

COMMUNICATIONS PLAN			VMS 205 Rev. 9/26/05
This form describes the points of contact that VMS personnel may require, including key positions interfacing with the VMS. It is updated during each operational cycle and included in the VMS Action Plan.			LOGISTICS CHIEF Distribution to all ACPH-VMS sections, branches and workstations.
1. INCIDENT NAME:	2. DATE/TIME PREPARED:	3. OPERATIONAL PERIOD:	
4. VMS Positions			
SITE	STAFF NAME	PREFERRED CONTACT METHOD <small>r=radio, p=phone, c=cell, p=pager</small>	SECONDARY CONTACT METHOD <small>r=radio, p=phone, c=cell, p=pager, f = fax</small>
VMS Manager			
Volunteer Registration			
Credentials Verification			
Assignment Desk			
Incident Integration Branch Director			
Incident Integration Trouble Desk			
Other			
5. Volunteer Deployment Sites POC			
SITE	POC	PREFERRED CONTACT METHOD	SECONDARY CONTACT METHOD
6. ICS/IMS			
POSITION	NAME	PREFERRED CONTACT METHOD	SECONDARY CONTACT METHOD
7. Emergency Operations Center (EOC)			
POSITION	NAME	PREFERRED CONTACT METHOD	SECONDARY CONTACT METHOD
8. PREPARED BY:		9. SIGNATURE:	

Instructions for: VMS 205 – Communications Plan

This form describes the points of contact that VMS personnel may require, including key positions interfacing with the VMS. VMS Logistics is responsible for the completion of this form. It is updated during each operational period and forwarded to VMS Plans for inclusion in the ACPH-VMS Action Plan. For any section that requires more rows, these may be added electronically before completing the form (“insert rows”).

- ? *Section 1: Document the name given by ICS/IMS management to the name of the incident.*
- ? *Section 2: Document the time and date the 205 is being prepared.*
- ? *Section 3: Document the operational period the 205 applies to. For instance, if operating on a 12 hour cycle, then put 0700-1900 or 1900-0700 as appropriate. If operating on a 24 hour cycle, then 0700-0700 as appropriate.*
- ? *Section 4: Document key VMS personnel names according to VMS position and preferred contact method with secondary contact method. Include the initial of the device as indicated in the header of the column (e.g. “c” next to a number would indicate cell number. “r” without a number would indicate contacting individual through call sign on radio. Call sign would be VMS position as no names should be used over the radio).*
- ? *Section 5: Document key sites for deployed/assigned volunteers with POC name and contact methods using same initials as in section 4 for the device type.*
- ? *Section 6: Document key ICS/IMS positions and contact methods that VMS personnel may need access to.*
- ? *Section 7: Document key EOC positions and numbers that VMS personnel may need access to.*
- ? *Section 8: Name of person preparing the 205.*
- ? *Section 9: Signature of person preparing the 205.*