once; all tests are negative for HPAI H5. Met BYF Surveillance goal in the 10k CA. Daily surveillance testing continues at Maryland commercial layer farms to permit movement and continuity of business. Samples continue to be run at Allen Lab. Eggs are permitted to move with negative testing and on-going enhanced biosecurity. Testing to continue in compliance with Secure Egg Supply Plan for movement of eggs. Plan for on-going surveillance at commercial and backyard flocks located within the CA and SZ is under review.

On-premise cleaning and disinfection (C&D) and decontamination procedures are being enforced to maintain enhanced biosecurity VSD+ and CO2 were used to depopulate infected premise, depopulation operations occurred from 2/23/22 through 3/1/22. All houses have been pulled. Windrow method of composting utilized for disposal. USDA Subject Matter Experts on-site to assist with composting/disposal. Composting operations began on 2/25/22 and anticipated to continue through 3/20/22.

Public Health contact tracing/EPI on-going for DE and MD. Safety Officer from USDA assisting with the development of biosecurity plans and conducting site safety inspections.

**7. Current and Planned Objectives:**

- Ensure the safety security and well-being of all responders
- Establish physical security protocols and procedures around the affected premises
- Contain and eradicate HPAI H5N1 from the infected premises
- Conduct surveillance for HPAI H5N1 within the control area and surveillance zones
- Continue to work with partners and stakeholders to deliver public information and outreach
- Monitor social media and news outlets for information and misinformation regarding HPAI in Delaware.
- Coordinate Demobilization Planning Team

**8. Current and Planned Actions, Strategies, and Tactics:**

| Time | Actions:  |
|------|---|
|      | Daily Safety Briefings for all on-site personnel  |
|      | Continue sign-in sheets from the field (Logistics is picking them up and bringing them back to the ICP when they go to the site)        |
|      | DDA and USDA have provided personnel to assist with signing in resources and personal   |
|      | Continue focus on safety including United Rental lights pre-staged  |
|      | Continue composting operations, receiving carbon, and monitoring vermin re: compost   |
|      | House 2 unloaded, continue removing manure & birds from under houses. House #1 anticipated to be completely cleaned out of birds/litter |
|      | Need to improve access to composting field ('pads' for House #9)  |
|      | Develop draft plan for the start of dry cleaning  |
|      | Maintain Biosecurity through C&D line. Orienting new biosecurity person on-ground   |
|      | 0% of houses debulked   |
|      | 0% of houses deconned   |
|      | Continue developing Demobilization Excel template and upload to Microsoft Teams   |
|      | Over the next operational period, plan decontamination strategy   |
|      | Communicate response staff personnel information to DPH for surveillance  |

|   |                                      |                                  |
|---|--------------------------------------|----------------------------------|
| <b>6. Prepared by: Name:</b> [REDACTED] | <b>Position/Title:</b> Op. Plan Unit | <b>Signature:</b> _____          |
| <b>ICS 201, Page 3</b>                  |                                      | <b>Date/Time:</b> 3/04/22 @ 1700 |

## INCIDENT OBJECTIVES (ICS 202)

|  |  |  |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
|--|--|--|---|---------------------------|---|---|---|----------------------------------|---|--|--|---|--|---|--|--------------------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022   | <b>2. Operational Period:</b> Date From: 3/04/22    Date To: 3/04/22<br>Time From: 1201    Time To: 2359 |  |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| <b>3. Objective(s):</b> <ul style="list-style-type: none"> <li>• Ensure the safety security and well-being of all responders</li> <li>• Establish physical security protocols and procedures around the affected premises</li> <li>• Contain and eradicate HPAI H5N1 from the infected premises</li> <li>• Conduct surveillance for HPAI H5N1 within the control area and surveillance zones</li> <li>• Continue to work with partners and stakeholders to deliver public information and outreach</li> <li>• Monitor social media and news outlets for information and misinformation regarding HPAI in Delaware.</li> <li>• Coordinate Demobilization Planning Team</li> </ul>   |  |  |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| <b>4. Operational Period Command Emphasis:</b><br><br>Priority for all on-site personnel is to maintain enhanced biosecurity in the Control Area. Operational emphasis is on continued depopulation and disposal of the infected premises. DDA and partner agencies MDA and USDA, are working to contain the situation, including sampling, and quarantining nearby poultry flocks. DPH EPI developed a sign-in sheet to assist with contact tracing based on state of residence.  |  |  |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| <b>General Situational Awareness</b><br><br>There is no public health concern, and avian influenza does not affect poultry meat or egg products, which remain safe to eat. Temperatures are expected to climb into the 50s and 60s over the next several days, with Sunday potentially reaching 70 degrees. Hydration and breaks are recommended. Continue to ensure PPE measures are monitored and ensure biosecurity risks are mitigated. Additional safety and biosecurity precautions to be taken for potential heavy rainfall Sunday.<br><br>Fri 03/04: Sunny. Highs in the lower 40s. North winds around 5 mph, becoming southwest in the afternoon. Partly cloudy in the evening, then becoming mostly cloudy. Cold with lows in the upper 20s. South winds around 5 mph.<br><br>Sat 03/05: Mostly cloudy. Not as cool with highs in the mid 50s. Southeast winds 5 to 10 mph. Evening will be mostly cloudy. Not as cool with lows in the lower 40s. Temperature rising to around 50 after midnight.<br><br>Sunday 03/06: Mostly cloudy with a chance of showers in the morning, then partly sunny in the afternoon. Much warmer with highs around 70. Chance of rain 40 percent. Evening will be mostly cloudy. Not as cool with lows in the mid 50s. |  |  |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| <b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located at:</b> USDA generated   |  |  |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| <b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input checked="" type="checkbox"/> ICS 207</td> <td><u>Other Attachments:</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> ICS 230</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Map/Chart</td> <td><input checked="" type="checkbox"/> ICS 215A</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input checked="" type="checkbox"/> Site Map</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/></td> </tr> </table>  |  | <input checked="" type="checkbox"/> ICS 203  | <input checked="" type="checkbox"/> ICS 207 | <u>Other Attachments:</u> | <input checked="" type="checkbox"/> ICS 204 | <input checked="" type="checkbox"/> ICS 208 | <input checked="" type="checkbox"/> ICS 230 | <input type="checkbox"/> ICS 205 | <input checked="" type="checkbox"/> Map/Chart | <input checked="" type="checkbox"/> ICS 215A | <input checked="" type="checkbox"/> ICS 205A | <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents | <input checked="" type="checkbox"/> Site Map | <input checked="" type="checkbox"/> ICS 206 |  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> ICS 203  | <input checked="" type="checkbox"/> ICS 207  | <u>Other Attachments:</u>                    |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| <input checked="" type="checkbox"/> ICS 204  | <input checked="" type="checkbox"/> ICS 208  | <input checked="" type="checkbox"/> ICS 230  |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| <input type="checkbox"/> ICS 205   | <input checked="" type="checkbox"/> Map/Chart  | <input checked="" type="checkbox"/> ICS 215A |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| <input checked="" type="checkbox"/> ICS 205A   | <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents                                      | <input checked="" type="checkbox"/> Site Map |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| <input checked="" type="checkbox"/> ICS 206  |  | <input type="checkbox"/>                     |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| <b>7. Prepared by:</b> _____ <b>Position/Title:</b> PLN - DOC Unit <b>Signature:</b> _____   |  |  |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| <b>8. Approved by Incident Commander:</b> Name: _____ <b>Signature:</b> _____  |  |  |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| ICS 202  | IAP Page <u>4</u>  |  |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |
| <b>Date/Time:</b> 3/03/2022 1800   |  |  |   |                           |   |   |   |                                  |   |  |  |   |  |   |  |                          |



ORGANIZATION ASSIGNMENT LISTING (DE ICS 203)

Exemption 10002(o)(6)  
Common law privacy interest

|  |            |  |               |
|--|------------|--|---------------|
| <b>1. Incident Name:</b><br>DE HPAI 2022             |            | <b>2. Operational Period:</b><br>Date/Time From: 3/4/22 @ 0001 Date/Time to: 3/4/22 @ 2359 |               |
| <b>3. Incident Commander(s) &amp; Command Staff:</b> |            | <b>4. Operations Section:</b>  |               |
| IC/UC  |            | Chief  |               |
| UC   |            | Deputy   |               |
| UC   |            |  |               |
| Safety Officer                                       |            |  |               |
| Public Info Officer                                  |            | Disease Mgmt Br  |               |
| Liaison Officer                                      |            | Case Manager   |               |
| Liaison Officer                                      |            | Biosecurity Officer  |               |
| <b>5. Planning Section:</b>                          |            | Site Manager   |               |
| Chief  |            | Disposal Gp  |               |
| Deputy   |            |  |               |
| Situation Unit                                       |            | Virus Elimination  |               |
| Operational Planning Unit                            |            | Decon Gp   |               |
| Resource Unit  |            | COR (USDA)   |               |
| Documentation Unit                                   |            | Composting SMEs  |               |
|  |            | Equipment Operators  |               |
| Mapping  |            |  |               |
| EMRS - Permitting                                    |            |  |               |
| EMRS - Doc. Unit                                     |            |  |               |
| Surveillance Br                                      |            |  |               |
| Disease Reporting Officer                            |            |  |               |
| Epidemiologist                                       |            |  |               |
| Biosecurity / BYF Surv.                              |            |  |               |
|  |            |  |               |
| Lab Gr   |            |  |               |
| Lab Liason   |            |  |               |
| Lab Liason   |            |  |               |
| <b>6. Logistics Section:</b>                         |            | <b>8. Other Agency/Organization Representatives:</b>                                       |               |
| Chief  |            | AVIC   |               |
| Deputy   |            | Poultry industry Liason  |               |
| Support Branch                                       |            | NCC EMA  |               |
| Supply Unit  |            | DDA Liason   |               |
| On-Site Support                                      |            |  |               |
| Ground Support Unit                                  |            |  |               |
| Ground Support Unit                                  |            |  |               |
| Food Unit  |            |  |               |
|  |            |  |               |
| <b>7. Finance/Administrative Section</b>             |            | Public Health Operations   |               |
| Chief  |            | DPH Operations   |               |
| Deputy   |            | DPH OPS Deputy   |               |
| Field Reimbursement Spec.                            |            | DPH EPI  |               |
| Field Reimbursement Spec.                            |            | Medical Support  |               |
| DDA Fiscal   |            | One Health   |               |
| MDA Fiscal   |            | Infect. Disease Safety   |               |
|  |            | MD Public Health   |               |
|  |            |  |               |
| <b>9. Prepared By:</b>                               | Name:      | Position/Title:  | OPS PLN Unit  |
|  | Signature: | Date/Time:   | 3/3/22 @ 1300 |
| DE ICS 203   | IAP Page   | 5  |               |

## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>03/04/22 @ 1201 to 03/04/22 @ 2359 |   | <b>Page</b>                          |                              |
|--|----------------|--|---|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Operations  |                | <b>4. Branch/Unit/Group/Staging</b><br>Disease Mgmt Branch         |   | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>3/3/2022      |
| <b>8. Operations Personnel</b><br>Branch Leader: [REDACTED]                                |                |  |   | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |   | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |   |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment   | Obj #                                | Reporting Info/Notes/Remarks |
| Decon Group  | [REDACTED]     | 8  | Maintain and enforce biosecurity on-site  |                                      | [REDACTED]                   |
| Disposal Group   | [REDACTED]     | 16-18  | Prepare for disposal of depopulated chickens within 72 hours of depopulation being completed.   |                                      | [REDACTED]                   |
| Case Management  | [REDACTED]     | 1  | Supporting on-site operations of depopulation and disposal while ensuring C&D and decon are completed appropriately to enhance biosecurity. Maintaining operational communications with UC. |                                      |                              |
| Site Manager   | [REDACTED]     | 1  | Maintain operational coordination of on-site depopulation, disposal, case management, decon   |                                      | [REDACTED]                   |
| Biosecurity Officer  | [REDACTED]     | 2  | Maintain and enforce biosecurity on-site  |                                      | [REDACTED]                   |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |   |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |   |                                      |                              |

## ASSIGNMENT LISTING (DE ICS 204)

| <b>1. Incident Name:</b><br>DE HPAI 2022   |                | <b>2. Operational Period</b><br>3/4/22 @ 1202 to 3/4/22 @ 2359 |  | <b>Page</b>                          |                              |
|--|----------------|--|--|--------------------------------------|------------------------------|
| <b>3. Section</b><br>Logistics   |                | <b>4. Branch/Unit/Group/Staging</b><br>Logistics               |  | <b>5. Prepared By:</b><br>[REDACTED] | <b>Date</b><br>3/3/2022      |
| <b>8. Operations Personnel</b><br>Section Supervisor: [REDACTED]                           |                |  |  | <b>6. PSC Review:</b>                | <b>Date</b>                  |
|  |                |  |  | <b>7. OSC Review:</b>                | <b>Date</b>                  |
| <b>9. Resources Assigned</b>   |                |  |  |                                      |                              |
| Strike Team/Task Force Resource Identifier/Leader  | Contact Info # | # of Personnel   | Work Assignment  | Obj #                                | Reporting Info/Notes/Remarks |
| Logistics Section Chief  | [REDACTED]     | 2  | Oversees the provision of incident support needs. Such as ordering resources & providing facilities, transportation, supplies, equipment for incident personnel. |                                      | [REDACTED]                   |
| Support Branch   | [REDACTED]     | 5  | Supports underlying needs of incident, such as supplies, facilities, and ground support.   |                                      | [REDACTED]                   |
| Service Branch   | [REDACTED]     | 1  | Provides direct services to the incident.  |                                      | [REDACTED]                   |
|  |                |  |  |                                      |                              |
|  |                |  |  |                                      |                              |
| <b>10. Special Instructions or Resource Needs:</b>   |                |  |  |                                      |                              |
| <b>11. Communications (radio and/or phone contact numbers needed for this assignment):</b> |                |  |  |                                      |                              |
| <b>DE ICS 204</b>  |                | <b>IAP Page 7</b>  |  |                                      |                              |

**MEDICAL PLAN (ICS 206)** Common law privacy interest

**1. Incident Name:** HPAI 2022  
**2. Operational Period:** Date From: 03/04/2022 Date To: 03/04/2022  
 Time From: 0001 Time To: 2359

**3. Medical Aid Stations:**

| Name           | Location                      | Contact Number(s)/Frequency | Paramedics on Site?   |
|----------------|-------------------------------|-----------------------------|---|
|                |                               |                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| ICP/Bay Health | 640 South State Street, Dover | 302-674-4700 or 911         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                |                               |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                |                               |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                |                               |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                |                               |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**4. Transportation (indicate air or ground):**

| Ambulance Service | Location                              | Contact Number(s)/Frequency | Level of Service  |
|-------------------|---------------------------------------|-----------------------------|---|
| NCC EMS           | 3601 N. Dupont Highway New Castle, DE | 302-395-8184 or 911         | <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS |
| KC EMS            | 911 Public Safety Blvd                | 302-735-2200 or 911         | <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS |
|                   |                                       |                             | <input type="checkbox"/> ALS <input type="checkbox"/> BLS                       |
|                   |                                       |                             | <input type="checkbox"/> ALS <input type="checkbox"/> BLS                       |

**5. Hospitals:**

| Hospital Name   | Address, Latitude & Longitude if Helipad   | Contact Number(s)/Frequency | Travel Time |        | Trauma Center                                    | Burn Center   | Helipad   |
|-----------------|--|-----------------------------|-------------|--------|--|---|---|
|                 |  |                             | Air         | Ground |  |   |   |
| Christiana Care | 4755 Ogletown Stanton Rd, Newark, DE 19718 | 911                         |             |        | <input checked="" type="checkbox"/> Yes Level: 1 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Bay Health      | 640 South State Street, Dover, DE          | 911                         |             |        | <input checked="" type="checkbox"/> Yes Level: 3 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                 |  |                             |             |        | <input type="checkbox"/> Yes Level: _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                 |  |                             |             |        | <input type="checkbox"/> Yes Level: _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                 |  |                             |             |        | <input type="checkbox"/> Yes Level: _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

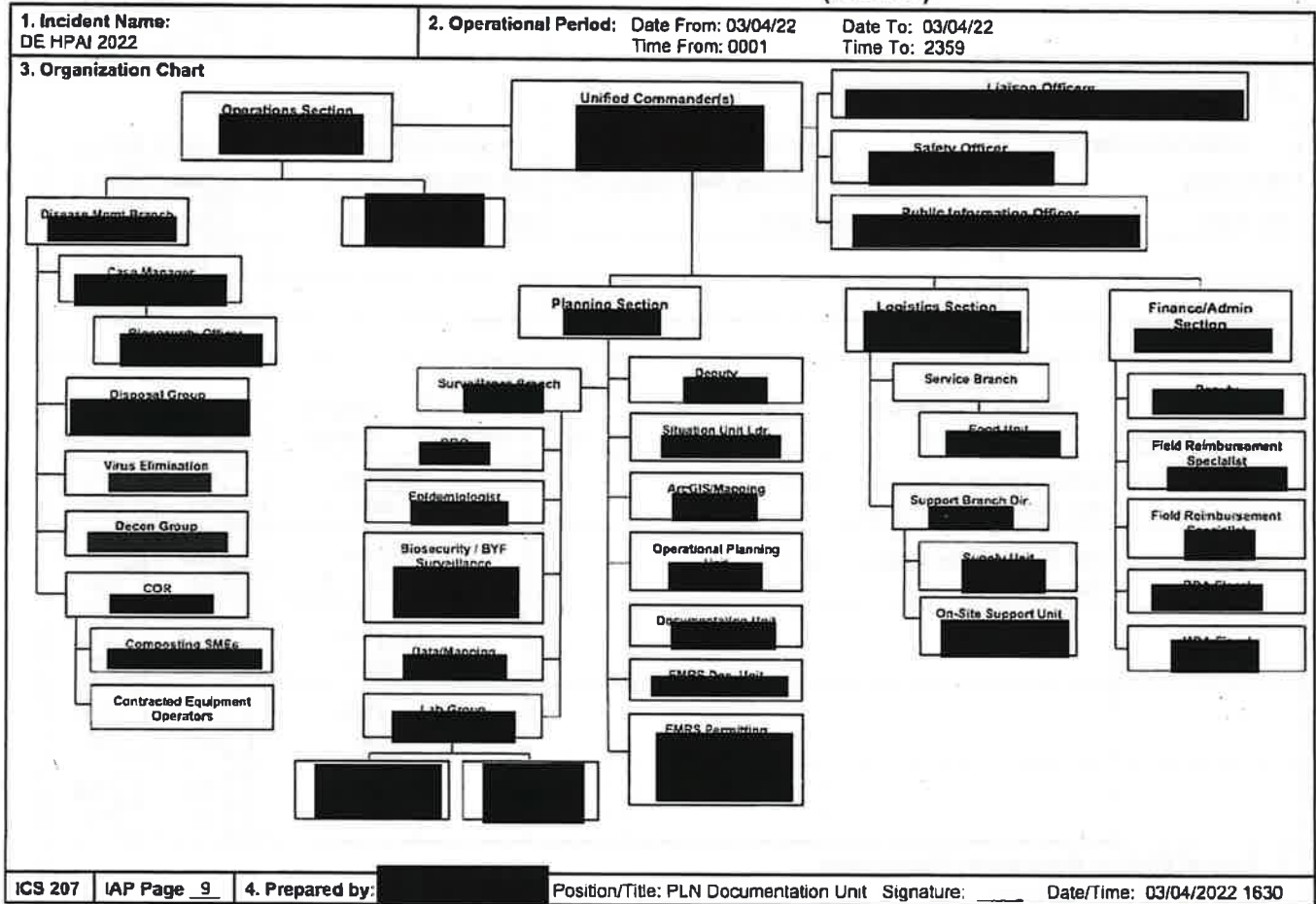
**6. Special Medical Emergency Procedures:**  
 Call 911 for All Emergencies.  
  
 Seek medical attention immediately  
 Report any illness, Accident, injury or Near Miss to Supervisor and Safety Officer immediately. USDA required to complete First Report as soon as possible.  
  
 State and Contractor Employees follow procedures outlined by management.  
  
 Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

**7. Prepared by (Medical Unit Leader):** Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**8. Approved by (Safety Officer):** Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Exemption 10002(o)(6)  
Common law privacy interest

### INCIDENT ORGANIZATION CHART (ICS 207)





### SAFETY MESSAGE/PLAN (ICS 208)

|  |  |
|--|--|
| <b>1. Incident Name:</b><br>HPAI 2022  | <b>2. Operational Period:</b> Date From: 03/04/2022 Date To: 03/04/2022<br>Time From: 0001 Time To: 2359 |
| <b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b><br>Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan<br><br><ul style="list-style-type: none"><li>- BUDDY SYSTEM know where your team members are at all times. Check in and check out.</li><li>• HYDRATE: Stay hydrated to avoid the risk of heat related illness and take breaks in the shade or in a cool area as necessary. Drink plenty of water to keep hydrated and watch for signs of heat related illness in yourself and others. Weight options of Tyvek versus Tychem.</li><li>• Utilize the proper PPE along with proper donning/doffing procedures for safety and biosecurity. Watch for rips and tears, compromises in biosecurity.</li><li>• Adhere to the 12-hour work rule and get plenty of rest in the evening, and attempt to maintain a regular schedule.</li><li>• Drive Defensively and obey State Regulations.</li><li>• Maintain Situational Awareness. Practice the buddy system; know where your team members are, check in regularly with supervisor. Be alert for high levels of traffic in work areas and practice defensive driving techniques.</li><br/><li>• Maintain a 6 foot distance whenever possible due to Covid guidance. Face coverings required for USDA personnel in Office space.</li><br/><li>• Report any illness, Accident, injury or Near Miss to Supervisor and Safety Officer immediately. USDA required to complete First Report as soon as possible.</li><li>• State and Contractor Employees follow procedures outlined by management.</li><li>• Influenza Like Illness Monitoring. Reporting and follow up is being conducted with agreement with CDC through DE Dept of Health and MD Dept of Health. Contacts are listed in the Communications List in IAP. More information to follow.</li></ul> <p>Review the 215A for specific hazards related to Operations and ICP FOR EMERGENCIES: Call 911 and report to Safety Officer and Supervisor.</p> <p>Above all, use common sense and report any unsafe conditions immediately</p> <p>State Government:<br/>Mobile Crisis Intervention Services 27/7<br/>Northern DE 1-800-652-2929<br/>Southern DE 1-800-345-6785<br/>USDA APHIS Employee Assistance For immediate assistance call 1-800-222-0364 (1-888-262-7848 TTY)</p>  |  |
| <b>4. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located At:</b> _____  |  |
| <b>5. Prepared by:</b> Name: _____ Position/Title: Safety Officer Signature: _____   |  |
| ICS 208  | IAP Page 10 Date/Time: 03/03/2022 1133   |

## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

| DE HPAI 2022   |   | <b>2. Incident Number:</b><br>22DE0001  |  |
|--|---|---|--|
| <b>3. Date/Time Prepared:</b><br>Date: 02-27-2022 Time: 0800 |   | <b>4. Operational Period:</b> Date From: 03/04/2022 Date To: 03/04/2022<br>Time From: 08:00 am Time To: 1900pm  |  |
| 5. Incident Area   | 6. Hazards/Risks  | 7. Mitigations  |  |
| ICP  | <ul style="list-style-type: none"> <li>-Dehydration</li> <li>-Exhaustion</li> <li>-Stress</li> <br/> <li>-Driving and Weather Hazard</li> <br/> <li>Slips Trips and Falls</li> <li>-Covid exposure and Influenza monitoring</li> <br/> <li>-Security-Control conversations outside the Premise/ICP</li> <br/> <li>Mental health</li> </ul>  | <ul style="list-style-type: none"> <li>-Hydrate with water</li> <li>-Adequate sleep-8 hours, rest breaks</li> <li>-Connect with home. Social Interaction, Be kind, laugh and relax,</li> <li>-Weather reports, Weather warning APP on Phone, defensive driving, NO cell phone calls/texts while driving, Rain gear.</li> <li>-situational awareness,</li> <li>-Maintain 6 foot distance where possible, USDA personnel are Masked mandated in office space. Follow Influenza Like Illness monitoring/reporting. Report any symptoms to Safety Officer.</li> <li>-Some of the public does not approve of what we are doing, Do not discuss name of the farm/location Avoid conversations in Public Areas.</li> <li>-Watch coworkers and employees for signs of stress, utilize Employee Assistance programs. Positive feedback for importance of the work being done. See Safety Message for Employee Assistance</li> </ul>  |  |
| COMPOSTING   | <p>In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Inquisitive Public</li> <br/> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <br/> <li>-Ammonia Levels</li> <br/> <li>-Fatigue,</li> <li>-Heat</li> <br/> <li>-Disinfectants</li> <br/> <li>Machinery and farm operations, loaders, dump trucks, work in pits.</li> <li>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</li> </ul> | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Safety.</li> <li>-Proper PPE (Face shield/ goggles, Tyvek, gloves, boots, head covering) and Proper Biosecurity</li> <li>Follow Influenza Like Illness monitoring</li> <li>Report any symptoms to Safety Officer</li> <li>Hand washing and proper Decon</li> <li>Adhere to 12 hour work.</li> <li>-report any area with irritating levels, immediately add more cap to pile</li> <li>-frequent breaks, switch off physical jobs.</li> <li>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</li> <li>-SDS, PPE, Proper mixing techniques, proper storage and handling</li> <li>-Avoid areas of machinery travel, Safety vests, give wide berth, make eye contact with operator.</li> <li>-BUDDY SYSTEM Check ins.</li> <li>Situational awareness, Adhere to 12 hour shift if possible.</li> <li><i>Check in</i> when arriving, leaving area/ returning.</li> </ul> |  |

|  |   |   |
|--|---|---|
| <p><b>CASE<br/>MANAGER/<br/>SITE<br/>MANAGER</b></p> | <p>In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Inquisitive Public</li> <br/> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <br/> <li>-Heat</li> <br/> <li>-Disinfectants</li> <br/> <li>-Machinery and farm operations</li> <br/> <li>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</li> <br/> <li>Mental Health Awareness (producer)</li> </ul> | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Safety</li> <br/> <li>-Proper PPE and Proper Biosecurity Follow Influenza Like Illness monitoring Report any symptoms to Safety Officer Hand washing and proper Decon Adhere to 12 hour work.</li> <li>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</li> <li>-SDS, PPE, Proper mixing techniques, proper storage and handling</li> <li>-Avoid areas of machinery travel, House feeders, safety vests, give wide berth,</li> <br/> <li>-BUDDY SYSTEM Check ins. Situational awareness, Adhere to 12 hour shift if possible, <i>Check in</i> when arriving, leaving area/ returning.</li> <li>-In addition to ICP mitigations-Public Health/State/County hotlines and resources. See Safety Message for numbers.</li> </ul> |
| <p><b>DECON</b></p>                                  | <p>In addition to ICP Hazards:</p> <ul style="list-style-type: none"> <li>-Inquisitive Public</li> <br/> <li>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)</li> <br/> <li>-Heat</li> <br/> <li>-Disinfectants</li> <br/> <li>-Machinery and farm operations</li> <br/> <li>-Safety and Well Being, Early and late operations lighting, visibility, uneven terrain</li> </ul>   | <ul style="list-style-type: none"> <li>-Leave the area if threatened or unsafe, Contact Safety</li> <br/> <li>-Proper PPE and Proper Biosecurity Follow Influenza Like Illness monitoring Report any symptoms to Safety Officer Hand washing and proper Decon Adhere to 12 hour work.</li> <li>-Hydration with water prior to activity, rest breaks, evaluate need of Tychems versus Tyvek.</li> <li>-SDS, PPE, Proper mixing techniques, proper storage and handling,</li> <li>-Avoid areas of machinery travel, safety vests/visibility colors, give wide berth, Face shields/eye protection for disinfecting vehicle, clear communications with operators,</li> <br/> <li>-BUDDY SYSTEM Check ins. Situational awareness, Adhere to 12 hour shift if possible. <i>Check in</i> when arriving, leaving area / returning.</li> </ul>                             |



|   |   |  |
|---|---|--|
| <p><b>SURVEIL/<br/>SICK BIRD<br/>CALLS</b></p>  | <p>In addition to ICP Hazards:<br/>-Disgruntled Public<br/><br/>-Bird handling<br/><br/>-Zoonosis (Covid, Seasonal Influenza, Campylobacter)<br/><br/>-Ammonia Levels<br/>-Heat<br/><br/>-Disinfectants<br/><br/>-Safety and Well being, Early and late operations lighting, visibility, uneven terrain</p> | <p>-Leave the area if threatened or unsafe, Contact Security<br/>-Practice proper bird restrain and handling. Watch for compromised PPE<br/>-Proper PPE, Proper biosecurity<br/>Follow Influenza Like Illness monitoring/reporting<br/>Report any symptoms to Safety Officer<br/>Hand washing and proper Decon<br/>Adhere to 12 hour work cycle<br/>-report any houses with irritating levels<br/>-Hydration with water prior to activity, rest breaks, Tyvek versus Tychems for heat.<br/>-SDS, PPE, Proper mixing techniques.<br/><br/>-BUDDY SYSTEM, Situational awareness, Adhere to 12 hour shift if possible, <i>Mandatory Check in</i> when arriving, leaving area /returning. Always in parties of 2 working around and entering houses.</p> |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| <p>8. Prepared by (Safety Officer): Name: <span style="background-color: black; color: black;">[REDACTED]</span> Signature: _____</p> |   |  |
| <p>Prepared by (Operations Section Chief): Name: _____ Signature: _____</p>   |   |  |
| ICS 215A  | Date/Time: 3-3-22 2:00 pm   |  |

Exemption 7 U.S.C.A. § 8791  
 Exemption 10002(o)(6)  
 Common law privacy interest

| <b>1. Incident Name</b><br>DE HPAI 2022                          |   | <b>2. Operational Period (Date/Time)</b><br>From: 03/04/2022 1201 To: 03/04/2022 2359  |  | <b>DAILY MEETING SCHEDULE</b><br>ICS 230-CG |  |
|--|---|--|--|---|--|
| <b>3. Meeting Schedule (Commonly-held meetings are included)</b> |   |  |  |   |  |
| Date/ Time   | Meeting Name  | Purpose  | Attendees  | Location                                    |  |
| 0600/0630  | Safety Briefing   |  | On Site Crews  | [REDACTED]                                  |  |
| 0830   | Unified Command Objectives Meeting                                      | Review/ identify objectives for the next operational period.   | Unified Command members  | UC Meeting Room                             |  |
| 0930   | All Staff / Gov. Call (only on 03/04) Command and General Staff meeting | UC Presents direction to Command and General Staff   | UC, Command Staff, General Staff, DOCL, SITL   | ICP Meeting Room                            |  |
| 1200   | USDA Policy Meeting   |  |  |   |  |
| 1400   | Documentation (EMRS) Meeting  | Planning staff coordinate doc. for local + EMRS  | Planning Section   | Planning Meeting Room                       |  |
| 1600   | Planning Meeting  | Review status and finalize strategies/tactics and assignments to meet Incident Objectives for the next Operational Period and get tacit approval of IAP. | UC, Command Staff, General Staff, SITL, DOCL, THSP   | ICP Meeting Room                            |  |
| 1700   | Operations Briefing   | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period   | IC/UC, Command Staff, General Staff, Branch Directors, Div./Grp Sups, Task Force/ Strike Team Leaders and Unit Leaders | ICP Meeting Room                            |  |
| 1800   | IAP Briefing  |  |  |   |  |
| <b>4. Prepared by: (Situation Unit Leader)</b><br>[REDACTED]     |   |  | <b>Date/Time</b><br>03/03/2022 1800 hrs  |   |  |
| <b>DAILY MEETING SCHEDULE</b>                                    |   |  |  | <b>ICS 230-CG(Rev.09/05)</b>                |  |

Exemption 7 U.S.C.A. § 8791  
Exemption 10002(o)(6)  
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