

INCIDENT ACTION PLAN

Revised 4/27/21

WEST REGION IMO

4/27 - 4/30 2021

0800-2000 Operational Period



WA-WFS-126
224-IYB



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Incident Objectives	1. Incident Name West Region IMO	2. Date Prepared 4/26/2021	3. Time Prepared 1615
4. Operational Period (Date and Time) 4/27 - 4/30 2021 0800-2000			
5. General Control Objectives for the Incident (include Alternatives)			
<p>1. Provide for the health, safety and welfare of all public safety personnel, healthcare providers, clinic attendees, and vaccine recipients</p> <p>2. Develop plans to implement mass vaccination clinics for West Region residents in accordance with needs identified by the Counties</p> <p>3. Coordinate delivery of vaccines in accordance with relevant eligibility schedules</p> <p>4. Coordinate documentation of vaccines delivered</p> <p>5. Establish and maintain cost containment and cost accounting procedures in accordance with relevant guidelines</p> <p>6. Coordinate with LHJs for the timely, coordinated release of accurate public information</p> <p>7. Maintain and enhance interagency and interdisciplinary relationships by developing and maintaining an environment in which all participants are treated with dignity and respect.</p>			
6. Operational Period Command Emphasis			
<p>Remain focused on the goals of increasing vaccination availability and equity within the counties that have requested the team’s assistance. Maintain good communications with our partners in the region, relationships are essential to our success. Continue to look for opportunities to collaborate and improve processes. Always support the assigned resources within the region to the best of our ability.</p> <p>Manage your fatigue. All personnel are encouraged to take breaks when needed and get plenty of rest at night.</p>			
7. General Safety Message			
<p>All personnel attached to the IMO need to take extra precautions at every operational period. This includes:</p> <p>-Daily COVID screening</p> <p>-Wash hands frequently</p> <p>-Maintain social distancing of at least 6 feet</p> <p>-Wear appropriate facial PPE for assigned task (cloth mask, disposable mask, N95)</p> <p>-Routinely sanitize work area and high touch areas</p>			
8. Attachments (check if attached)			
<input checked="" type="checkbox"/> Organization List (ICS 203) <input checked="" type="checkbox"/> Assignment List (ICS 204) <input type="checkbox"/> Air Operations (ICS 220) <input checked="" type="checkbox"/> Weather <input type="checkbox"/> Communication Plan (ICS 205) <input type="checkbox"/> HR Message <input checked="" type="checkbox"/> Safety Message <input checked="" type="checkbox"/> Medical Plan (ICS 206) <input checked="" type="checkbox"/> Incident Maps			
ICS-202	9. Prepared by (PSC) Ryan Scharnhorst	10. Approved by (IC) Peter Suver, ICT3	

ORGANIZATION ASSIGNMENT LIST					
1. Incident Name		West Region IMO		9. OPERATIONS SECTION	
2. Date	4/26/2021	3. Time	12:07:00 AM	Chief	Ken Foss 253-318-2678
4. Operational Period		4/27 - 4/30 2021 0800-2000		Deputy Chief	Tom Hatley 360-986-6049
5. INCIDENT COMMANDER & STAFF			a. West Branch		
Incident Commander	Peter Suver 360-402-2715		Branch Director	Sami Schinnell 928-607-2672	
Dep. IC	Leonard Johnson 360-581-9672		Grays Harbor County		
Liason Officer	Tim McKern 360-463-2767		Pacific County		
Safety Officer	Mark Hill 206-949-0940		b. East Branch		
Information Officer	Norma Brock 360-490-9090		Branch Director	Andrew Shaffran 360- 507-6343	
			Lewis County		
			Thurston County		
6. AGENCY REPRESENTATIVE			c.		
Agency	Name		Branch Director		
WSP Fire Marshal	Bill Slosson		Division A		
WA DOH/WANG	Darius Bazemore		Division B		
Grays Harbor Co. IC	Hannah Cleverly		d.		
Lewis Co. IC	JP Anderson		Branch Director		
Pacific Co. IC	Katie Lindstrom		Division A		
Thurston Co. IC	Mark Moffett		Division B		
7. PLANNING SECTION					
Chief	David Winter 509-301-2631				
Deputy	Ryan Scharnhorst 509-432-1016				
Resource Unit	Brian Dodge 360-870-6700				
Situation Unit					
Documentation Unit			10. FINANCE SECTION		
Demobilization Unit			Chief	Sue Ranger 509-930-6062	
Human Resources			Deputy		
Planning Operations	Sami Schinnell 928-607-2672		Time Unit	Lisa Egtvedt 360-333-5769	
			Procurement Unit		
			Cost Unit		
			11. CONTACTS / OTHER INFORMATION		
8. LOGISTICS SECTION			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		

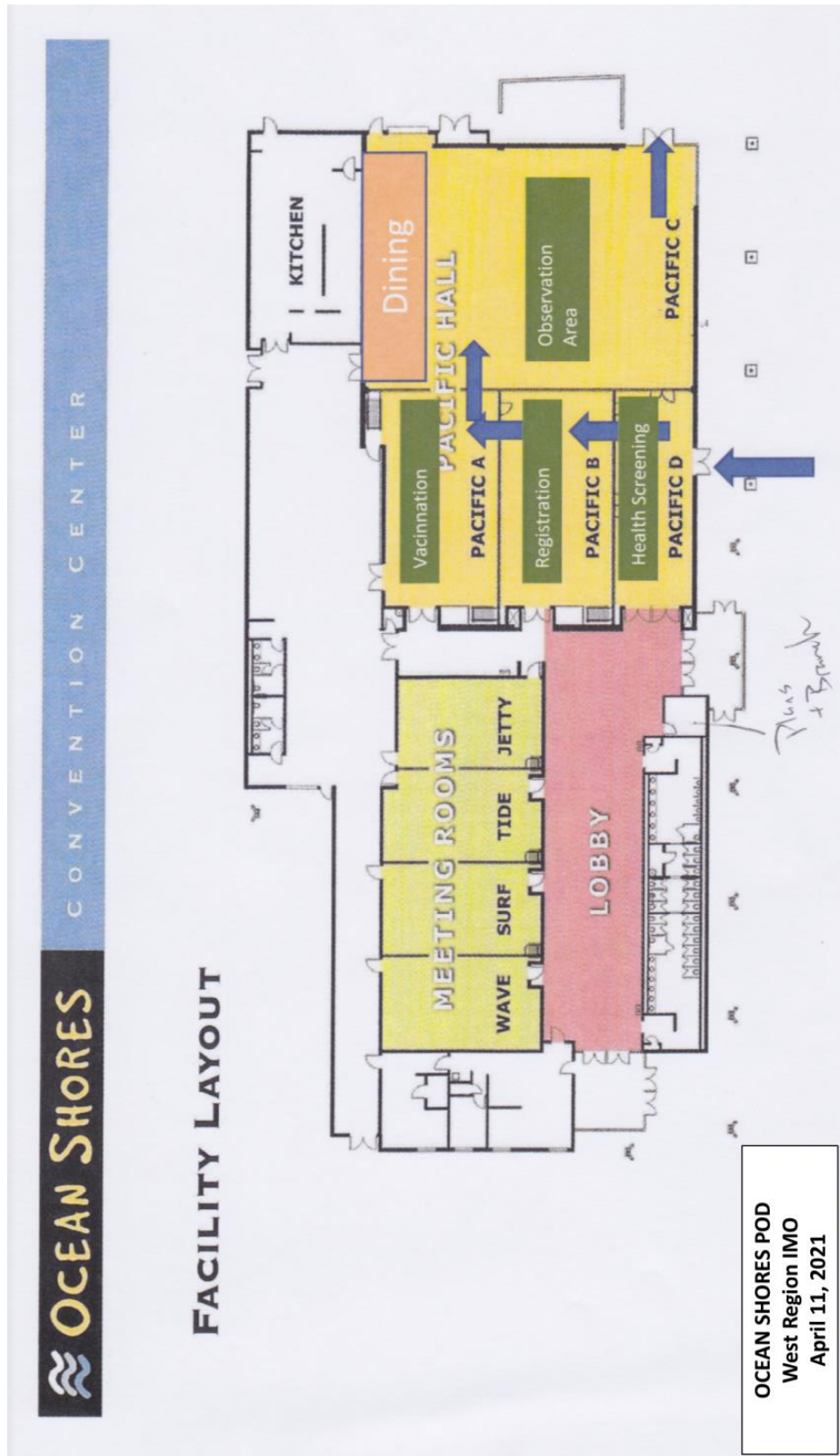
DIVISION ASSIGNMENT LIST		1. Branch West Grays Harbor		2. Division / Group Vaccination		
3. Incident Name West Region IMO			4. Operational Period Date: 4/27 - 4/30 2021 Time: Day			
5. Operations Personnel						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director <i>Sami Schinnell 928-607-2672</i>		
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
6. Resources Assigned this Period						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
	WAARNG Teeam 8				<input type="checkbox"/>	
	Team 8 CO	1LT Hagerty	1	509-951-1881	<input type="checkbox"/>	
	Team 8 NCO	SSG David Rosender	1	509-281-0460	<input checked="" type="checkbox"/>	
	WAARNG Team 8		13		<input checked="" type="checkbox"/>	
	Team 8 DOH LOFR	Katie Scott	1	360 236-4059	<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			16			
7. Work Assignments						
Checkin with the QR code at the start of shift as well as complete the daily COVID screening. Wear your PPE appropriate to each given duty. Operate the Ocean Shores mass vaccination site.						
8. Special Instructions						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
9. Communication Summary						
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) Ryan Scharnhorst		Date: 4/26/2021	Time: 1615	

Grays Harbor Site

1. Incident Name
West Region IMO

2. Date Prepared
4/26/2021

3. Time Prepared
1615

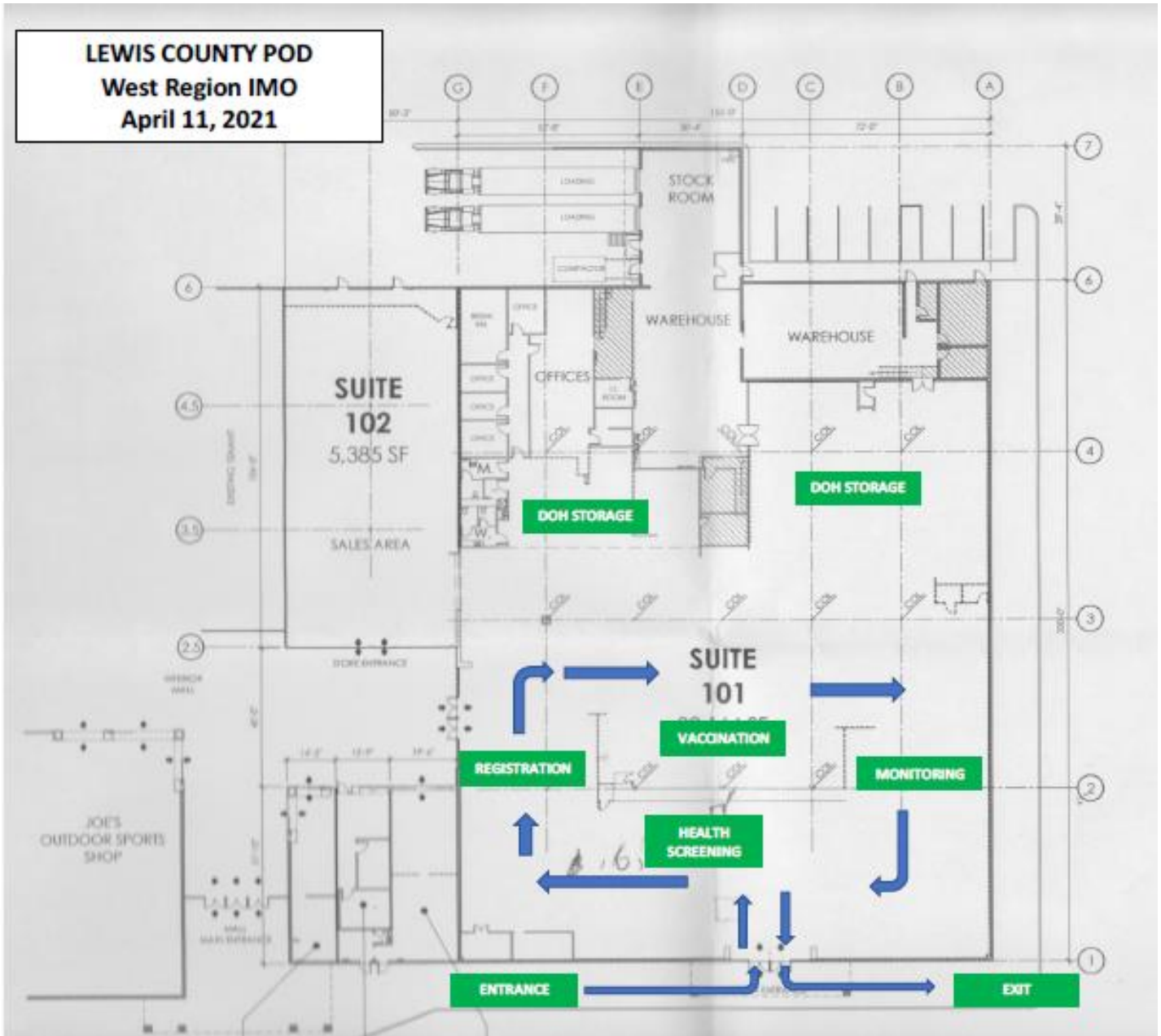


9. Prepared by (Name and Position)

Ryan Scharnhorst PSC

DIVISION ASSIGNMENT LIST			1. Branch East Lewis		2. Division / Group Vaccination	
3. Incident Name West Region IMO			4. Operational Period Date: 4/27 - 4/30 2021 Time: Day			
5. Operations Personnel						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director		<i>Andrew Shaffran 360- 507-6343</i>
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
6. Resources Assigned this Period						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
	WAARNG Team 9				<input type="checkbox"/>	
	Team 9 CO	LT Huang Roh	1	253-239-7408	<input type="checkbox"/>	
	Team 9 NCO	SSG Cazenavette	1	910-635-1274	<input type="checkbox"/>	
	WAARNG Team 9		13		<input checked="" type="checkbox"/>	
	Team 9 DOH LOFR	Eric Farmer	1	360-878-7628	<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
					<input type="checkbox"/>	
			16			
7. Work Assignments						
Assist the LHH with mass vaccination distribution. Checkin with the QR code at the start of shift as well as complete the daily COVID screening. Wear your PPE appropriate to each given duty.						
8. Special Instructions						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
9. Communication Summary						
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)			Date:	Time:
		Ryan Scharnhorst			4/26/2021	1615

Lewis Flow	1. Incident Name West Region IMO	2. Date Prepared 4/26/2021	3. Time Prepared 1615
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9. Prepared by (Name and Position)
Ryan Scharnhorst PSC

DIVISION ASSIGNMENT LIST			1. Branch	West Pacific	2. Division / Group	Vaccination
3. Incident Name West Region IMO			4. Operational Period Date: 4/27 - 4/30 2021 Time: 0800-2000			
5. Operations Personnel						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director		<i>Sami Schinnell 928-607-2672</i>
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
6. Resources Assigned this Period						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
O-3052	EMTP	Josh Chisnell	1	760-780-7681	<input type="checkbox"/>	April 28-29
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
			1			
7. Work Assignments						
Assist the LHJ with mass vaccination distribution. Checkin with the QR code at the start of shift as well as complete the daily COVID screening. Wear your PPE appropriate to each given duty.						
8. Special Instructions						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
9. Communication Summary						
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)			Date:	Time:
		Ryan Scharnhorst			4/26/2021	1615

DIVISION ASSIGNMENT LIST		1. Branch East Thurston		2. Division / Group Vaccination		
3. Incident Name West Region IMO			4. Operational Period Date: 4/27 - 4/30 2021 Time: 0800-2000			
5. Operations Personnel						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director <i>Andrew Shaffran 360- 507-6343</i>		
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
6. Resources Assigned this Period						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
SPSCC Site					<input type="checkbox"/>	
O-3045	EMTP	Gary Schwiesow	1	360 942-8147	<input checked="" type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			1			
7. Work Assignments						
Assist the LHJ with mass vaccination distribution. Checkin with the QR code at the start of shift as well as complete the daily COVID screening. Wear your PPE appropriate to each given duty.						
8. Special Instructions						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
9. Communication Summary						
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) Ryan Scharnhorst		Date: 4/26/2021	Time: 1615	

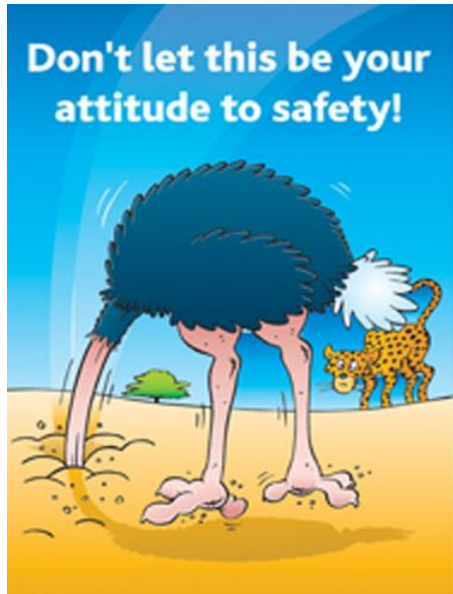
WEATHER	1. Incident Name West Region IMO	2. Date Prepared 4/26/2021	3. Time Prepared 1615
<p><u>Grays Harbor Co.</u></p> <p>Tuesday Mostly cloudy, with a high near 53. Light and variable wind becoming west 5 to 10 mph in the afternoon.</p> <p>Wednesday Partly sunny, with a high near 57.</p> <p>Thursday A slight chance of rain after 11am. Mostly cloudy, with a high near 62.</p> <p>Friday Rain likely. Mostly cloudy, with a high near 55.</p> <p><u>Lewis Co.</u></p> <p>Tuesday Partly sunny, with a high near 63. Light and variable wind becoming west around 5 mph in the afternoon.</p> <p>Wednesday Partly sunny, with a high near 69.</p> <p>Thursday Mostly cloudy, with a high near 76.</p> <p>Friday A chance of rain. Mostly cloudy, with a high near 65.</p> <p><u>Pacific Co.</u></p> <p>Tuesday Mostly cloudy, with a high near 59. Southwest wind 5 to 8 mph.</p> <p>Wednesday Mostly cloudy, with a high near 65.</p> <p>Thursday Mostly cloudy, with a high near 70.</p> <p>Friday Rain likely, mainly after 11am. Mostly cloudy, with a high near 62.</p> <p><u>Thurston Co.</u></p> <p>Tuesday Partly sunny, with a high near 62. Southwest wind 5 to 7 mph.</p> <p>Wednesday Partly sunny, with a high near 67.</p> <p>Thursday Mostly cloudy, with a high near 74.</p> <p>Friday A chance of rain. Mostly cloudy, with a high near 64.</p>			
<p>9. Prepared by (Name and Position)</p> <p style="text-align: center;"><i>Ryan Scharnhorst PSC</i></p>			

SAFETY MESSAGE	1. Incident Name West Region IMO	2. Date Prepared 4/26/2021	3. Time Prepared 1615
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Have a high level of awareness for distracted drivers while going to and from worksites in addition to operating at drive through vaccine sites.

Continue to follow Washington state and CDC COVID-19 guidelines of wearing a mask, social distancing, and frequent hand washing. This will also help with influenza and colds.

Try to get in a walk, some stretching or other type of exercise on a regular basis."



Medical Plan (ICS 206)	1. Incident Name West Region IMO	2. Operational Period:	Date From/To: 4/27 - 4/30 2021			
			Time From/To: 0800-2000			
3. Medical Aid Stations:						
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?			
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			
4. Transportation (indicate air or ground):						
Name	Location	Contact Number(s)/Frequency	Level of Service			
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 type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
5. Hospitals:						
Hospital Name	Address Latitude/Longitude	Contact Number(s)/Frequency	Travel Time Air Ground	Trauma Center	Burn Center	Helipad
Harborview Medical Cntr	325 9th Ave, Seattle, WA 47.6039° N, 122.3241° W	206.744.3000		<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 47.0522° N, 122.8476° W	360-491-9480		<input type="checkbox"/> Yes Level: 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Providence Centralia	914 S Scheuber Rd. 46.7123° N, 122.9856° W	360-736-2803		<input type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Summit Pac. Med., Elma	600 E. Main St.	360-346-2222		<input type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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
6. Special Medical Emergency Procedures:						
<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>						
7. Prepared by (Medical Unit Leader):		Name: Ryan Scharnhorst PSC		Signature:		
8. Approved by (Safety Officer):		Name:		Signature:		

FINANCE MESSAGE	1. Incident Name	2. Date Prepared	3. Time Prepared
	West Region IMO	4/26/2021	1615

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.

EXAMPLES

CREW TIME REPORT					
1. OPERATOR NAME Chetals walk-in clinic		2. OPER NUMBER O-3025			
3. OPER REPORTED FOR TIME VADP		4. OPER DATE West Region vaccination support		5. OPER NUMBER WA-WFS-126	
NO. WORKING	NAME OF OPERATOR	SUBJECT	DATE	START	STOP
1	Smith, Joe	EMTP	4/15/21	0630	0730
2				0730	1200
2				1230	1600
3				1600	1700
10. REMARKS					
1 - Travel to Chetals from Gig Harbor					
2 - support work at vaccination clinic					
3 - Return travel to Gig Harbor					
Compensable lunch					
Per diem B-L-O & Lodging					
11. OPERATOR'S SIGNATURE					
12. SUPERVISOR'S SIGNATURE					

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. EQUIPMENT MAKE Ford		7. EQUIPMENT MODEL Explorer		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER		10. LICENSE NUMBER B2345C		11. OPERATING SUPPLIES FURNISHED BY <input 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.)	
	START	STOP	HOURS	DAYS	MILES (circle one)
			WORK		SPECIAL
4/15/21	95362	95524			Travel
				15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor	
				16. INVOICE POSTED BY (Recorder's initials)	
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED



RESET SAVE

9. Prepared by (Name and Position)

Audrey Mainwaring FSC3


Field Order Example	1. Incident Name West Region IMO	2. Date Prepared 4/26/2021	3. Time Prepared 1615
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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 & 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: _____	

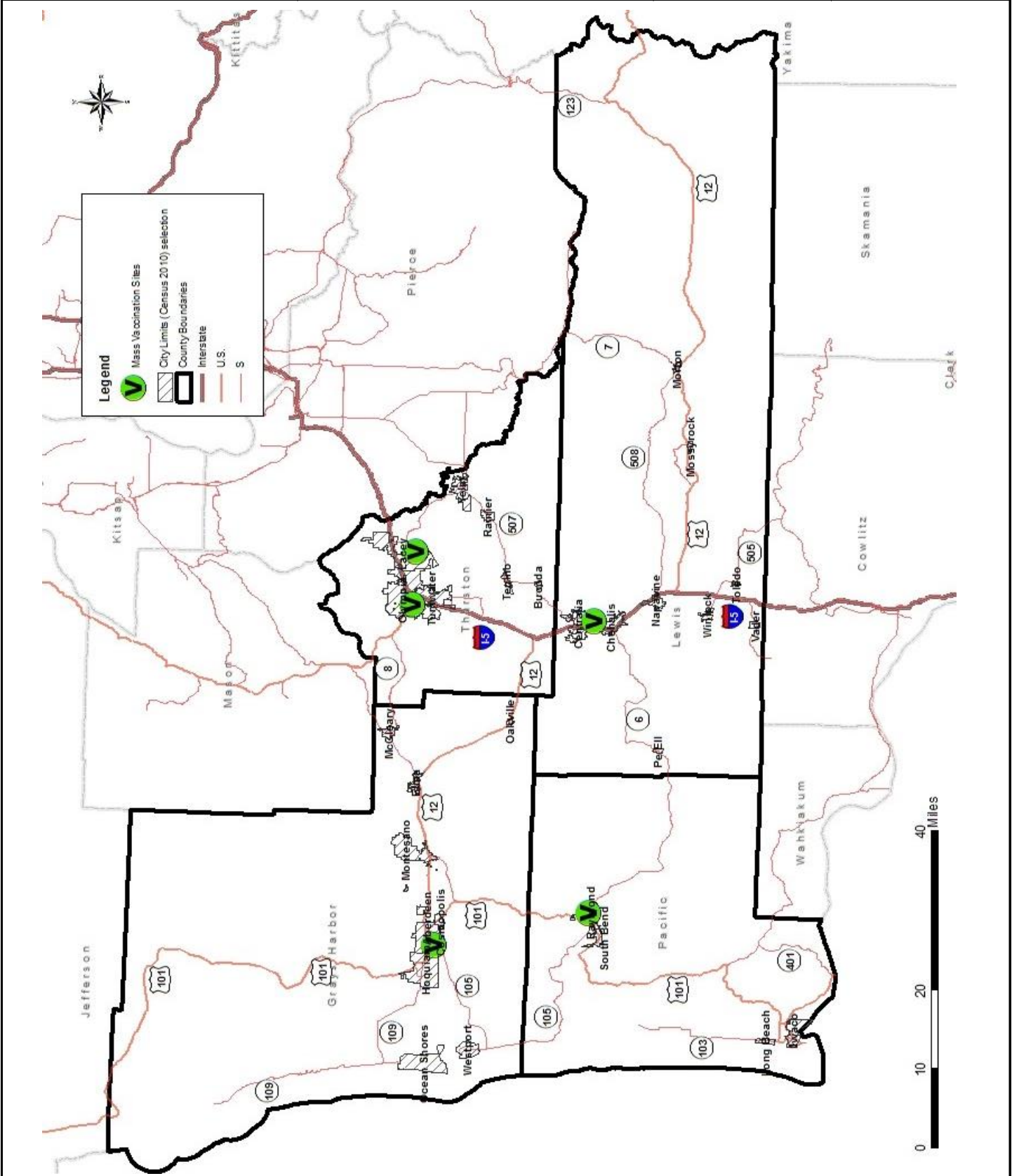
EXAMPLE

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

DAILY SCHEDULE	1. Incident Name West Region IMO	2. Date Prepared 4/26/2021	3. Time Prepared 1615
0830	C & G Meeting		
0915	Tactics Meeting		
1100 scheduled)	Operational Briefing (when		
1500	Planning Meeting (when scheduled)		
			
9. Prepared by (Name and Position) <i>Ryan Scharnhorst PSC3</i>			

UNIT LOG	1. Incident Name West Region IMO	2. Date Prepared	3. Time Prepared
4. Unit Name/Designators	5. Unit Leader (Name and Position)	6. Operational Period 4/27 - 4/30 2021 0800-2000	
7. Personnel Roster Assigned			
Name	ICS Position	Home Base	
8. Activity Log			
Time	Major Events		
9. Prepared by (Name and Position)			

MAP	1. Incident Name West Region IMO	2. Date Prepared 4/26/2021	3. Time Prepared 1615
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9. Prepared by (Name and Position)
Stephanie Falcon PSC(t)

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