INCIDENT ACTION PLAN

WEST REGION IMO

4/17 - 4/18 2021

0800-2000 Operational Period

WA-WFS-126













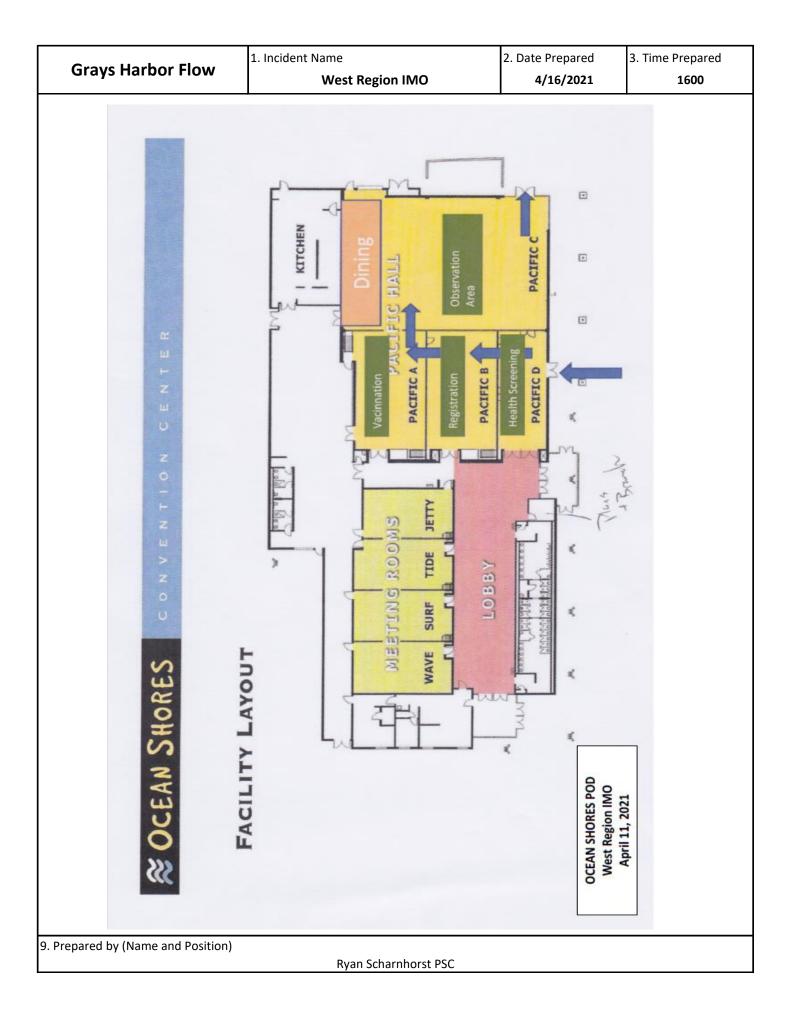


This page intentionally left blank
This page interitionally left blank

		T			_
Incident Object	rtives	1. Incident Name		2. Date Prepared	3. Time Prepared
	ctives	West Region IMC)	4/16/2021	1600
4. Operational Period (D	Date and Tin	ne)			
4/17 - 4/18 202		0800-2000			
5. General Control Obje	ctives for th	e Incident (include Alterna	itives)		
clinic attendees, an 2. Develop plans to with needs identific 3. Coordinate delive 4. Coordinate docu 5. Establish and ma relevant guidelines 6. Coordinate with 7. Maintain and en	d avaccine implemened by the Ceryof vacci mentation intain cost	t mass vaccination clini	cs for releva accou elease linary	West Region residen ant eligibility schedule nting procedures in a e of accurate public in relationships by deve	ts in accordnace es ccordance with formation eloping and
6. Operational Period Co	ommand Em	nphasis			
have requested the trelationships are ess improve processes.	team's assistential to ou Always sup	increasing vaccination a stance. Maintain good our sur success. Continue to sport the assigned resou nnel are encouraged to t	comm look f rces v	nunications with our poor opportunities to convithin the region to the	artners in the region, llaborate and e best of our ability.
7. General Safety Messa	age				
-Daily COVID screenin -Wash hands frequen -Maintain social dista	g tly ncing of at lo cial PPE for a	assigned task (cloth mask,			eriod. This included:
8. Attachments (check i	f attached)				
✓ Organization List (ICS ✓ Weather ✓ Safety Message	203)	✓ Assignment List (ICS 2 ☐ Communication Plan (✓ Medical Plan (ICS 206)	ICS 20		
	9. Prepared	l by (PSC)		10. Approved by (IC)	
ICS-202		Ryan Scharnhorst		Leonard Id	hnson ICT3

ORGANIZATION A	ASSIGNMENT LIST	
1. Incident Name	West Region IMO	9. OPERATIONS SECTION
2. Date 4/16/2021	3. Time 12:07:00 AM	/ Chief Ken Foss 253-318-2678
4. Operational Period	4/17 - 4/18 2021 0800-2000	Deputy Chief Tom Hatley 509-370-9803
5. INCIDENT COMMA	ANDER & STAFF	a. Grays Harbor Branch (West)
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. Lewis Branch (East)
		Branch Director Andrew Shaffran 360- 507-6343
		Division A
		Division B
6. AGENCY REPRESEN	NTATIVE	c. Pacific Branch (West)
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	d. Thurston Branch (East)
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
7. PLANNING SECTIO	N	
Chief	Ryan Scharnhorst 509-432-101	5
Deputy		
Resource Unit	Brian Dodge 360-790-5279	
Situation Unit		
Documentation Unit		10. FINANCE SECTION
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
		11. CONTACTS / OTHER INFORMATION
8. LOGISTICS SECTION	, N	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

	DIVISION ASS	IGNME	NT LIST	1. Branch Grays Harbor 2. Division / Group Vaccination						Vaccination		
3. Incid	lent Name				4. Operation	onal Period						
	West	Region	n IMO		Da	ite: 4/17 - 4/ 2	18 202	1	Tin	ne: Day		
5. Ope	rations Personnel											
Opera	tions Chief	Ke	en Foss 253-318-2	678	Branch Dir	ector			Paul	Kimball 50	9-863-5133	
Safety	Officer	М	lark Hill 206-949-0	940	Division/G	roup Supervisor						
6. Resc	urces Assigned th	is Period	d		ļ							
RO#	Strike Team/T Force/Resour		Leader		# People	Contact (phone, ra	adio fred	q, etc.)	EMT		Remarks	
	WAANG CO		1LT Hagarty		1	509-951-	1881					
	WAANG NCO		SSG David Rosenc	er	1	509-281-	0460					
	WAANG Team 8				12				V			
	Team 8 DOH LOF	₹	Katie Scott		1							
					15							
7. Wor	k Assignments											
	t the LHJ with m	ass vaco	cination distribu	tion. Ch	eckin with	the QR code at	the st	art of	shift a	s well as co	omplete the	
8. Spec	ial Instructions											
Whe	n traveling arour	nd or wo	orking within the	traffic	lanes / vac	ccination area, w	ear yo	ur hig	h visik	oility vest.		
9. Comi	munication Summ	ary									_	
	unction	Name	Mode				Frequer					
	MMAND		N				one TX					
17	ACTICAL AIR		- -				Tone TX:		e			
	7.511		+ +			See site specific			cations	plan		
						·						
Prepare	ed by (RESL)		y (PSC)			Date:	46/25		Time:	4600		
				Ryar	n Scharnhoi	rst	4/	16/202	21		1600	



	DIVISION ASSI	GNME	NT LIST	1. Brar	nch	Lewis	2. Divis	sion / (Group		Vaccination
3. Incid	lent Name				4. Operati	onal Period	<u>. </u>				
	West	Region	IMO		Da	ate: 4/17 - 4/ 1	18 202	1	Tir	me:	Day
5. Ope	rations Personnel										
Opera	ations Chief	Ke	n Foss 253-318-26	578	Branch Dir	ector			Andre	w Shafj	fran 360- 507-6343
Safety	/ Officer	Ма	ark Hill 206-949-09	940	Division/G	roup Supervisor					
6. Resc	ources Assigned thi	s Period									
RO#	Strike Team/Ta Force/Resourc		Leader		# People	Contact (phone, ra	idio freq	, etc.)	EMT		Remarks
	WAANG Team 9 C	O L	T Huang Roth		1	253-239-	7408				
	WAANG Team 9 N	CO S	SSG Caz		1	910-635-	1274				
	WAANG Team 9				20				\		
									Щ		
		-									
					22						
7. Wor	k Assignments										
	st the LHJ with ma	ass vacci	ination distribut	ion. Ch	eckin with	the QR code at	the sta	art of	shift a	as well	as complete the
8. Spec	cial Instructions										
Whe	n traveling aroun	d or wo	rking within the	traffic I	lanes / vac	ccination area, w	ear yo	ur hig	h visil	bility v	rest.
	munication Summa										
	unction	Name	Mode				Frequen		0		
	MMAND ACTICAL		N				one TX				
.,	AIR						TX: 1				
						See site specific	POD con	nmunio	cations	plan	
Dropara	ed by (RESL)		Approved b	ı (DSC)			Date:			Time:	
i ichait	.a by (NESE)		Αρριονέα υ		Scharnho	rst		16/202	21		1600

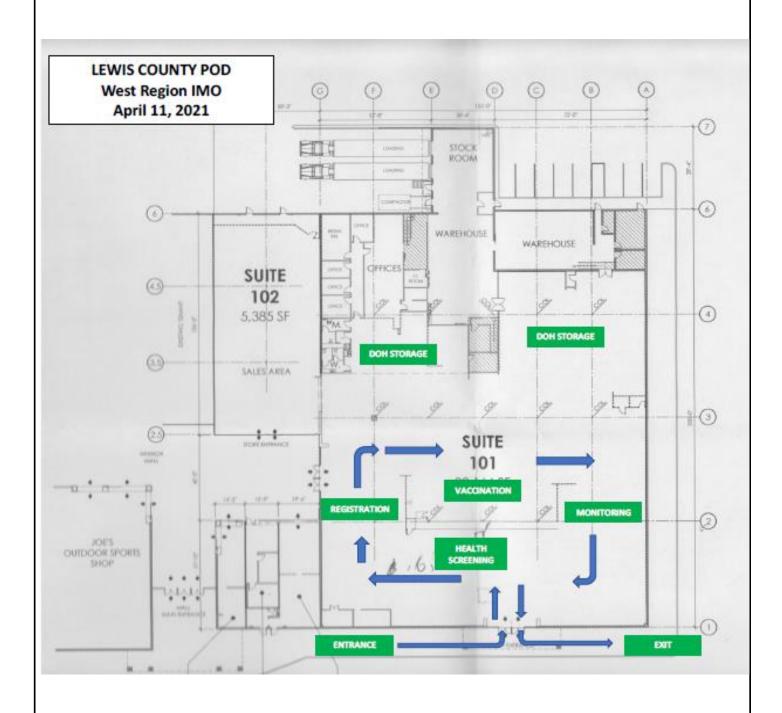
Lewis Flow

1. Incident Name

West Region IMO

Date Prepared
 4/16/2021

3. Time Prepared **1600**



DIVISION ASSIGNMENT LIST 1. Bra		Pacific 2.1			2. Division / Group			Vaccination				
3. Incid	ent Name					4. Operati	onal Period					
	V	Vest I	Regio	n IMO		Da	nte: 4/17 -	4/18 2	2021	Tin	ne:	Day
5. Oner	rations Perso		-0 -				•	•				,
-	tions Chief	inici	K	en Foss 253-318	3-2678	Branch Dir	ector			Paul	l Kimb	pall 509-863-5133
Safety	Officer		М	lark Hill 206-94	9-0940	Division/G	roup Supervis	or				
	urces Assign	ed this				Sitisferi, et eup euper viser						
	Strike Te						Contact (pho	ne. radio	frea.		l	
RO#	Force/R			Leade	er	# People	" et			EMT		Remarks
										$\overline{\Box}$		
										Ħ		
										\vdash		
										 		
										\dashv		
										1		
										Щ		
						0						
7. Wor	k Assignment	ts	•									
				cination distri r your PPE app				e at the	start	of shi	ft as v	well as complete the
8. Spec	ial Instruction	ns										
Whe	n traveling a	iround	d or wo	orking within	he traffic	lanes / vac	ccination area	a, wear	your l	high v	isibili	ity vest.
9. Comr	munication S	umma	ry									
Fu	unction		Name	Mode				Frequ	ency			
	MMAND			N				Tone				
TA	ACTICAL							Tone				
	AIR								Tone			
				- 			See site specif	ונ אטט (ummun	ııcation	is pian	
				 								
Prepare	d by (RESL)			Approve	d by (PSC)			Date:			Time	:
1	, ,					Scharnhors	t		/16/202	21		1600

	DIVISION A	SSIGNM	IMENT LIST 1. Branch Thurston 2. Division / Group Vaccination						Vaccination		
3. Incid	ent Name			1	4. Operation	onal Period					
	W	est Regio	on IMO		Date: 4/17 - 4/18 2021				Tin	ne:	Day
5. Ope	rations Person	nel									
Opera	tions Chief	1	Ken Foss 253-318-20	578	Branch Dir	ector		Α	Indrev	v Sha	ffran 360- 507-6343
Safety	Officer	^	Mark Hill 206-949-0	940	Division/G	ivision/Group Supervisor					
6. Reso	urces Assigned	d this Perio	od								
RO#	Strike Tear Force/Res		Leader		# People	Contact (phone etc.)		freq,	EMT		Remarks
									$\overline{\Box}$		
									Ē		
									Ħ		
									Ħ		
									Ħ		
									\forall		
									\forall		
									\exists		
									\exists		
					0						
7 Wor	k Assignments				0						
Assis	t the LHJ with	n mass vad	ccination distribut ar your PPE appro				t the st	tart of	shift a	as we	ell as complete the
8. Spec	ial Instructions	S									
Whe	n traveling ard	ound or w	vorking within the	traffic l	anes / vac	cination area, v	vear y	our hig	h visi	bility	vest.
9. Comi	munication Sur	mmary									
	unction	Name	e Mode				Frequei				
	MMAND		N					X: Tone			
TA	ACTICAL							X: Tone)		
	AIR					RX:		Tone:	ations	nlan	
						See site specific	LOD C0	mmunic	ations	pian	
	+										
Prepare	ed by (RESL)		Approved b	y (PSC)			Date:			Time	:
•					Scharnhor	st		16/202			1600

WEATHER 1. Incident Name West Region IMO 2. Date Prepared 4/16/2021 3. Time Prepared 1600

Grays Harbor Co.

Saturday

Sunny, with a high near 74. East wind 5 to 9 mph.

Saturday Night

Clear, with a low around 51. West wind 5 to 8 mph becoming east in the evening.

Sunday

Sunny, with a high near 69. Light and variable wind becoming west 5 to 10 mph in the afternoon.

Sunday Night

Mostly clear, with a low around 48.

Lewis Co.

Saturday

Sunny, with a high near 82. Light and variable wind.

Saturday Night

Clear, with a low around 46. North northeast wind around 5 mph becoming calm after midnight.

Sunday

Sunny, with a high near 81. Light and variable wind becoming north northwest around 6 mph in the afternoon.

Sunday Night

Clear, with a low around 44.

Pacific Co.

Saturday

Sunny, with a high near 79. East wind 5 to 9 mph becoming calm in the afternoon.

Saturday Night

Clear, with a low around 46. Light and variable wind.

Sunday

Sunny, with a high near 72. Calm wind becoming west 5 to 7 mph in the afternoon.

Sunday Night

Patchy fog after 2am. Otherwise, mostly clear, with a low around 44.

Thurston Co.

Saturday

Sunny, with a high near 81. Calm wind becoming north around 5 mph in the afternoon.

Saturday Night

Clear, with a low around 46. Light and variable wind.

Sunday

Sunny, with a high near 79. Calm wind becoming north around 6 mph in the afternoon.

Sunday Night

9. Prepared by (Name and Position)

Ryan Scharnhorst PSC

SA	FFTY	MESS	AGF
		IVILJJ	$\Delta \Delta L$

1. Incident Name

West Region IMO

2. Date Prepared **4/16/2021**

3. Time Prepared **1600**

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.



Medical Pla	an	1. Inc	ident Name			2. Operation	nal	Date F	rom/To:	4/17 -	- 4/18 20	21
(ICS 206)			West Reg	gion II	MO	Period:		Time I	From/To:	0800-	2000	
3. Medical Aid S	tation	is:										
Name	:			L	ocation				Contact			nedics on
			.,				N	umbei	r(s)/Frequen	icy		Site?
Medical Monitorin	g		Vaccination :	Site							Yes	✓ No
											Yes	☐ No
											☐ Yes	☐ No
4. Transportation	n (ind	icate	air or groun	d):								_
Name	1			L	ocation				Contact		Level c	of Service
0.11.044							N		r(s)/Frequen	су		
Call 911								(Call 911		ALS	BLS
											ALS	BLS
											ALS	BLS
											ALS	BLS
_											☐ ALS	 ✓ BLS
											_	
											ALS	BLS
5. Hospitals:	Ī		Address	1	Con	tact	Trave	l Timo	Trama	l Rı	ırn	
Hospital Name			de/Longitude		Number(s)			round	Center		nter	Helipad
Harborview	325 91	th Ave	, Seattle, WA		206.74	4.3000			✓ Yes	✓.	Yes	✓ Yes
Medical Cntr Providence St.	47.603	39° N,	122.3241° W		206.744	.4074 ER			Level: 1 Ves		No Yes	No Yes
Peter Hospital	413 Li	lly Rd	NE, Olympia,	WA	360-49	1-9480			Level: 3	. =	No	☐ res ✓ No
									Yes Level: 4		Yes	Yes
									Yes		No Yes	No Yes
									Level: 4		No	☐ No
									Yes Level:		Yes No	Yes No
									Yes	_	Yes	Yes
									Level:		No	☐ No
6. Special Medic	cal Em	ergen	cy Procedur	es:								
Each count immediate	-	a med	lical plan pei	rsite.	Follow the	site plan foi	r your	locati	on, or call S	911		
7. Prepared by (M	edical	Unit Le		1	: Ryan Scharr		ed, coo Signat	ure:	te with Air O	peratic	ons.	
8. Approved by (S	arety C	Jfficer):					••				

ı

FINANCE MESSAGE

1. Incident Name

West Region IMO

2. Date Prepared **4/16/2021**

3. Time Prepared **1600**

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

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.

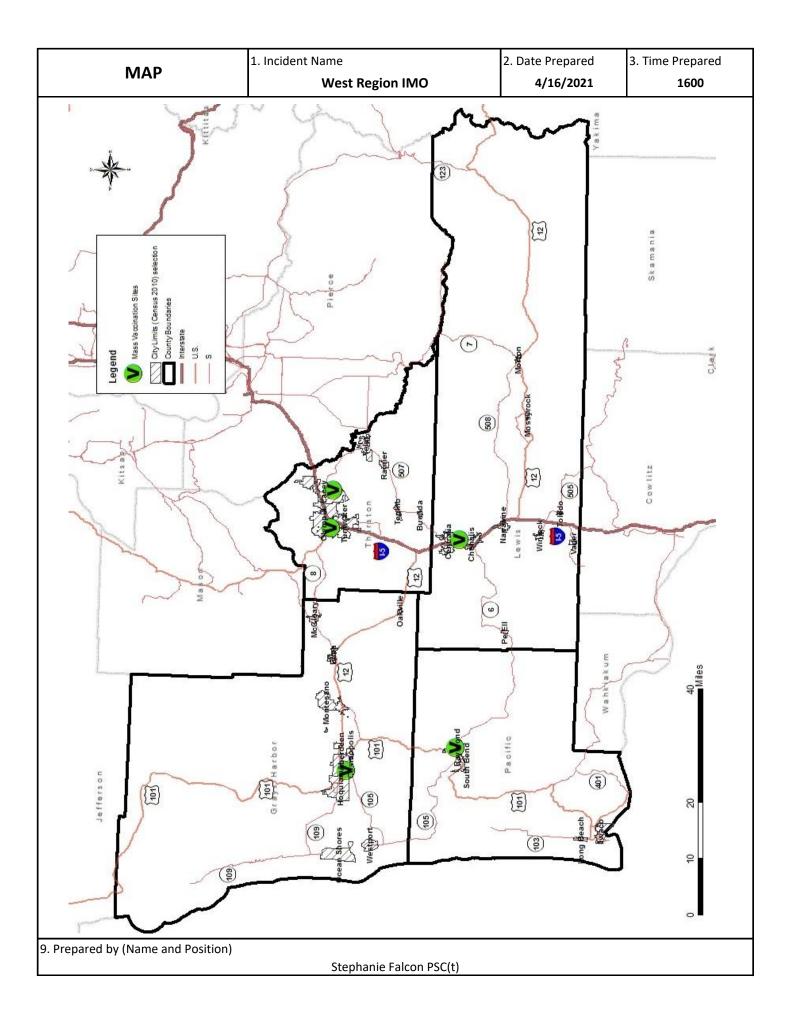
CREW TIME REPORT Chehalis walk-in clinic Special Control Con

EXAMPLES

LAGREEMENT : State Mobiliza	tion-COV	100 11100			2. CONTRACTOR (name) Thurston Co FD 9
 INCIDENT OR W Region Ma: 			4. INCIDENT WA-WFS-1		5. OPERATOR (nume) Joe Smith O-3030
6. EQUIPMENT N Ford	IAKE		7. EQUIPME Explorer	NT MODEL	8. OPERATOR FURNISHED BY CONTRACTOR GOVERNMENT
9. SERIAL NUME	BER		10. LICENSE B2345C	NUMBER	 OPERATING SUPPLIES FURNISHED BY CONTRACTOR (wet) GOVERNMENT (dry)
I2.DATE MO/DAY/YR	START			SPECIAL	[4. REMARKS (released, down time and cause, problems, scc.) BLS Kit onsite E-4007
4/15/21	95362	95524		Travel	
					15. EQUIPMENT STATUS a. Inspected and under agreement b. Released by Government c. Withdrawn by Contractor
					16. INVOICE POSTED BY (Recorder's initials)
17. CONTRACTO	R'S OR AU	THORIZ	ED AGENT'S	SIGNATURE	18. GOVERNMENT OFFICER'S 19. DATE SIGNED SIGNATURE

9. Prepared by (Name and Position)

		1. Incident Name		2. Date Prepared	3. Time Prepared
UNIT LO)G	West Regio	on IMO		
4. Unit Name/Designat	ors	5. Unit Leader (Name and		6. Operational Period	1
				4/17 - 4/18 2021	0800-2000
		7. Personnel	Roster Assigned		
Name		ICS Posi		Hom	e Base
		<u>8</u> Δct	civity Log		
Time		0.7.00	Major Events		
9. Prepared by (Name a	and Position)				



Field Order Example

1. Incident Name

West Region IMO

2. Date Prepared 4/16/2021

3. Time Prepared 1600

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional): Covid-19	Mass Vaccination Support	•	
2. To (Name and Position): Cindy Presi	ton, LSC		
3. From (Name and Position): John Do	e, West Branch		
4. Subject: Field Supply order - Grays F		5. Date:	6. Time
	narbor - Elma vaccination Site	4-16-2021	1200
7. Message:			
What you need - specific			
Amount you need -			
When you need it - May 19 by 0800			
Where you need it - Grays Harbor Fairg	grounds.		
Please give as much notice as possible moming and take with you.	- If possible at least the day before b	oy 1200 so you can pick up	the next
If you sign fine I don't care - type in nam	ne & title		
8. Approved by: Name: fill in	Signature:	Position/Title:	
9. Reply:			
10. Replied by: Name:	Position/Title:	Signature:	

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 "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH. Use items one through nine to communicate situation to communications/dispatch. 1. CONTACT COMMUNICATIONS/DISPATCH Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.) 2. INCIDENT STATUS: Provide incident summary and command structure. Describe the injury Nature of Injury/Illness (Ex: Broken leg with bleeding) Geographic Name + "Medical" Incident Name (Ex: Trout Meadow Medical) Incident Commander Name of IC Name of Care Provider Patient Care (Ex: EMT Smith) 3. INITIAL PATIENT ASSESSMENT: 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 Weight: Age: Conscious? ☐ YES □NO = MEDEVAC! Breathing? YES ☐ NO = MEDEVAC! Mechanism of Injury: What caused the injury? Lat/Long (Datum WGS84) Ex: N 40° 42.45' x W 123° 03.24' 4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY SEVERITY TRANSPORT PRIORITY ☐ URGENT-RED Life threatening injury or illness. Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE. Ex: Unconscious, difficulty breathing, bleeding severely, $2^{\circ} - 3^{\circ}$ burns more than 4 palm sizes, heat stroke, disoriented. Ambulance or consider air transport if at remote location. ☐ PRIORITY-YELLOW Serious Injury or illness. Evacuation may be DELAYED. Ex: Significant trauma, not able to walk, $2^{\circ} - 3^{\circ}$ burns not more than 1-2 palm sizes. Non-Emergency. Evacuation considered ☐ ROUTINE-GREEN Routine of Convenience. Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness. 5. TRANSPORT PLAN: Air Transport: (Agency Aircraft Preferred) ☐ Helispot ☐ Short-haul/Hoist ☐ Life Flight ☐ Other Ground Transport: Click here to enter text. ☐ Self-Extract ☐ Ambulance ☐ Other ☐ Carry-Out 6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS: ☐ Paramedic/EMT(s) ☐ SKED/Backboard/C-Collar ☐ Crew(s) ☐ Burn Sheet(s) □ Oxygen ☐ Trauma Bag ☐ Cardiac Monitor/AED ☐ Medication(s) ☐ IV/Fluid(s) ☐ Other (i.e. splints, rope rescue, wheeled litter) 7. COMMUNICATIONS: Tone/NAC Channel Name/Number Tone/NAC Function Receive (Rx) Transmit (Tx) Forest Rpt, Ch. 2 168.3250 110.9 171.4325 110.9 Ex: Command COMMAND AIR-TO-GRND TACTICAL *(NAC for digital radio system) 8. EVACUATION LOCATION: 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: 9. CONTINGENCY:

REMEMBER:

Confirm ETA's of resources ordered

Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively.

Considerations: If primary options fail, what actions can be implemented in

conjunction with primary evacuation method? Be thinking ahead...