

IX. DEMOBILIZATION PROCESS

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|---|---|
| A. DEMOBILIZATION..... | 1 |
| B. RETURN TO READINESS..... | 3 |
| 1. <i>After Action Review (AAR) – Phase I</i> | 4 |
| 2. <i>After Action Review (AAR) – Phase II</i> | 5 |
| 3. <i>After Action Review (AAR) Report Format</i> | 5 |
| 4. <i>Equipment Accountability</i> | 8 |

IX. DEMOBILIZATION PROCESS

Health and medical response resources will be demobilized in accordance with the Demobilization Plan developed by the Demobilization Unit Leader in the Planning Section in consultation with the MST. The plan is reviewed by the MST Staff, and recommended for approval by the MST Leader and approved by the CFO.

A. DEMOBILIZATION

Demobilization planning begins well in advance of the need. It begins when strategic planning indicates local objectives are being met or sooner, at the discretion of the MST Leader and CFO. The CFO meets with the RHA and lead agency, making recommendations for HHS health and medical resource demobilization in accordance with disaster objectives. The lead agency issues disaster demobilization objectives and the RHA, CFO, and MST Leader discuss the demobilization process to meet these objectives.

The MST Leader will review disaster demobilization objectives with the MST Command and General Staff and Team Leaders and clarify any points in question. Section Chiefs will review the Demobilization Plan objectives with their personnel and determine functional needs to meet plan objectives to the Planning Section Chief and Demobilization Unit Leader who will prepare a draft Demobilization Plan for MST and MST Leader review and approval.

Key elements of the Demobilization Plan and process should include:

Planning

- Identification and description of excess resources;
- Names of individuals or teams, identification numbers, and destinations;
- Destination of closest point of arrival, method of travel, and chief of party;
- Probable release times based on release priorities for MST and HHS response resources; and
- Reception by home unit for travel and other needs.

IX. DEMOBILIZATION PROCESS

A. DEMOBILIZATION

Safety

- Release priorities based on length of assignment and other factors;
- Physical condition of personnel and availability for another assignment;
- Suitability of transportation;
- Length of travel-time, method and need for rest periods, and meals; and
- Personnel needs including stress debriefing, rest, and recuperation.

Finance

- Processing, legal, and fiscal obligations pending;
- Medical reports and forms for follow up by sending units or agencies
- Time recording and summaries to meet sending the agency's needs; and
- Witness statements and claim documentation completed prior to departure of involved individuals.

Operations

- Availability and designation of resources that may be used as part of contingency planning in case of unforeseen events or work recalls; and
- Equipment items required to resupply demobilized and/or remaining teams.

Logistics

- Additional Logistics and Demobilization Unit staffing to implement Demobilization Plan;
- Transportation for resources to assembly location to begin return travel;
- Staging facilities and needs;
- Communications capabilities and procedures en-route; and
- Property accountability.

Command

- Overall management of demobilization process;
- Contingency planning; and
- Approval.

IX. DEMOBILIZATION PROCESS

A. DEMOBILIZATION

Lead agency EOCs

- Release priorities, reception needs, and transportation;
- Notification of home units and families of planned ETAs; and
- Communications between the MST and the OEP/EOC.

The approved plan will be distributed to MST Section Chiefs, Team Leaders and the lead agency. Implementation of the Plan will be coordinated by the MST Demobilization Unit Leader.

The current status of Plan accomplishments will be a discussion topic at planning meetings and briefings. Changes in the plan will be reviewed and approved by the health and medical leadership as needed.

Returning resources should be tracked by the OEP/EOC to assure their arrival at the home jurisdiction. The Demobilization Unit Leader may be released and demobilized, when all resources have returned to their home units. When the demobilization has been completed the OEP/EOC may close.

B. RETURN TO READINESS

The CFO in consultation with the RHA is responsible for the planning and completion of the Phase I AAR. A similar debriefing should be conducted at other locations that have interacted with and have supported field health and medical response resources. The RHA and CFO are responsible for bringing this to the attention of the senior official at the OEP.

The Phase II AAR is done at a later time within 45 days of demobilization when all functioning elements of the deployment effort can be brought together. The draft report from the initial after action briefings is used for this briefing along with any other issues that have surfaced after the initial debriefing.

A mission assignment request for funding should be sent to the lead agency headquarters by the CFO requesting Federal lead agency approval for the Phase-II AAR well in advance of the scheduled date.

IX. DEMOBILIZATION PROCESS

B. RETURN TO READINESS

1. After Action Review (AAR) – Phase I

The MST Leader is responsible of assuring arrangements are made for the initial AAR held prior to the departure of assigned resources.

This debriefing is a several part process as follows:

Performance ratings are given and received by the health and medical leadership, MST members, and specialty team members. In order for an individual's experience to be recorded for future reference, OEP should update the MST personnel database upon the conclusion of each mission. This would include the person's name, position filled, type of incident, address, phone number, employer's name and address and any special information. The MST Administrative/Finance Section Chief is responsible for preparing the database update for OEP use.

Health and medical leadership, MST functional members, and specialty teams meet separately. Each group appoints a recorder and identifies areas that need improvement and areas that resulted in significant improvement on standard operations. These group meetings are documented for review by all responders and for use in the final part of Phase I.

All health and medical responders are assembled, reports are presented by a spokesperson and recommendations are carefully documented for the Phase II meeting which is held at a later date. Valid concerns identified, may be corrected and made operational prior to the phase two meeting as directed by management.

The MST Planning Section Chief is responsible for completing the Phase I AAR report while personnel are still activated. A report format will be used that identifies each issue, provides supporting discussion and background information, and suggested recommendations.

IX. DEMOBILIZATION PROCESS

B. RETURN TO READINESS

2. After Action Review (AAR) – Phase II

The Phase II AAR is planned well in advance by OEP management. The report from the phase one meeting, held at the disaster site, is used to identify the topics for the meeting. This meeting should be facilitated by outside personnel who have no involvement in the content or outcome of the meeting. The lead facilitator should meet with OEP management in advance of the meeting to review meeting objectives and the desired outcome and product of the meeting.

The Phase II AAR will generate an AAR Report within 15 days of the meeting and should contain the following material as a minimum.:

- Chronological log of critical actions from initial notification to final demobilization;
- Lessons learned as a result of problems encountered and steps to adopt these improvements; and
- Recommendations for corrective actions and reinforcement of processes that made significant improvement in MST actions and operations.

3. After Action Review (AAR) Report Format

The MST will produce an AAR Report to include documentation of activities, lessons learned, problems encountered, positive aspects and recommendations for corrective actions. The after action debriefing format lists some items by functional areas. Other items may be added or deleted from consideration as needed.

IX. DEMOBILIZATION PROCESS

B. RETURN TO READINESS

a. After Action Debriefing Format

The following suggested format may be used for both the Phase I and II meetings. Other items may be added or deleted to suit the particular situation.

Planning and information:
Planning processes;
Operational period;
Strategic and operational planning;
Situation reports;
Resource status;
Records and reports; and
Technical support.

Operations:
Resource coordination;
Coordination (state or local);
Liaison with other facilities; and
Disaster ground.

Logistics:
Communications;
Transportation;
Facilities;
Resupply;
Property accountability;
Medical support;
MST support kit; and
Demobilization planning

IX. DEMOBILIZATION PROCESS

B. RETURN TO READINESS

a. After Action Debriefing Format (Continued)

Finance:
Cost tracking;
Mission assignment;
Reports;
Compensation/claims; and
Procurement and contracting.

Activation and deployment:
Call-out process;
Briefing, information and instructions; and
Logistics support, including radio frequency management.

b. Management and Coordination

BoO staffing;
Coordination with OEP/EOC;
Work schedule;
Interagency coordination;
Liaison function;
Briefings;
Report of Extended Incident Stress Syndrome needs assessment and status of efforts report;
Safety;
Public information; and
Transition from operations to BoO deactivation.

IX. DEMOBILIZATION PROCESS

B. RETURN TO READINESS

4. Equipment Accountability

The MST Leader and specialty team leaders are responsible for starting the inventory and resupply or ordering of all accountable cache or kit items and supporting appropriate paper work prior to be demobilized. Lost or missing items should be noted in writing on the appropriate forms with an explanation of the circumstances involved in the loss or damage and a copy included in the applicable cache or kit. The OEP is responsible for completing the remainder of the equipment accountability process after the team has been demobilized.

Cache and kit items because of their size or condition, will be cleaned, repaired or replaced when these items are returned to their warehouse or other storage location.

Disposable supplies remaining will be recorded during the exit inventory and will be placed in appropriate waste containers. Any hazardous materials will be reported to local officials. All locations used by HHS health and medical response resources should be cleaned and repaired as necessary and inspected by the Logistics Section Chief prior to demobilization. Problems should be discussed with the responsible Section Chief and a final report given to the MST Leader.