

ONEIDA COUNTY DEPARTMENT OF EMERGENCY SERVICES



EMERGENCY RESPONDER PRE-DEPLOYMENT CHECKLISTS

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Oneida County Executive

Any individual who is planning to volunteer for an out-of-town incident response must carefully review these checklists in order to adequately prepare for the deployment.

Orders to Deploy

- Have a written Deployment Order and Number from the Authority having Jurisdiction (AHJ) requesting your service.
- The order should state, “Who, What, When, Where” and terms of your expected tour. It should also identify any special needs, conditions, or directions as well as a POC for any questions.
- Attend a Pre-Deployment and Safety Briefing specific to your organization’s service.
- Take notes for any specific deployment safety issues
- Complete all necessary deployment forms, including emergency contact information.

Credentials and ID Protection

- Obtain or update Responder ID Card
- Take a government issued ID (such as a driver’s license)
- Take enough cash to cover basic needs; credit cards and ATM machines may not be useable
- Remove all *unnecessary* cash, credit cards, and licenses from wallet or purse
- Photocopy personal information and file in a safe pre-deployment location

Medical Requirements and Screenings

- Obtain medical warning tags, eyeglasses, mask inserts, and hearing protection as appropriate.
- Obtain a supply of prescription and other medications enough for the duration of deployment, (amount required may vary – confirm individual requirements with your health care provider)
- All prescription medication must be in the original container identifying the name of the drug, along with the prescribed dosage.
- Verify previous immunizations records and acquire any those needed for deployment.
- If necessary, schedule a visit and any follow up appointments with your physician or dental health provider.

Clothing/Gear/Personal Hygiene items

- Ensure uniforms, PPE, protective masks (with lenses as needed) and other gear are in good condition and fit properly.
- Practice putting on and removing PPE, masks, and gear. Ensure clothing items and hair do not interfere with proper fit, wear, or hinder protective ensemble. NOTE: Some additional equipment or safety items may be issued to you for / during deployment that will require similar practice.
- Check items that require periodic calibration or daily operational bump test. Ensure you have the test equipment and batteries to support their effective use.
- Label all personal items and clothing as necessary for proper identification.
- Personal bedding should include a ground cloth, sleeping bag, air mattress and small pillow.
- Your preferred types of personal hygiene items may not be available at all locations. Include only items you are accustomed to using in sufficient quantity for the deployment duration.
- Read instructions for application of any insect repellent or chemical on the skin, clothing, PPE and any bedding to avoid injury. It's possible that some clothing and equipment may have been factory treated with the insect repellent "Permethrin". The addition of other repellents may adversely affect your health.

Packing items:

- Cotton underwear (10 changes)
- Socks (10 pair)
- Sunscreen (SPF 30 or higher), lip balm, unscented skin moisturizer, insect repellent.
- Cotton towels (2) and wash cloth.
- Alcohol-based hand cleaner.
- Anti-fungal foot powder, cream, and lotion.
- Toothbrushes (2) with vented cover, fluoridated toothpaste, dental floss.
- Other Over the Counter (OTC) medications and/or personal hygiene items.

Restrictions

- No firearms
- No knives with blades longer than 5 inches
- No un-prescribed or over indulgence of Drugs
- No alcoholic beverages
- No unauthorized use of department or county vehicles and equipment
- No physical or verbal abuse towards others
- Do not accept gifts or gratuities
- Do not allow yourself to be separated from the group or partner at anytime
- Do not engage in unauthorized activities
- Do not ignore safety standards



Incident Responder Deployment Information Form

Incident _____ Deployment Location _____

Name _____
LAST First MI Organization/Agency & Agency ID #

Address _____
Address Line 1 Address Line 2 City / Town / Village State Zip Code

Gender Driver's License # Driver's License Expiration Date DOB (mm/dd/yy)

Email Address Cell Phone Number Home Phone Number

Emergency Contact _____
Name Relationship Phone Number

Medical (Optional) _____
Medication Condition Medication Condition

Medication Condition Medication Condition

Other Important Health Information (Use back of form if additional space is needed)

Responding as: Group / Unit Leader

FIREFIGHTER EMT VEHICLE OPERATOR MECHANIC

SUPPORT OTHER _____

Responder Signature _____ Date _____

Department of Emergency Services Received Date _____