
COVID-19 PROTOCOLS

MUTUAL AGREEMENT

Incident Management Team, Local Unit & Health Department

Date of Inception: _____

CONTACT INFORMATION

Incident Management Team	Fire Name:	
	Incident Management Team Name:	
	24-Hour Contact/ Duty Officer:	
	COVID Coordinator:	
	Phone number:	
	E-mail:	
	Location of Incident Command Post	
Local Unit	Point of Contact:	
	Phone Number:	
	Email:	
	24-Hour Contact/ Duty Officer:	

County or State Public Health	Phone Number:	
	E-mail:	
	24-Hour Contact/ Duty Officer:	
	Additional Point of Contact:	
	Additional Point of Contact:	

COVID-19 TESTING INFORMATION

Rapid Testing	Facility Name / Location:	
	Point of Contact:	
	Facility Phone Number:	
	Facility Name/ Location:	
	Point of Contact:	
	Facility Phone Number:	
	Local Protocols for Rapid Testing:	
	Financial Responsibility for Testing Fees:	
Standard Testing	Facility Name/ Location:	
	Point of Contact:	
	Facility Phone Number	
	Local Protocols for Standard Testing:	

	Financial Responsibility for Testing Fees:	
Mass Testing	Is Mass Testing Available Locally?	Yes / No
	Facility Location:	
	Is Mobile Testing Available?	Yes / No
	Point of Contact:	
	Local Protocols for Mass Testing:	
	Financial Responsibility associated with Mass Testing:	

QUARANTINE AND ISOLATION

Quarantine	Facility Location:	
	Facility Location:	
	Facility Location:	
	Local Quarantine Protocol:	
Isolation	Facility Location:	
	Facility Location:	
	Facility Location:	
	Local Isolation Protocol:	

Contact Tracing	Local Protocols and Expectations:	
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Additional Pertinent Information: