

INCIDENT ACTION PLAN

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# WEST REGION IMO

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4/17 - 4/18 2021

0800-2000 Operational Period



WA-WFS-126



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<b>ORGANIZATION ASSIGNMENT LIST</b>			
1. Incident Name		<b>West Region IMO</b>	
2. Date 4/16/2021		3. Time 12:07:00 AM	
4. Operational Period 4/17 - 4/18 2021 0800-2000		9. OPERATIONS SECTION	
		Chief	Ken Foss 253-318-2678
		Deputy Chief	Tom Hatley 509-370-9803
<b>5. INCIDENT COMMANDER &amp; STAFF</b>		<b>a. Grays Harbor Branch (West)</b>	
Incident Commander	Leonard Johnson 360-581-9672	Branch Director	Paul Kimball 509-863-5133
Liason Officer	Norma Brock 360-490-9090	Division Vaccination	
Safety Officer	Mark Hill 206-949-0940	Division B	
Information Officer		<b>b. Lewis Branch (East)</b>	
		Branch Director	Andrew Shaffran 360- 507-6343
		Division A	
		Division B	
<b>6. AGENCY REPRESENTATIVE</b>		<b>c. Pacific Branch (West)</b>	
Agency	Name	Branch Director	Paul Kimball 509-863-5133
WSP Fire Marshal	Bill Slosson	Division A	
WA DOH/WANG	Darius Bazemore	Division B	
Grays Harbor Co. IC	Hannah Cleverly	<b>d. Thurston Branch (East)</b>	
Lewis Co. IC	JP Anderson	Branch Director	Andrew Shaffran 360- 507-6343
Pacific Co. IC	Katie Lindstrom	Division A	
Thurston Co. IC	Mark Moffett	Division B	
<b>7. PLANNING SECTION</b>			
Chief	Ryan Scharnhorst 509-432-1016		
Deputy			
Resource Unit	Brian Dodge 360-790-5279		
Situation Unit			
Documentation Unit		<b>10. FINANCE SECTION</b>	
Demobilization Unit		Chief	Audrey Mainwaring 206-949-0137
Human Resources		Deputy	
Planning Operations	KC Whitehouse 360-490-3336	Time Unit	Lisa Egtvedt
		Procurement Unit	
		Cost Unit	
		<b>11. CONTACTS / OTHER INFORMATION</b>	
<b>8. LOGISTICS SECTION</b>		CWICC 509.884.3473 fax 509.884.3549	
Chief	Cindy Preston 509-607-9724		
Deputy	Chris Patti 360-791-5052		
Supply Unit	Steve Huang 360-770-9806		
Facilities Unit			
Ground Support Unit			
Communications Unit			
RADO			
Medical Unit		Prepared by (Resource Unit Leader)	
Food Unit		Ryan Scharnhorst	

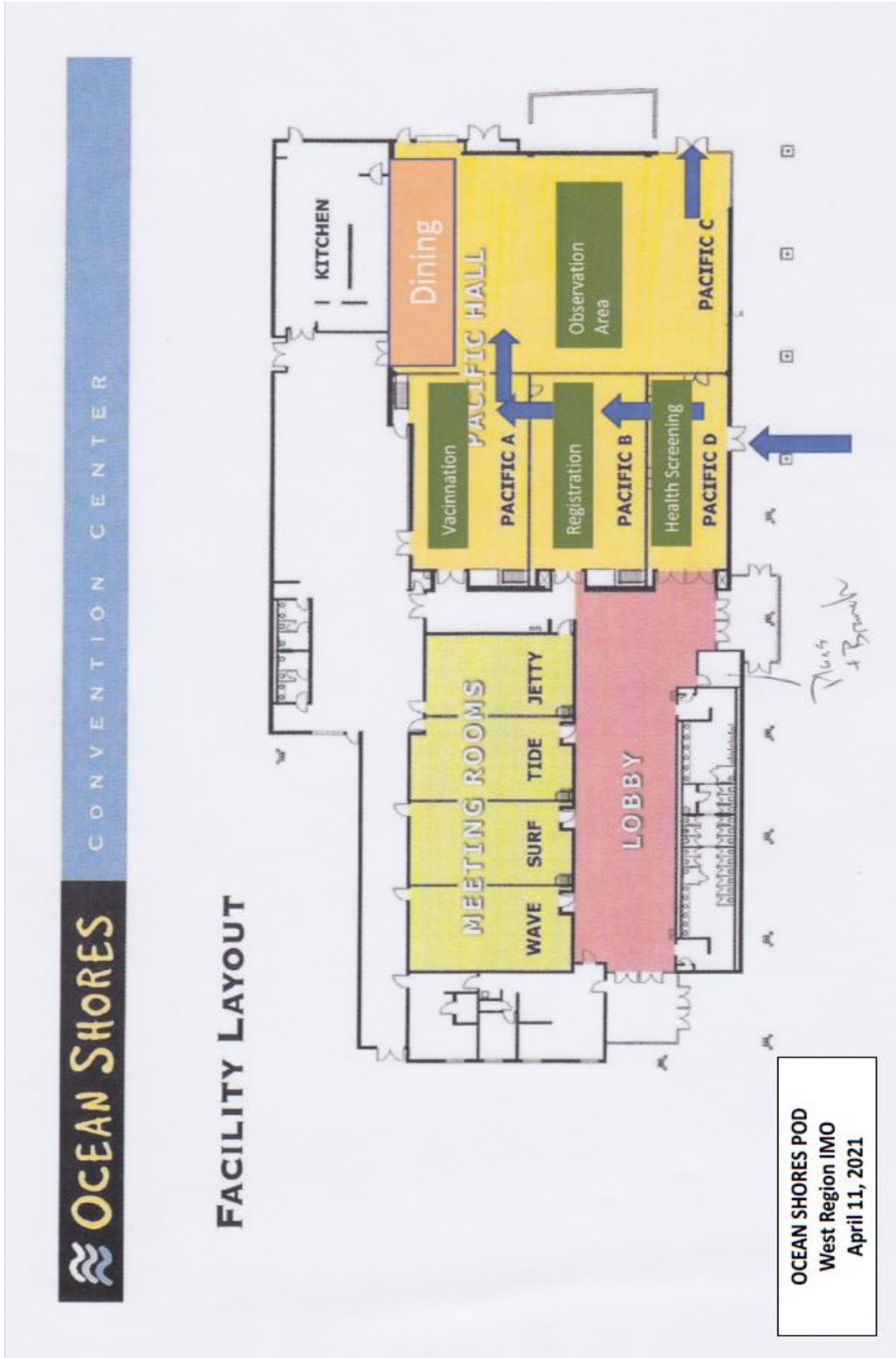
<b>DIVISION ASSIGNMENT LIST</b>		1. Branch <b>Grays Harbor</b>		2. Division / Group <b>Vaccination</b>		
3. Incident Name <b>West Region IMO</b>			4. Operational Period Date: <b>4/17 - 4/18 2021</b> Time: <b>Day</b>			
<b>5. Operations Personnel</b>						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director <i>Paul Kimball 509-863-5133</i>		
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
<b>6. Resources Assigned this Period</b>						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
	WAANG CO	1LT Hagarty	1	509-951-1881	<input type="checkbox"/>	
	WAANG NCO	SSG David Rosender	1	509-281-0460	<input type="checkbox"/>	
	WAANG Team 8		12		<input checked="" type="checkbox"/>	
	Team 8 DOH LOFR	Katie Scott	1		<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			15			
<b>7. Work Assignments</b>						
Assist the LHJ with mass vaccination distribution. Checkin with the QR code at the start of shift as well as complete the						
<b>8. Special Instructions</b>						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
<b>9. Communication Summary</b>						
Function	Name	Mode	Frequency			
COMMAND		N	RX: Tone TX: Tone			
TACTICAL			RX: Tone TX: Tone			
AIR			RX: TX: Tone			
			See site specific POD communications plan			
Prepared by (RESL)		Approved by (PSC) <b>Ryan Scharnhorst</b>		Date: 4/16/2021	Time: 1600	

Grays Harbor Flow

1. Incident Name  
West Region IMO

2. Date Prepared  
4/16/2021

3. Time Prepared  
1600



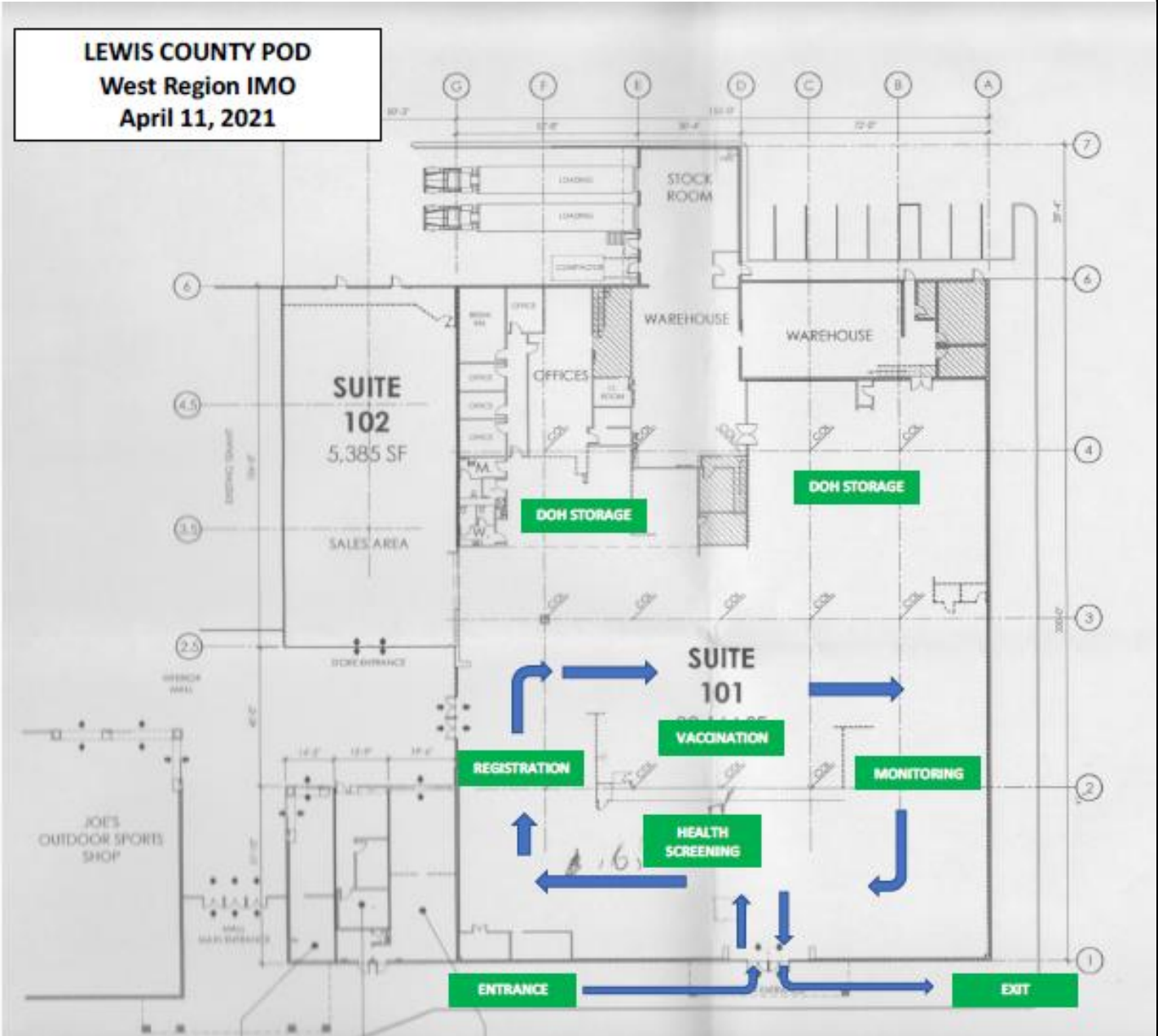
9. Prepared by (Name and Position)

Ryan Scharnhorst PSC



<b>Lewis Flow</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>4/16/2021</b>	3. Time Prepared <b>1600</b>
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**LEWIS COUNTY POD**  
**West Region IMO**  
**April 11, 2021**



9. Prepared by (Name and Position)

Ryan Scharnhorst PSC







WEATHER	1. Incident Name West Region IMO	2. Date Prepared 4/16/2021	3. Time Prepared 1600
<p><b><u>Grays Harbor Co.</u></b></p> <p><b>Saturday</b> Sunny, with a high near 74. East wind 5 to 9 mph.</p> <p><b>Saturday Night</b> Clear, with a low around 51. West wind 5 to 8 mph becoming east in the evening.</p> <p><b>Sunday</b> Sunny, with a high near 69. Light and variable wind becoming west 5 to 10 mph in the afternoon.</p> <p><b>Sunday Night</b> Mostly clear, with a low around 48.</p> <p><b><u>Lewis Co.</u></b></p> <p><b>Saturday</b> Sunny, with a high near 82. Light and variable wind.</p> <p><b>Saturday Night</b> Clear, with a low around 46. North northeast wind around 5 mph becoming calm after midnight.</p> <p><b>Sunday</b> Sunny, with a high near 81. Light and variable wind becoming north northwest around 6 mph in the afternoon.</p> <p><b>Sunday Night</b> Clear, with a low around 44.</p> <p><b><u>Pacific Co.</u></b></p> <p><b>Saturday</b> Sunny, with a high near 79. East wind 5 to 9 mph becoming calm in the afternoon.</p> <p><b>Saturday Night</b> Clear, with a low around 46. Light and variable wind.</p> <p><b>Sunday</b> Sunny, with a high near 72. Calm wind becoming west 5 to 7 mph in the afternoon.</p> <p><b>Sunday Night</b> Patchy fog after 2am. Otherwise, mostly clear, with a low around 44.</p> <p><b><u>Thurston Co.</u></b></p> <p><b>Saturday</b> Sunny, with a high near 81. Calm wind becoming north around 5 mph in the afternoon.</p> <p><b>Saturday Night</b> Clear, with a low around 46. Light and variable wind.</p> <p><b>Sunday</b> Sunny, with a high near 79. Calm wind becoming north around 6 mph in the afternoon.</p> <p><b>Sunday Night</b></p>			
<p>9. Prepared by (Name and Position)</p> <p style="text-align: center;"><i>Ryan Scharnhorst PSC</i></p>			

<b>SAFETY MESSAGE</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>4/16/2021</b>	3. Time Prepared <b>1600</b>
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**Vaccination Area:**

Avoid accidental needle sticks by following established safety procedures, and using proper equipment including your PPE.

**Venue:**

Be familiar with the Incident With in an Incident plan, IWI, and be aware of your surroundings.

**Parking Lot:**

Assume drivers are distracted and if assigned to traffic control please wear a High Visibility vest.



**WATCH  
OUT FOR  
TRAFFIC**



<b>Medical Plan</b> (ICS 206)	<b>1. Incident Name</b>	<b>2. Operational Period:</b>	Date From/To:	4/17 - 4/18 2021		
	<b>West Region IMO</b>		Time From/To:	0800-2000		
<b>3. Medical Aid Stations:</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Paramedics on Site?</b>			
Medical Monitoring	Vaccination Site		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4. Transportation (indicate air or ground):</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Level of Service</b>			
Call 911		Call 911	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
<b>5. Hospitals:</b>						
<b>Hospital Name</b>	<b>Address Latitude/Longitude</b>	<b>Contact Number(s)/Frequency</b>	<b>Travel Time Air Ground</b>	<b>Trauma Center</b>	<b>Burn Center</b>	<b>Helipad</b>
Harborview Medical Cntr	325 9th Ave, Seattle, WA 47.6039° N, 122.3241° W	206.744.3000 206.744.4074 ER		<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Providence St. Peter Hospital	413 Lilly Rd NE, Olympia, WA	360-491-9480		<input checked="" type="checkbox"/> Yes Level: 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Special Medical Emergency Procedures:</b>						
<p>Each county has a medical plan per site. Follow the site plan for your location, or call 911 immediately.</p> <p><input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.</p>						
<b>7. Prepared by (Medical Unit Leader):</b>		Name: Ryan Scharnhorst PSC3	Signature:			
<b>8. Approved by (Safety Officer):</b>		Name:	Signature:			

<b>FINANCE MESSAGE</b>	1. Incident Name	2. Date Prepared	3. Time Prepared
	<b>West Region IMO</b>	<b>4/16/2021</b>	<b>1600</b>

### Finance Message

Incident Numbers: **WA-WFS-000126** DNR account code **224-IYB**

CTRs & Shift tickets

- IMO members-due Monday, Wednesday & Friday for preceding days.
- Non-IMO members – due daily
- If work 5+ continuous hours, please show lunch break to comply with L&I Rules. If you are compensated for lunch per your home jurisdiction/labor agreement, please indicate "Compensable lunch" in the remarks section of the CTR.
- If requesting per diem or lodging reimbursement from their home agency, please note that in the Remarks section.
- Send CTRs/shift tickets to supervisor, then approved CTRs/shift tickets to [wrimo.fin@gmail.com](mailto:wrimo.fin@gmail.com)

Pay schedule

WSP casual hire payments will be submitted every two weeks. Fire district career personnel and other agency employees will receive their OF-288 at demob, the end of each month or upon request. You may request a draft at any time.

### EXAMPLES

CREW TIME REPORT					
CITY/STATE			O-3025		
Chehalis walk-in clinic			WA-WFS-126		
WSP		West Region		WA-WFS-126	
NO.	NAME OF DRIVER	CLASSIFICATION	START	END	REMARKS
1	Smith, Joe	EMTP	0630	0730	
2			0730	1200	
2			1230	1600	
3			1600	1700	
1 - Travel to Chehalis from Gig Harbor 2 - support work at vaccination clinic 3 - Return travel to Gig Harbor Compensable lunch Per diem B-L-D & Lodging					

EMERGENCY EQUIPMENT SHIFT TICKET					
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.					
1. AGREEMENT NUMBER State Mobilization-COVID Mass Vaccination			2. CONTRACTOR (name) Thurston Co FD 9		
3. INCIDENT OR PROJECT NAME W Region Mass Vacc support			4. INCIDENT NUMBER WA-WFS-126		
5. OPERATOR (name) Joe Smith O-3030			6. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT		
7. EQUIPMENT MAKE Ford		7. EQUIPMENT MODEL Explorer		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
9. SERIAL NUMBER		10. LICENSE NUMBER B2345C		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR		13. EQUIPMENT USE		14. REMARKS (released, down time and cause, problems, etc.) BLS Kit onsite E-4007	
		HOURS/DAYS/MILES(circle one)			
		START	STOP	WORK	SPECIAL
4/15/21		95362	95524		Travel
15. EQUIPMENT STATUS			16. INVOICE POSTED BY (Recorder's initials)		
<input checked="" type="checkbox"/> a. Inspected and under agreement					
<input type="checkbox"/> b. Released by Government					
<input type="checkbox"/> c. Withdrawn by Contractor					
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED

9. Prepared by (Name and Position)

Audrey Mainwaring FSC3









<b>Field Order Example</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>4/16/2021</b>	3. Time Prepared <b>1600</b>
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**GENERAL MESSAGE (ICS 213)**

1. Incident Name (Optional): Covid-19 Mass Vaccination Support		
2. To (Name and Position): Cindy Preston, LSC		
3. From (Name and Position): John Doe, West Branch		
4. Subject: Field Supply order - Grays Harbor - Elma vaccination Site	5. Date: 4-16-2021	6. Time: 1200
<p>7. Message:</p> <p>What you need - specific</p> <p>Amount you need -</p> <p>When you need it - May 19 by 0800</p> <p>Where you need it - Grays Harbor Fairgrounds.</p> <p>Please give as much notice as possible - If possible at least the day before by 1200 so you can pick up the next morning and take with you.</p> <p>If you sign fine I don't care - type in name &amp; title</p>		
8. Approved by: Name: <u>fill in</u> Signature:  Position/Title: _____		
9. Reply:		
10. Replied by: Name: _____ Position/Title: _____ Signature: 		
ICS 213	Date/Time: _____	

9. Prepared by (Name and Position)  
*Cindy Preston LSC3*

# MEDICAL PLAN (ICS 206 WF)

Medical Incident Report					
FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE <span style="color: red;">"MEDICAL EMERGENCY"</span> TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.					
<b>Use items one through nine to communicate situation to communications/dispatch.</b>					
<b>1. CONTACT COMMUNICATIONS/DISPATCH</b> Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)					
<b>2. INCIDENT STATUS:</b> Provide incident summary and command structure.					
Nature of Injury/Illness			Describe the injury (Ex: Broken leg with bleeding)		
Incident Name			Geographic Name + "Medical" (Ex: Trout Meadow Medical)		
Incident Commander			Name of IC		
Patient Care			Name of Care Provider (Ex: EMT Smith)		
<b>3. INITIAL PATIENT ASSESSMENT:</b> Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.					
Number of Patients:	Male / Female	Age:	Weight:		
Conscious? <input type="checkbox"/> YES <input type="checkbox"/> <b>NO = MEDEVAC!</b>					
Breathing? <input type="checkbox"/> YES <input type="checkbox"/> <b>NO = MEDEVAC!</b>					
Mechanism of Injury: What caused the injury?					
Lat/Long (Datum WGS84) Ex: N 40° 42.45' x W 123° 03.24'					
<b>4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY</b>					
SEVERITY			TRANSPORT PRIORITY		
<input type="checkbox"/> <b>URGENT-RED</b> Life threatening injury or illness. Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.			Ambulance or MEDEVAC helicopter. Evacuation need is <b>IMMEDIATE.</b>		
<input type="checkbox"/> <b>PRIORITY-YELLOW</b> Serious Injury or illness. Ex: Significant trauma, not able to walk, 2° – 3° burns not more than 1-2 palm sizes.			Ambulance or consider air transport if at remote location. Evacuation may be <b>DELAYED.</b>		
<input type="checkbox"/> <b>ROUTINE-GREEN</b> Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness.			Non-Emergency. Evacuation considered <b>Routine of Convenience.</b>		
<b>5. TRANSPORT PLAN:</b>					
<b>Air Transport:</b> (Agency Aircraft Preferred)					
<input type="checkbox"/> Helispot		<input type="checkbox"/> Short-haul/Hoist		<input type="checkbox"/> Life Flight	
<input type="checkbox"/> Other					
<b>Ground Transport:</b> <a href="#">Click here to enter text.</a>					
<input type="checkbox"/> Self-Extract		<input type="checkbox"/> Carry-Out		<input type="checkbox"/> Ambulance	
<input type="checkbox"/> Other					
<b>6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:</b>					
<input type="checkbox"/> Paramedic/EMT(s)		<input type="checkbox"/> Crew(s)		<input type="checkbox"/> SKED/Backboard/C-Collar	
<input type="checkbox"/> Burn Sheet(s)		<input type="checkbox"/> Oxygen		<input type="checkbox"/> Trauma Bag	
<input type="checkbox"/> Medication(s)		<input type="checkbox"/> IV/Fluid(s)		<input type="checkbox"/> Cardiac Monitor/AED	
<input type="checkbox"/> Other (i.e. splints, rope rescue, wheeled litter)					
<b>7. COMMUNICATIONS:</b>					
Function	Channel Name/Number	Receive (Rx)	Tone/NAC *	Transmit (Tx)	Tone/NAC *
Ex: Command	Forest Rpt, Ch. 2	168.3250	110.9	171.4325	110.9
COMMAND					
AIR-TO-GRND					
TACTICAL					
*(NAC for digital radio system)					
<b>8. EVACUATION LOCATION:</b>					
Lat/Long (Datum WGS84) EX: N 40 42.45' x W 123 03.24'					
Patient's ETA to Evacuation Location:					
Helispot/Extraction Size and Hazards:					
<b>9. CONTINGENCY:</b>					
<b>Considerations:</b> If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...				<b>REMEMBER:</b> Confirm ETA's of resources ordered Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively.	