



State of California **Emergency Management Mutual Aid Plan**

ANNEX B: EMMA Resource Deployment and Demobilization Packet

March 2022

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1 PURPOSE

The purpose of this Annex is to outline the deployment and demobilization procedures of EMMA resources.

2 EMMA RESOURCE ACTIVATION

When requests are made by an affected jurisdiction for an EMMA resource, the request is processed by the EMMA Coordinator or other personnel as designated. Once the resource is identified and approved, the EMMA resource is considered activated. As soon as details are coordinated through the requesting and providing EMMA Coordinators, the EMMA resource may be deployed.

2.1 ASSIGNMENT LOCATION

EMMA resources shall report to the assigned location immediately upon arrival. EMMA responders may be assigned to a variety of work settings, based on the operational requirements of the response. The following list provides examples, but should not be considered as the only potential assignment locations:

- Local jurisdiction EOC
- Incident Command Post
- Field Operations
- OA EOC
- Local Assistance Center (LAC)
- Regional EOC
- State Operations Center (SOC)
- Disaster Assistance Center
- Joint Field Office

2.2 ASSIGNED ROLES

EMMA resources will normally function in a support role based on the operational needs of the requesting jurisdiction. Assigned roles may include, but are not limited to:

- Command Staff
- Management or General Staff
- Branch Director/Coordinator
- Technical Specialist

Depending on the circumstances of the assignment, deployed resources may be asked to temporarily assume a role of higher or lesser rank than initially assigned, to fill a critical need. EMMA resources should make every effort to provide the necessary support to the requesting jurisdiction.

If a deployed resource is assigned to a role they believe is outside of their skill set, the individual should express their concerns to their immediate supervisor at the assigned location. If the concern cannot be resolved, the EMMA resource should then consult with the EMMA Coordinator of the Requestor. If a suitable resolution cannot be reached, the resource assignment can be terminated. A replacement will require a new EMMA request.

Cal OES has no authority to change the deployment, assignment, or release of any resource(s). This remains under the authority of the Requestor with agreement of the Provider. The Requestor reserves the right to demobilize EMMA resources, if deemed necessary.

2.3 LENGTH OF ASSIGNMENT

The length of an EMMA deployment will be for a specific period of time for each emergency response. Normally, an assignment should be no longer than 14 calendar days. In extraordinary circumstances, such as a catastrophic disaster, extended assignment lengths may be necessary. If this occurs, the requesting jurisdiction will notify the appropriate SEMS level EMMA Coordinator of its intent to request an extension. The specific length of an assignment extension will be agreed upon by the Requestor and Provider and the EMMA resource.

Deployed personnel retain the right to turn down an assignment extension or redeployment. Personnel also have the right to request an early release from an assignment for personal or employment reasons.

3 DEPLOYMENT

EMMA Coordinators operate at each SEMS level and are responsible for coordinating EMMA resources between jurisdictions, as well as their logistical needs prior to and during an EMMA deployment. (See Annex A: EMMA Coordinator Checklists and Forms)

3.1 DEPLOYMENT SUPPORT

The following table provides a summary of deployment support actions and the parties with primary responsibility for providing the support.

Phase	Support Action	Responsible Parties
Pre-Deploy	Assignment and situation briefing information	<ul style="list-style-type: none">• Providing EMMA Coordinator
Pre-Deploy	Travel arrangements	<ul style="list-style-type: none">• Requesting EMMA Coordinator• Providing EMMA Coordinator
Deploy	Emergency point of contact	<ul style="list-style-type: none">• Providing EMMA Coordinator
Deploy	Assignment problem resolution	<ul style="list-style-type: none">• Assigned Supervisor• Requesting EMMA Coordinator

EMMA resources must immediately report any injury suffered while deployed, to their assigned supervisor and home agency. Non-expendable equipment (e.g., vehicles, cell phones, laptop computers) lost or damaged as a result of an EMMA deployment must be documented at the time of the occurrence, in an accepted manner to the requesting jurisdiction (use of their forms), and reported through the immediate supervisor to the Logistics and Finance Sections at the assigned location. Details of the incident should also be recorded in the EMMA resource's personal duty log (e.g., ICS 214 Individual Duty Log or similar document).

Responsibility for the repair or replacement of non-expendable equipment that is extraordinarily damaged while being used in the performance of a specific assignment will be agreed upon between the requesting and providing jurisdictions based on the particular situation. Generally, the requesting jurisdiction is not responsible for repair/replacement costs, unless the deployment of the equipment was specifically requested and documented on the original EMMA request. The requesting jurisdiction is not responsible for normal wear and tear.

SAMPLE EMMA FORM 2 – DEPLOYMENT CHECKLIST

When placed on standby for potential deployment:

- ☐ Inform the notifying EMMA Coordinator of any special accommodations you may need
 - ☐ Check work and personal schedules for potential conflicts; develop plans or strategies to clear conflicts
 - ☐ Follow proper protocol within your agency to gain approval for the potential deployment
 - Check deployment personal 'Go Kit' and review packing list to ensure readiness
 - Ensure that you have a two-week supply of prescription medications
 - Ensure you have adequate travel cash
 - Ensure government-issued identification is included
 - ☐ Charge and pack cell phone, pack charger
 - If you plan on bringing your personal electronics, consider rules regarding replacement of items not requested as part of your deployment
 - ☐ Monitor media and other information sources to develop situational awareness
-

Once requested to deploy:

- ☐ Contact the appropriate SEMS level EMMA Coordinator to do the following:
 - Request a copy of the most recent Situation Summary to establish operational awareness
 - Identify assigned position/role, deployment location, special route, or other travel instructions (e.g., preferred mode of travel)
 - Identify assigned supervisor and phone/e-mail contact information
 - Identify travel arrangement process (e.g., has the Requesting jurisdiction blocked hotel rooms?)
 - Request a copy of the completed *EMMA Form 1A – EMMA Resource Request*
 - Request briefing on any special work site security or access procedures and any special environmental or health concerns for the area where you are being deployed
 - Exchange cell phone and other contact information
 - ☐ Notify your employer of your deployment schedule, change voicemail and e-mail messages to reflect your absence
 - ☐ Inform key business contacts of your deployment
 - ☐ Make travel, rental car and lodging reservations, provide travel and lodging information to the Requesting and Providing EMMA Coordinators
 - ☐ Complete packing and travel
-

Upon arrival at assigned location:

- ☐ Notify Provider EMMA Coordinator and family of safe arrival
- ☐ Notify the Requesting EMMA Coordinator of your arrival and verify assigned location
- ☐ Sign in through the appropriate location and obtain any security passes/identification that may be required
 - Whenever possible obtain a copy of your 'sign in sheet', this may be an ICS-211 Incident Check-in List or other similar form
- ☐ Check in with your assigned supervisor for an assignment briefing, including:
 - Your position, operational period, and shift assignment
 - Delegation of authority (if applicable), resource request, and financial commitment approval procedures
 - Personnel list for assigned staff
 - Information security protocols
 - Potential political issues or sensitivities
 - Workstation location
 - Point of contact to set up computer network and voicemail system access, acquire phone number directory, e-mail address lists and EOC software tip sheets or operational software training
 - Copy of the current Incident Action Plan/EOC Action Plan, including:
 - Daily meeting and conference call schedules
 - Reporting deadlines
 - Situation status
 - Current priority activities
 - Request a copy of available EOC orientation/operations information, including incident-specific safety briefing materials
- ☐ Set up workstation, including files to track assignment information:
 - Copy of the *EMMA Form 1A – EMMA Resource Request*
 - Timesheets to track hours worked (unless otherwise specified, deployed EMMA personnel should track time and hours as done at home agency)
- ☐ Maintain Duty Log (May use ICS 214-1 & 214-2) for reference after deployment, maintain copy.
- ☐ Note lessons learned and suggestions for improvement of the Emergency Management Mutual Aid plan
- ☐ Obtain *EMMA Form 4 - Exit Survey* to build a useful summary of after-action items specifically aimed to build a better EMMA Plan.

SAMPLE PACKING LIST

All personnel deployed under the EMMA Plan are required to have a current government issued identification card. All EMMA resources driving a vehicle during an EMMA deployment are required to have a valid driver's license appropriate for the vehicle they are driving.

EMMA resources are expected to be self-sufficient for a minimum of 24 hours. As a potential EMMA resource, individuals should be prepared to deploy on short notice and consider preparing a "Go Kit". The following is helpful guide for what to pack when deploying under EMMA:

Sleeping

- ☐ Sleeping bag, blankets, sleeping bag liner (or travel sheets)
- ☐ Pillow
- ☐ Ear plugs
- ☐ Eye mask
- ☐ Inflatable mattress (optional)
- ☐ Foam mattress pad (optional insulation layer with inflatable mattress)
- ☐ Travel chair

Clothing

- ☐ Shirts (short & long)
- ☐ Pants
- ☐ Layers (prepare for weather changes: cool, rain, warm)
- ☐ Undergarments
- ☐ Sleepwear (modest for shared living environments, e.g., t-shirt & sweatpants)
- ☐ Hats/Sunglasses
- ☐ Sturdy, closed-toed shoes
- ☐ Socks
- ☐ Flip flops or slippers for down time
- ☐ Swimwear
- ☐ Gloves
- ☐ Umbrella
- ☐ Laundry bag
- ☐ Belts

Hygiene

- ☐ Toiletries (personal hygiene needs)
- ☐ Deodorant
- ☐ Toothbrush/toothpaste
- ☐ Roll of toilet paper
- ☐ Soap/shampoo/conditioner
- ☐ Lotion
- ☐ Lip balm
- ☐ Dental floss
- ☐ Brush, comb
- ☐ Shaving supplies
- ☐ Feminine hygiene products
- ☐ Hand sanitizer
- ☐ Cotton swabs, cotton balls
- ☐ Sunscreen
- ☐ Baby powder or chafing balm
- ☐ Pre-moistened wipes (for face/hands/etc. when water is scarce)

Medications

- ☐ Prescriptions
- ☐ OTC pain reliever, allergy medications, cold and flu
- ☐ Antacids
- ☐ Eye drops (allergy and hydration)
- ☐ Throat lozenges
- ☐ Stool softener and/or anti-diarrheal
- ☐ Vitamins
- ☐ Towel (bath, hand, washcloth)
- ☐ First aid kit
- ☐ Bug spray
- ☐ Clorox surface wipes

Computer/Electronics

- ☐ Laptop (with ability to connect with the Requestor's facilities)

- ☐ Memory card
- ☐ Memory card adapter/reader
- ☐ Charging cords
- ☐ Surge protector/travel power strip
- ☐ Extension cord
- ☐ Cell phone, tablet
- ☐ Bluetooth headset and charger
- ☐ Mifi (if available) or reloadable like Karma
- ☐ Headphones/earbuds
- ☐ Camera and/or phone tripod mount
- ☐ Headlamp or flashlight
- ☐ Extra batteries
- ☐ Portable solar charger, power inverters
- ☐ Electronics converters/adapters
 - Ethernet to USB
 - HDMI to VGA; HDMI to RCA; HDMI to HDMI; HDMI to Composite S Video
 - iPhone (lightning to: USB, 30-pin, HDMI, micro-USB, SD Card, USB Camera Adapter, F4 pin USB Type A, VGA)
 - Ethernet Cable
 - Audio Cables
 - Phone microphone (Rode SmartLav lavalier)
 - 12V Power adapter
- ☐ Screen cleaning wipes or cloth
- ☐ Gaffer's tape
- ☐ Duct tape

Food/Snacks

- ☐ Snacks or personal nutrition needs
- ☐ Comfort foods (sweets, cookies, gum)
- ☐ Instant coffee, coffee creamer or coffee press and coffee
- ☐ Sugar, spices, salt/pepper
- ☐ Non-perishable foods for 24 hours (tuna, beef jerky, peanut butter, protein bars, dried fruits)

- ☐ Mints
- ☐ Small vial of kitchen soap to clean mess kit/water bottles, or Dawn/Bounty paper towels
- ☐ Travel mug (insulated) with a lid
- ☐ Mess kit, dishes or bowls, utensils
- ☐ Trash bags
- ☐ Zipper top bags

Extras/Personal

- ☐ EMMA request documents/Deployment and Demobilization Packet
- ☐ Medical insurance card
- ☐ Position checklists/Training manuals/forms
- ☐ Government-issued identification
- ☐ Agency identification
- ☐ ICS Field Operations Guide
- ☐ California Map Book (Thomas Guide or equivalent)
- ☐ Travel alarm
- ☐ Glasses (if you're a contact lens wearer)
- ☐ N95 mask (non-fitted)
- ☐ Cash and debit/credit card
- ☐ Refillable water bottle with water filter (charcoal filter may not purify water but improve taste)
- ☐ Water filter for making water potable/safe
- ☐ Notepad/notebook and pen
- ☐ Clipboard or storage clipboard
- ☐ Small office supply collection: stapler, paperclips, highlighters, pens, markers, erasers, rubber bands, painter's tape, index cards, post-it notes, thumb tacks, travel printer
- ☐ Cards, games, or books
- ☐ Colored wristbands
- ☐ Small tool kit: clamps, hammer, leather palm gloves, nylon cord, screwdriver, staple gun, zip ties, pocket/utility knife

4 DEMOBILIZATION

Careful attention to detail during the demobilization process is essential to ensure a smooth transition of response activities, prompt payment of personnel, the reimbursement to the Provider (if any), as well as the collection of After-Action information critical for improvements to the EMMA Plan.

4.1 DEMOBILIZATION PROCESS

Demobilization normally involves one or more of the following situations:

- Incident response activities have concluded or transitioned to the recovery phase and the support requirement no longer exists.
- Resources have served for their agreed-upon length of assignment.
- Resources are released for health or other personal reasons.

A deployed individual must be formally released by his/her incident-assigned supervisor. The release and demobilization process should be documented using the *EMMA Form 5 - Individual Demobilization Checkout* or per jurisdictional protocol.

The Demobilization Checklist in this Annex outlines the specific steps that resources are required to follow during the demobilization process. Questions regarding the process should be clarified through the appropriate Requesting EMMA Coordinator.

4.2 DEPLOYMENT SUPPORT

The following table provides a summary of demobilization support actions and the parties with primary responsibility for providing the support.

Phase	Support Action	Responsible Parties
DeMob	Coordination of critical incident stress debriefings	<ul style="list-style-type: none">• EOC Director• EOC Safety Officer
Home	Coordination of After-Action Report	<ul style="list-style-type: none">• Appropriate SEMS level EMMA Coordinator

4.3 PERFORMANCE EVALUATION PROCESS

The performance rating process plays a key role in building both individual and system capacity by highlighting the strengths and developmental opportunities of deployed EMMA resources. The *ICS 225 - Position Performance Rating Form* provides a tool to document the performance of personnel.

Performance criteria are based on several rating factors:

- Did not apply at this incident
- Unacceptable
- Need to Improve
- Fully Satisfactory
- Exceeds Satisfactory

The *ICS 225 – Position Performance Rating Form* is voluntary and must be requested by the responding EMMA resource from their immediate supervisor at the Requesting Jurisdiction. This may be completed at demobilization following all deployments lasting one operational period (normally considered to be 12 hours) or longer. Once the supervisor completes the *ICS 225 – Position Performance Rating Form*, the form becomes the basis for the supervisor's performance evaluation discussions with the assigned individual.

For EMMA resources interested in becoming qualified under the Cal OES Credentialing Program, the *ICS 225 – Position Performance Rating Form* is required and must be included in their qualification packet.

4.4 CRITICAL INCIDENT STRESS DEBRIEFING

Critical Incident Stress Debriefing may be offered if requested by the EOC Director and/or Safety Officer, and is an option for an EMMA resource to utilize prior to demobilization.

4.5 AFTER-ACTION REVIEW PROCESS

The adequacy of procedures, forms, tools and training sessions must be continually evaluated and improved. The *EMMA Form 4 - Exit Survey* is designed to collect input from assigned resources and should be provided to the Requestor's EOC Planning Section and all SEMS level EMMA Coordinators. The information collected is later used in the development of the After-Action Report and Improvement Plan.

DEMOBILIZATION CHECKLIST

Once informed of the projected release date of the EMMA resource by the Requesting EMMA Coordinator:

- ☐ Inform home agency of projected release date.
- ☐ Complete a first draft of the *EMMA Form 4 - Exit Survey*.
- ☐ Complete all work assignments.
- ☐ Transition all position information, as directed by the immediate supervisor.
- ☐ Ensure assigned workstation is left clean.
- ☐ Return all assigned equipment (e.g., vehicle, radios, laptops, PPE, communication devices) to appropriate representative of Requestor.
- ☐ Assemble personal expense receipts and other information to facilitate possible reimbursement.
- ☐ Submit and retain copies of site check-in and duty assignment forms (e.g., ICS-211 Incident Check-in List, ICS-204 Assignment List or ICS-214 Unit Log) to facilitate home agency reimbursement documentation and provide to Requestor.
- ☐ If desired, or if participating in the Cal OES Credentialing Program, request a performance evaluation from immediate supervisor (*ICS 225 – Position Performance Rating Form*).
- ☐ Complete any recommended Critical Incident Stress Debriefings (optional).
- ☐ Check out with the Planning Section.
- ☐ Finalize travel arrangements.
- ☐ Provide copies of the following documents to the providing EMMA Coordinator:
 - *EMMA Form 4 - Exit Survey*
 - *EMMA Form 5 - Individual Demobilization Checkout*

After the EMMA resource has returned home:

- ☐ To facilitate reimbursement, complete the appropriate personal expense reimbursement paperwork and submit along with check-in and duty assignment forms to:
 - Provider through the normal finance process for reimbursement
 - Requestor
- ☐ Complete any recommended Critical Incident Stress follow-up counseling, as needed. (optional)

SAMPLE EMMA FORM 3 – EXIT SURVEY

EMMA FORM 3 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after-action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information:

Incident Name:

Assignment Location (EOC, Command Post, Field, etc.):

Position/Task:

Shift (Day / Night):

Assignment Dates:

Number of Shifts (In days, do not include travel):

A. Mobilization Process:

- | | | | |
|--|---|--------------------------------------|--------------------------------------|
| • Alert Notification | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Recruitment | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Assignment Briefing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Comments (Attach an additional page if necessary): | | | |

B. Assignment Support:

- | | | | |
|--|---|--------------------------------------|--|
| • Travel Arrangements | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Check-in Processing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Deployment Support Kit | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor <input type="checkbox"/> N/A |
| • SOPs/Forms | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Comments (Attach an additional page if necessary): | | | |

C. Demobilization Process:

- | | | | |
|--|---|--------------------------------------|--------------------------------------|
| • Check-out Processing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Personal Expense | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Reimbursement | | | |
| • Post-Assignment Debriefing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Overall Experience | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Comments (Attach an additional page if necessary): | | | |

D. General Comments/Suggestions:

SAMPLE EMMA FORM 4 – INDIVIDUAL DEMOBILIZATION CHECKOUT

EMMA FORM 4 - INDIVIDUAL DEMOBILIZATION CHECKOUT		
1. Incident Name/Number	2. Date/Time (Of Release Notification)	3. Arrival Date/Time
4. Name of Released	5. Position of Released	
(Returning via Airline Name & Flight Number, POV...)		
6. Transportation Type		
7. Actual Release Date/Time	8. WebEOC/CalEOC EMMA Request Number:	
9. Destination (Location Agreed Upon)	10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:	
11. Cell Phone or Emergency Contact #	Time:	
	Date:	
12. EMMA Coordinator Name (Providing Jurisdiction)		
13. Unit/Personnel		
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)		
Logistics Section	Comment and Sign Off	
{ } EMMA Coordinator	ICS-225 - Position Performance Rating Form Copy Provided? Y N EMMA Form 3 - Exit Survey Provided? Y N	
{ } Supply Unit		
{ } Communications Unit		
{ } Facilities Unit		
{ } Ground Support Unit		
Plans/Intel Section	Comment and Sign Off	
{ } Documentation Unit		
Finance/Admin Section	Comment and Sign Off	
{ } Time Unit		
Other	Comment and Sign Off	
{ }		
{ }		
14. Remarks		
15. Prepared by (include Date and Time)		

SAMPLE CREDENTIALING ICS 225 – POSITION PERFORMANCE RATING FORM

POSITION PERFORMANCE RATING FORM (ICS 225)

Position Credentialing Incident Response and Exercise Performance Rating Revised ICS form 225	Instructions: The immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The individual who is being reviewed will retain this document so it may be used as documentation for position credentialing.				
Name:	Incident/Exercise Name:				
Incident/Exercise Address:	Date(s) of Position Assignment:				
ICS Position Held:	Agency Position:				
Incident/Exercise Type: <input type="checkbox"/> Responding to a complex, multi-agency incident, actually filling the position <input type="checkbox"/> Filling the position in a multi-agency exercise <input type="checkbox"/> Mentoring under a person filling the position					
Performance Levels					
List main duties from the position checklist on which the position will be rated. Enter X appropriate column indicating the individual's level of performance for each duty listed	Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Remarks:					
This rating has been discussed with me (signature of individual being rated)				Date:	