

# INCIDENT BRIEFING (ICS 201)

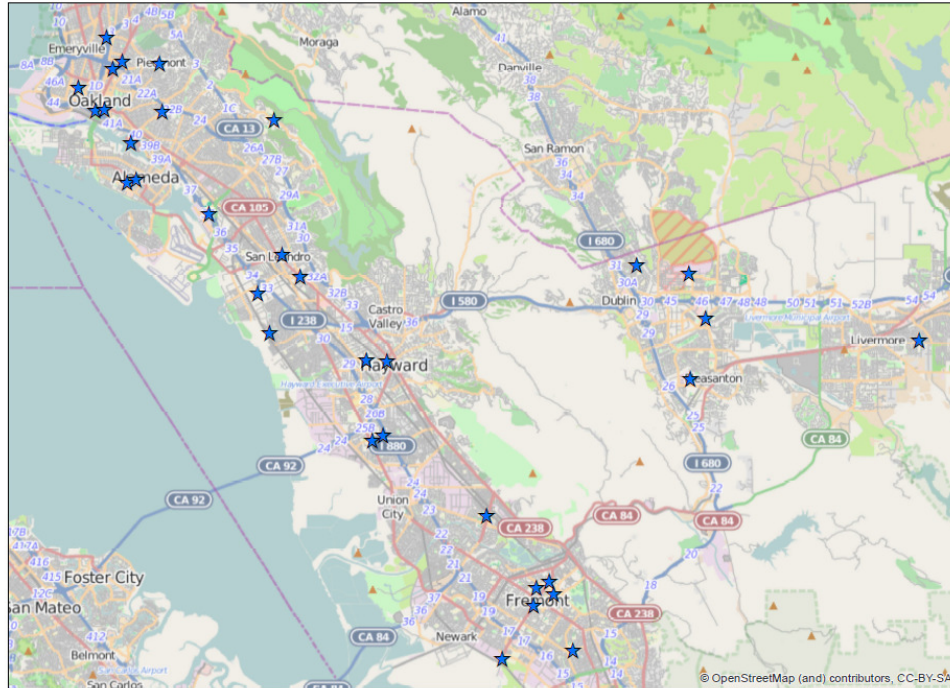
**1. Incident Name:**

Operation Anthrax 2014

**2. Incident Number:****3. Date/Time Initiated:**

Date: 11/19/2014 Time: 0800-11/20 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):



**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.

On Wednesday, November 18<sup>th</sup>, filters in all of the BioWatch sites in the San Francisco/Bay Area BioWatch Program were positive for *B. anthracis*. Per the San Francisco Bay Area BioWatch Consequence Management Plan, a BioWatch Actionable Result (BAR) was declared at 0800, followed by local and national response actions. Alameda County Public Health has determined that due to the possible wide spread exposure to the the public, that it will activate its POD and SNS distribution plans.

Local Emergency has been delared.

FBI is lead law Enforcement Agency.

POD plans per city are activated.

Push Plans are activated.

Health Alert #2 has been sent thru risk comms plan.

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**Statistics in Alameda County**

- # confirmed cases: 0
- # suspected cases: **unknown**
- Estimated extent / # exposed: **unknown**
- # hospitalized: 0
- # given treatment / prophylaxis: 0

All Staff responding to the incident shall assure their safety and safety of other responders and take part in First Responder medication dispensing to be able to continue operations.  
 Request ALCO JIC

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

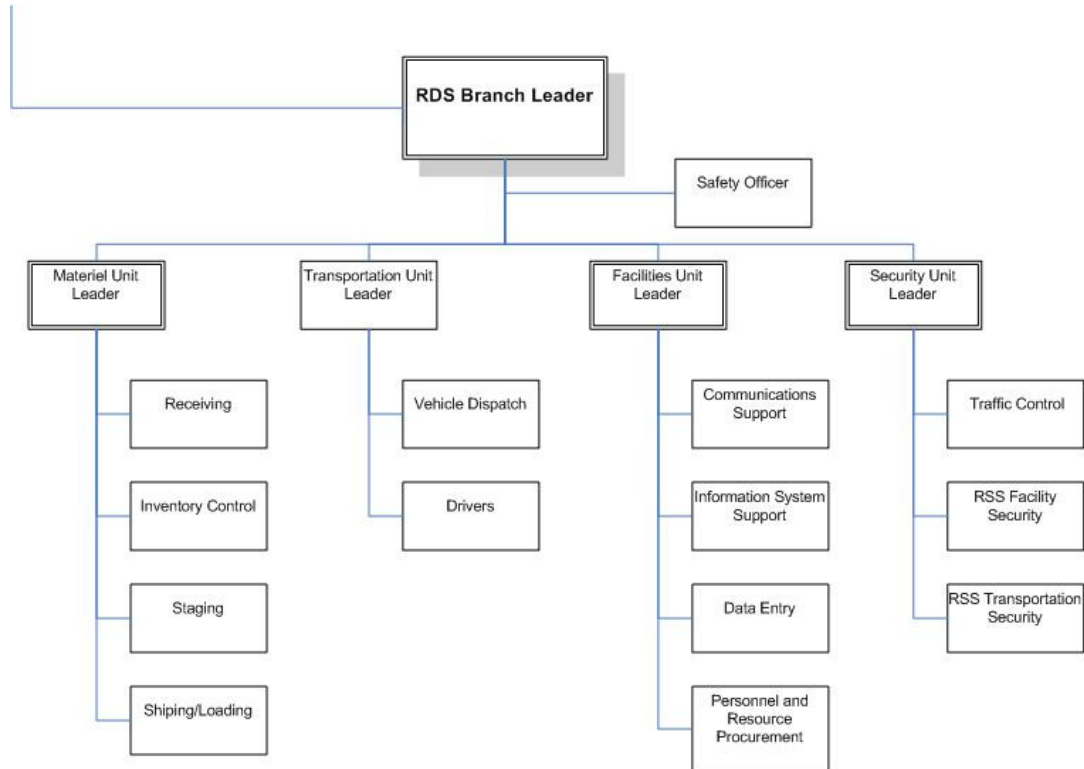
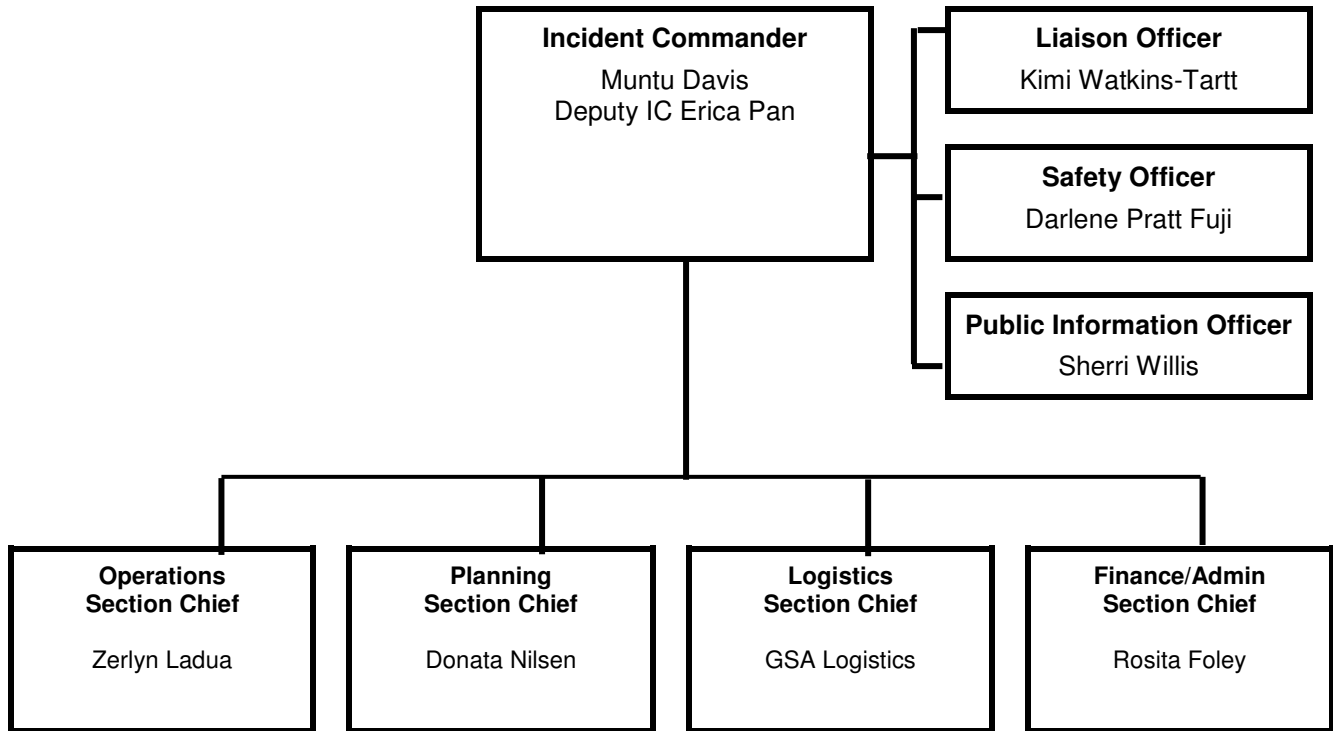
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**9. Current Organization** (fill in additional organization as appropriate):



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

ICS 201, Page 3 Date/Time: Date \_\_\_\_\_

