INCIDENT ACTION PLAN

WEST REGION IMO

Thursday, April 15, 2021 0800-2000 Operational Period

WA-WFS-126











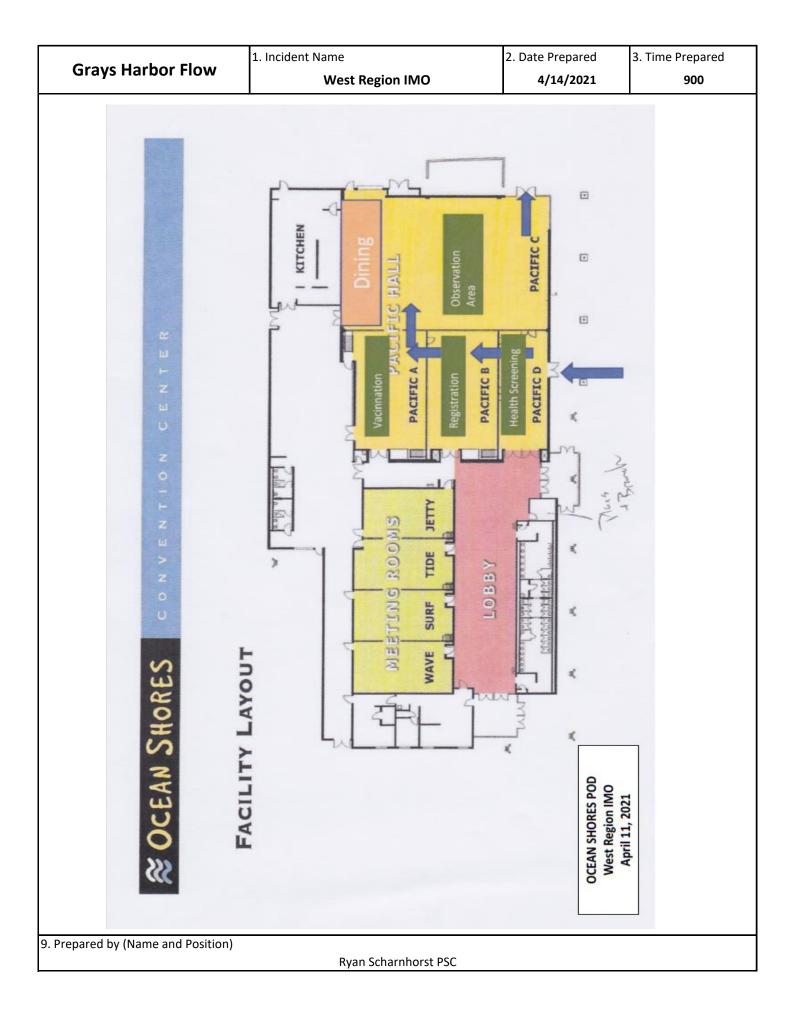


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Incident Obje	ctivos	1. Incident Name	2. Date Prepared	3. Time Prepared						
incluent Object	CLIVES	West Region IMO	4/14/2021	900						
4. Operational Period ([Date and Tin	ne)	•	•						
4	/15/2021	0800-2000								
5. General Control Obje	ctives for th	e Incident (include Alternat	ves)							
 Provide for the health, safety and welfare of all public safety personnel, healthcare providers, clinic attendees, and avaccine recipients Develop plans to implement mass vaccination clinics for West Region residents in accordnace with needs identified by the Counties Coordinate deliveryof vaccines in accordance with relevant eligibility schedules Coordinate documentation of vaccines delivered Establish and maintain cost containment and cost accounting procedures in accordance with relevant guidelines Coordinate with LHJs for the timely, coordinated release of accurate public information Maintain and enhance interagency and interdisciplinary relationships by developing and maintaining an environment in which all participants are treated with dignity and respect. 										
6. Operational Period C	6. Operational Period Command Emphasis									
As IMO personnel continue to research and develop procedures in their assigned areas, lets not forget that communication is our strongest tool to combat stress and fatigue. Reach out to other mass vaccination sites for answers and perspective. Direct any needs through the chain of command. All personnel are encouraged to take breaks when needed and get plenty of rest at night.										
7. General Safety Messa	age									
All personnel attached to the IMO need to take extra precaustions at every operational period. This included: -Daily COVID screening -Wash hands frequently -Maintain social distancing of at least 6 feet -Wear appropriate facial PPE for assigned task (cloth mask, disposable mask, N95) -Routinely sanitize work area and high touch areas										
8. Attachments (check i	f attached)									
☑ Organization List (ICS 2☑ Weather☑ Safety Message	203)	☑ Assignment List (ICS 204)☐ Communication Plan (ICS☑ Medical Plan (ICS 206)	•	•						
	9. Prepared	l by (PSC)	10. Approved by (IC)							
ICS-202		Ryan Scharnhorst	Leonar	rd Johnson						

	ASSIGNMENT LI							
1. Incident Name	West Region I	МО	9. OPERATIONS SECTION OF 100 AM Chief Ken Foss 253-318-2678					
2. Date 4/14/2021	3. Time	12:07:00 AM	Chief	Ken Foss 253-318-2678				
4. Operational Period	4/15/2021	0800-2000	Deputy Chief	Tom Hatley 509-370-9803				
5. INCIDENT COMMA	NDER & STAFF		a. Grays Harbor Bra	anch				
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	afety Officer Mark Hill 206-949-0940		Division B					
Information Officer			b. Lewis Branch					
			Branch Director	Andrew Shaffran 360- 507-6343				
			Division A					
			Division B					
6. AGENCY REPRESEN	NTATIVE		c. Pacific Branch	•				
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					
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	509-432-1016						
Deputy								
Resource Unit	Brian Dodge 360-	870-6700						
Situation Unit								
Documentation Unit			10. FINANCE SECTIO	ON				
Demobilization Unit			Chief	Audrey Mainwaring 206-949-0137				
Human Resources			Deputy	, ,				
Planning Operations	KC Whitehouse 3	60-490-3336	Time Unit	Lisa Egtvedt				
	'		Procurement Unit	-				
			Cost Unit					
			11. CONTACTS / OT	HER INFORMATION				
8. LOGISTICS SECTION	v		CWICC	509.884.3473 fax 509.884.3549				
Chief	Cindy Preston 50	9-607-9724						
Deputy	Chris Patti 360-79							
Supply Unit								
Facilities Unit								
Ground Support Unit								
Communications Unit								
RADO								
Medical Unit			Prepared by (Resource	Unit Leader)				
Ticalcal Offic			Trepared by (Nesource	omit Leader /				

	DIVISION ASSIGNMENT LIST 1. Br					Grays Harbor	2. Division /	Group	Vaccination	
3. Incid	lent Name				4. Operati	onal Period				
	West	Region	ı IMO		Da	ate: 4/15/202	1	Tin	ne: Day	
5. Ope	rations Personnel				,					
Opera	ations Chief	Ke	en Foss 253-318-2	<u>2</u> 678	Branch Director			Paul Kimball 509-863-5133		
Safety	/ Officer	М	ark Hill 206-949-0)940	Division/G	iroup Supervisor				
6. Reso	ources Assigned th	is Period			•		•			
RO#	Strike Team/T Force/Resour		Leader		# People	Contact (phone, ra	dio freq, etc.)	EMT	Remarks	
	WAANG CO	I	Lt. Hagarty		1	509-951-	1881			
	WAANG NCO	Ç	SSgt. David Roser	nder	1	509-281-	0460			
	WAANG Team 8				12			✓		
					14					
7. Wor	k Assignments									
Assis	t the LHJ with m	ass vacc	ination distribu	tion. Ch	eckin with	the QR code at	the start of	shift a	s well as complete the	
8. Spec	cial Instructions									
Whe	n traveling arour	nd or wo	rking within the	e traffic l	lanes / vac	ccination area, w	ear your hig	h visib	ility vest.	
9. Com	munication Summ	ary								
	unction	Name	Mode				Frequency			
	MMAND		N				one TX: Ton			
17	ACTICAL AIR						one TX: Tone	e		
	AIR					See site specific		cations	nlan	
			- - -			TTT Site Specifie	3 = 30aiii		r ·	
Prepare	ed by (RESL)		Approved I	by (PSC)			Date:		Time:	
				Ryar	n Scharnho	rst	4/14/20	21	900	



	DIVISION ASSIGNMENT LIST				nch	Lewis	2. Division	n / Group	Vaccination	
3. Incid	lent Name				4. Operation	onal Period				
	West	Region IM	0		Da	ite: 4/15/20	21	Tir	ne: Day	
5. Ope	rations Personnel									
Opera	tions Chief	Ken Fos	ss 253-318-2	678	Branch Dir	ector		Andrew Shaffran 360- 507-6343		
Safety Officer Mark Hill 2			ill 206-949-0	940	Division/G	roup Supervisor				
6. Resc	urces Assigned this									
RO#	Strike Team/Ta Force/Resourc		Leader		# People	Contact (phone,	radio freq, e	tc.) EMT	Remarks	
	WAANG Team 9 CO) Lt. Hւ	uang Roth		1	253-23	9-7408		Inbrief/Orientation day	
	WAANG Team 9				20			V	Inbrief/Orientation day	
					21					
7. Wor	k Assignments				<u> </u>					
Assis	t the LHJ with ma	ss vaccinati	on distribu	tion. Ch	eckin with	the QR code a	t the start	of shift a	s well as complete the	
8. Spec	ial Instructions									
Whe	n traveling around	d or working	g within the	traffic	lanes / vac	cination area,	wear your	high visib	ility vest.	
9. Communication Summary										
	unction	Name	Mode			B.:	Frequency	T		
	MMAND ACTICAL		N				Tone TX:			
1/	AIR		+ + -				X: TX: Tor			
						See site specif			plan	
Dropora	od by (PESL)		Approved	vy (DCC)			Data		Timo	
Prepared by (RESL) Approv					n Scharnhoi	rst	Date: 4/14,	/2021	Time: 900	

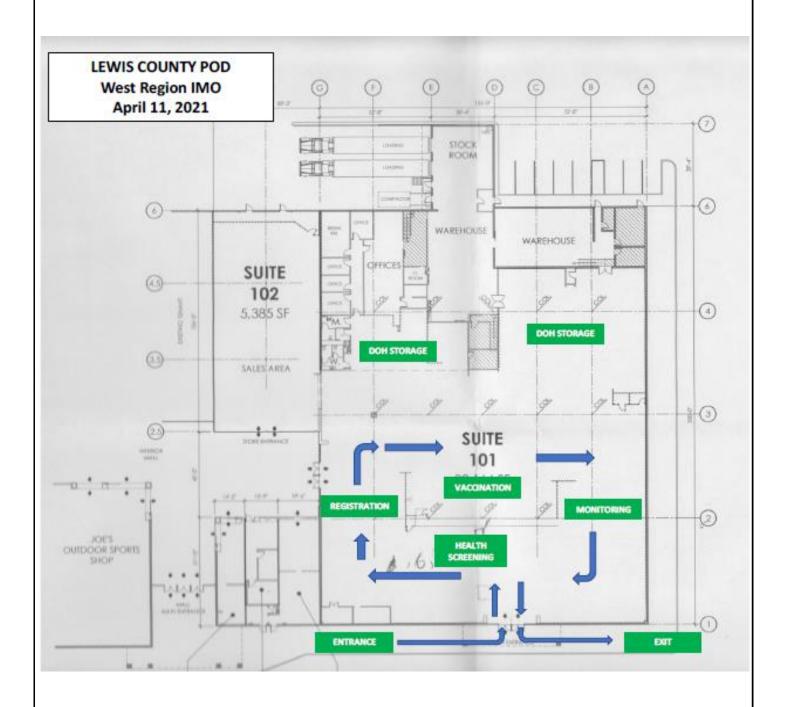
Lewis Flow

1. Incident Name

West Region IMO

Date Prepared
 4/14/2021

3. Time Prepared
900



	DIVISION ASSIGNMENT LIST 1. Br					Pacific	2. Division	ion / Group Vaccination		
3. Incid	ent Name			<u> </u>	4. Operati	onal Period	<u> </u>			
	West	Region	IMO		Da	ite: 4/15/2	2021	Tir	me: Day	
5. Ope	rations Personnel									
Opera	tions Chief	Ke	n Foss 253-31	8-2678	Branch Dir	ector		Paul Kimball 509-863-5133		
Safety	Officer	Ма	ark Hill 206-94	9-0940	Division/G	roup Superviso	or			
6. Reso	urces Assigned th									
RO#	Strike Team/Ta Force/Resour		Lead	er	# People	Contact (phon	_	EMT	Remarks	
					0					
7. Wor	k Assignments				•			•		
the c	laily COVID scree						at the star	t of shif	ft as well as complete	
8. Spec	ial Instructions									
Whe	When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.									
9. Comi	munication Summa	ary								
F	unction	Name	Mode				Frequency			
	MMAND		N			RX:	Tone TX: T			
TA	ACTICAL						Tone TX:			
	AIR		++			See site specifi			ns nlan	
						occ site specifi	C 1 OD COMMI	ameation	ιο ριατί	
Prepare	ed by (RESL)		Approve	ed by (PSC)			Date:		Time:	
				Ryan	Scharnhors	t	4/14/2	021	900	

	DIVISION ASSI	GNME	NT LIST	1. Brar	nch	Thurston	2. Division / 0	Group	Vaccination	
3. Incid	ent Name				4. Operati	onal Period				
	West I	Region	IMO		Da	te: 4/15/202	1	Time	e: Day	
5. Oper	rations Personnel									
Opera	tions Chief	Ke	en Foss 253-318-26	578	Branch Dir	ector	,	Andrew Shaffran 360- 507-6343		
Safety	Officer	М	ark Hill 206-949-09	940	Division/G	roup Supervisor				
6. Resources Assigned this Period										
RO#	Strike Team/Ta Force/Resource		Leader		# People	Contact (phone, ra	dio freq, etc.)	EMT	Remarks	
					0					
7. Wor	k Assignments									
daily	COVID screening.						the start of	shift as	well as complete the	
8. Spec	ial Instructions									
Whe	When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.									
9. Comi	munication Summa	ry								
	unction	Name	Mode				Frequency			
	MMAND		N				Tone TX: Ton			
TA	ACTICAL AIR					RX: T	one TX: Ton TX: Tone:	e		
	AIN		- 			See site specific		cations n	lan	
			- - - - - - - - - -				2 - 30am	p	-	
Prepare	d by (RESL)		Approved by				Date:		ïme:	
			I	Ryan	Scharnhor	st	4/14/202	21	900	

VA/E A TILLED	1. Incident Name	2. Date Prepared	3. Time Prepared
WEATHER	West Region IMO	4/14/2021	900

Grays Harbor Co.

Thursday

Sunny, with a high near 66. East northeast wind 5 to 7 mph.

Thursday Night

Clear, with a low around 49. Calm wind becoming east around 6 mph after midnight.

Lewis Co.

Thursday

Sunny, with a high near 73. Calm wind becoming north 5 to 7 mph in the afternoon.

Thursday Night

Clear, with a low around 42. North northeast wind 5 to 7 mph becoming calm in the evening.

Pacific Co.

Thursday

Sunny, with a high near 72. Light and variable wind becoming north northwest 5 to 8 mph in the morning. **Thursday Night**

Clear, with a low around 41. North northwest wind 5 to 8 mph becoming light and variable in the evening.

Thurston Co.

Thursday

Sunny, with a high near 72. Calm wind becoming north northeast 5 to 8 mph in the afternoon.

Thursday Night

Clear, with a low around 43. North northeast wind around 6 mph becoming calm in the evening.

SAFETY MESSAGE

1. Incident Name

West Region IMO

2. Date Prepared **4/14/2021**

3. Time Prepared

900

Vaccination Area:

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

Venue:

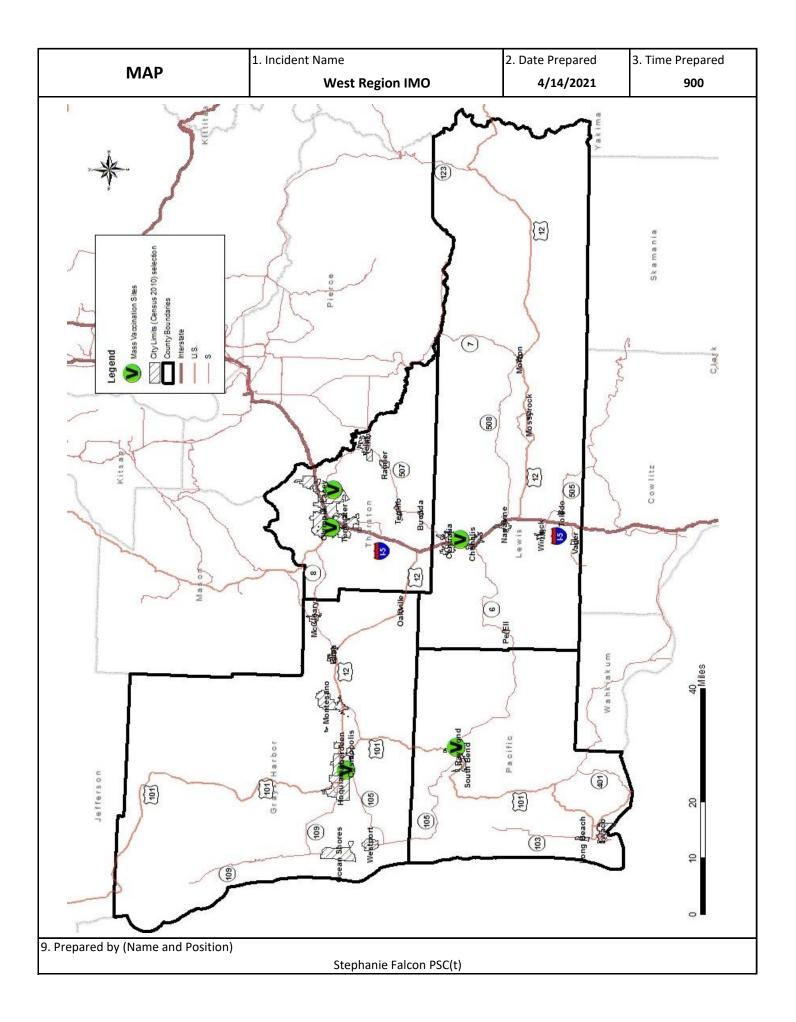
Be familiar with the Incident With in an Incident plan, IWI, and be aware of your surroundings.

Parking Lot:

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



LINITLOC		1. Incident Name		2. Date Prepared	3. Time Prepared		
UNIT LO	OG	West Region II	мо				
4. Unit Name/Designat	ors	5. Unit Leader (Name and Pos		6. Operational Period			
				4/15/2021	0800-2000		
		7. Personnel Ros	ter Assigned				
Name		ICS Position	1	Home	e Base		
Time	ı	8. Activity					
Time			Major Events				
		-					
9. Prepared by (Name a	I and Position)						
z spa. sa oj (italije 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 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: Conscious? ☐ YES □NO = MEDEVAC! ☐ NO = MEDEVAC! Breathing? YES 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 Ambulance or MEDEVAC helicopter. Evacuation ☐ URGENT-RED Life threatening injury or illness. Ex: Unconscious, difficulty breathing, bleeding severely, 2° - 3° burns more than 4 palm sizes, need is IMMEDIATE. 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) ☐ Life Flight ☐ Short-haul/Hoist ☐ Helispot ☐ Other Ground Transport: Click here to enter text. □ Self-Extract ☐ Carry-Out ☐ Ambulance ☐ Other 6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS: ☐ SKED/Backboard/C-Collar ☐ Paramedic/EMT(s) ☐ 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: Function Channel Name/Number Receive (Rx) Tone/NAC Transmit (Tx) Tone/NAC Ex: Command Forest Rpt, Ch. 2 168 3250 1109 171 4325 110 9 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: Considerations: If primary options fail, what actions can be implemented in Confirm ETA's of resources ordered REMEMBER: Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively. conjunction with primary evacuation method? Be thinking ahead...