

# ORGANIZATION ASSIGNMENT LIST (ICS 203), Adapted for COVID

|  |      |                               |   |                                     |                           |
|--|------|-------------------------------|---|-------------------------------------|---------------------------|
| <b>1. Incident Name:</b> COVID-19  |      | <b>2. Operational Period:</b> |   | Date From:                          | Date To:                  |
|  |      |                               |   | Time From:                          | Time To:                  |
| <b>3. Incident Commander(s)/ Agency Incident Coordinator and Command Staff: (include location)</b> |      |                               | <b>7. Operations Section:</b>             |                                     |                           |
| <input type="checkbox"/> IMT IC/UCs  |      |                               | Chief                                     |                                     |                           |
| <input type="checkbox"/> IMG AIC   |      |                               | Deputy                                    |                                     |                           |
|  |      |                               |   |                                     |                           |
| Deputy   |      |                               | Staging Area                              |                                     |                           |
| Safety Officer   |      |                               | <b>Branch</b>                             | <b>TRIAGE</b>                       |                           |
| Public Info. Officer   |      |                               | Branch Director                           |                                     |                           |
| Liaison Officer  |      |                               | Deputy                                    |                                     |                           |
| <b>4. Agency/Organization Representatives:</b>   |      |                               | Division/Group                            |                                     | PATIENT TRIAGE            |
| Agency/Organization  | Name |                               | Division/Group                            |                                     | RESPONDER TRIAGE          |
|  |      |                               | Division/Group                            |                                     | PATIENT TESTING           |
|  |      |                               | Division/Group                            |                                     | RESPONDER ASSESSMENT      |
|  |      |                               | Division/Group                            |                                     | TRAIAGE DISINFECT         |
|  |      |                               | <b>Branch</b>                             | <b>DECONTAMINATION AND WASH</b>     |                           |
|  |      |                               | Branch Director                           |                                     |                           |
|  |      |                               | Deputy                                    |                                     |                           |
| <b>5. Planning Section:</b>  |      |                               | Division/Group                            |                                     | PATIENT DECON             |
| Chief  |      |                               | Division/Group                            |                                     | RESPONDER DECON           |
| Deputy   |      |                               | Division/Group                            |                                     | EQUIP DECON               |
| Resources Unit   |      |                               | Division/Group                            |                                     | WASTE DISPOSAL            |
| Situation Unit   |      |                               | Division/Group                            |                                     | DECON SUPPLY              |
| Documentation Unit   |      |                               | <b>Branch</b>                             | <b>INFECTION CONTROL AND SAFETY</b> |                           |
| Demobilization Unit  |      |                               | Branch Director                           |                                     |                           |
| Technical Specialists  |      |                               | Deputy                                    |                                     |                           |
|  |      |                               | Division/Group                            |                                     | INFECTION CONTROL OFFICER |
|  |      |                               | Division/Group                            |                                     | TRIAGE SAFETY             |
|  |      |                               | Division/Group                            |                                     | DECON SAFETY              |
| <b>6. Logistics Section:</b>   |      |                               | Division/Group                            |                                     | INTERFACE SAFETY          |
| Chief  |      |                               | Division/Group                            |                                     | ACCOUNTABILITY            |
| Deputy   |      |                               | Division/Group                            |                                     | CISM/PFA/EAP              |
| <b>Support Branch</b>  |      |                               |   |                                     |                           |
| Director   |      |                               |   |                                     |                           |
| Supply Unit  |      |                               |   |                                     |                           |
| Facilities Unit  |      |                               | <b>8. Finance/Administration Section:</b> |                                     |                           |
| Ground Support Unit  |      |                               | Chief                                     |                                     |                           |
| <b>Service Branch</b>  |      |                               | Deputy                                    |                                     |                           |
| Director   |      |                               | Time Unit                                 |                                     |                           |
| Communications Unit  |      |                               | Procurement Unit                          |                                     |                           |
| Medical Unit   |      |                               | Comp/Claims Unit                          |                                     |                           |
| Food Unit  |      |                               | Cost Unit                                 |                                     |                           |
| <b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____                          |      |                               |   |                                     |                           |
| ICS 203  |      | IAP Page _____                |   | Date/Time: _____                    |                           |

|                                   |                               |                          |                      |
|-----------------------------------|-------------------------------|--------------------------|----------------------|
| <b>1. Incident Name: COVID-19</b> | <b>2. Operational Period:</b> | Date From:<br>Time From: | Date To:<br>Time To: |
|-----------------------------------|-------------------------------|--------------------------|----------------------|

Updated by FDA 2/2011

## ICS 203

### Organization Assignment List

**Purpose.** The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

**Preparation.** The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").

**Distribution.** The ICS 203 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 203 serves as part of the IAP.
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank ICS 203 and repaginate as needed.
- ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

| Block Number | Block Title   | Instructions  |
|--------------|---|---|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident.  |
| 2            | <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 (using the 24-hour clock) and end date and time for the operational period to which the form applies.  |
| 3            | <b>Incident Commander(s) / Agency Incident Coordinator(s) and Command Staff</b> <ul style="list-style-type: none"><li>• IC/UCs</li><li>• AIC</li><li>• Deputy</li><li>• Safety Officer</li><li>• Public Information Officer</li><li>• Liaison Officer</li></ul> | Check the box next to IMT if you are part of an Incident Management Team or check the box next to IMG if you are part of an Incident Management Group. Add location of IMT/IMG. Continue to complete the form according to the box checked.<br><br>Enter the names of the Incident Commander(s)/ Agency Incident Coordinator and Command Staff. Label Assistants to Command Staff as such (for example, "Assistant Safety Officer").<br><br>For all individuals, use at least the first initial and last name.<br><br>For Unified Command, also include agency names. |
| 4            | <b>Agency/Organization Representatives</b> <ul style="list-style-type: none"><li>• Agency/Organization</li><li>• Name</li></ul>   | Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name.  |
| 5            | <b>Planning Section</b> <ul style="list-style-type: none"><li>• Chief</li><li>• Deputy</li><li>• Resources Unit</li><li>• Situation Unit</li><li>• Documentation Unit</li><li>• Demobilization Unit</li><li>• Technical Specialists</li></ul>                   | Enter the name of the Planning Section Chief, Deputy, and Unit Leaders after each position title. List Technical Specialists with an indication of specialty.<br><br>If there is a shift change during the specified operational period, list both names, separated by a slash.<br><br>For all individuals, use at least the first initial and last name.   |

| Block Number | Block Title   | Instructions   |
|--------------|---|--|
| 6            | <b>Logistics Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> </ul> <b>Support Branch</b> <ul style="list-style-type: none"> <li>• Director</li> <li>• Supply Unit</li> <li>• Facilities Unit</li> <li>• Ground Support Unit</li> </ul> <b>Service Branch</b> <ul style="list-style-type: none"> <li>• Director</li> <li>• Communications Unit</li> <li>• Medical Unit</li> <li>• Food Unit</li> </ul> | <p>Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>  |
| 7            | <b>Operations Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> <li>• Staging Area</li> </ul> <b>Branch</b> <ul style="list-style-type: none"> <li>• Branch Director</li> <li>• Deputy</li> <li>• Division/Group</li> </ul>   | <p>Enter the name of the Operations Section Chief, Deputy, Branch Director(s), Deputies, and personnel staffing each of the listed positions. For Divisions/Groups, enter the Division/Group identifier in the left column and the individual's name in the right column.</p> <p>Branches and Divisions/Groups may be named for functionality or by geography. For Divisions/Groups, indicate Division/Group Supervisor. Use an additional page if more than three Branches are activated.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p> |
| 8            | <b>Finance/Administration Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> <li>• Time Unit</li> <li>• Procurement Unit</li> <li>• Compensation/Claims Unit</li> <li>• Cost Unit</li> </ul>   | <p>Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>   |
| 9            | <b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>   | <p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>  |

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