

INCIDENT ACTION PLAN

WEST REGION IMO

Friday, April 16, 2021

0800-2000 Operational Period



WA-WFS-126



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Incident Objectives	1. Incident Name West Region IMO	2. Date Prepared 4/15/2021	3. Time Prepared 1600
4. Operational Period (Date and Time) 4/16/2021 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 avaccine 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 included:</p> <ul style="list-style-type: none"> -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 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) Leonard Johnson, ICT3	

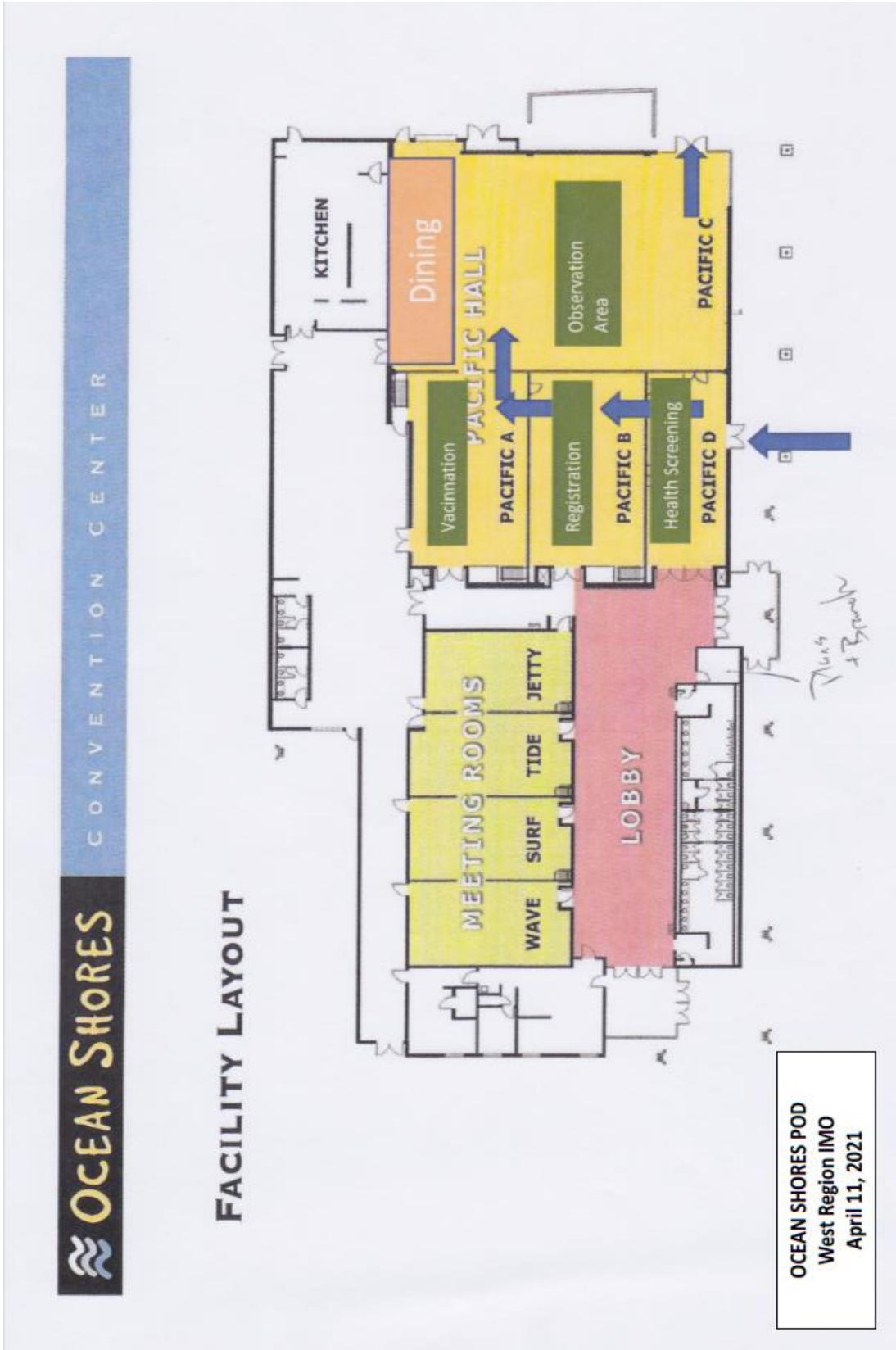
ORGANIZATION ASSIGNMENT LIST					
1. Incident Name		West Region IMO		9. OPERATIONS SECTION	
2. Date	4/15/2021	3. Time	12:07:00 AM	Chief	Ken Foss 253-318-2678
4. Operational Period	4/16/2021	0800-2000		Deputy Chief	Tom Hatley 509-370-9803
5. INCIDENT COMMANDER & STAFF			a. Grays Harbor Branch		
Incident 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		
			Branch Director	Andrew Shaffran 360- 507-6343	
			Division A		
			Division B		
6. AGENCY REPRESENTATIVE			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 SECTION					
Chief	Ryan Scharnhorst 509-432-1016				
Deputy					
Resource Unit	Brian Dodge 360-870-6700				
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			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		

Grays Harbor Flow

1. Incident Name
West Region IMO

2. Date Prepared
4/15/2021

3. Time Prepared
1600

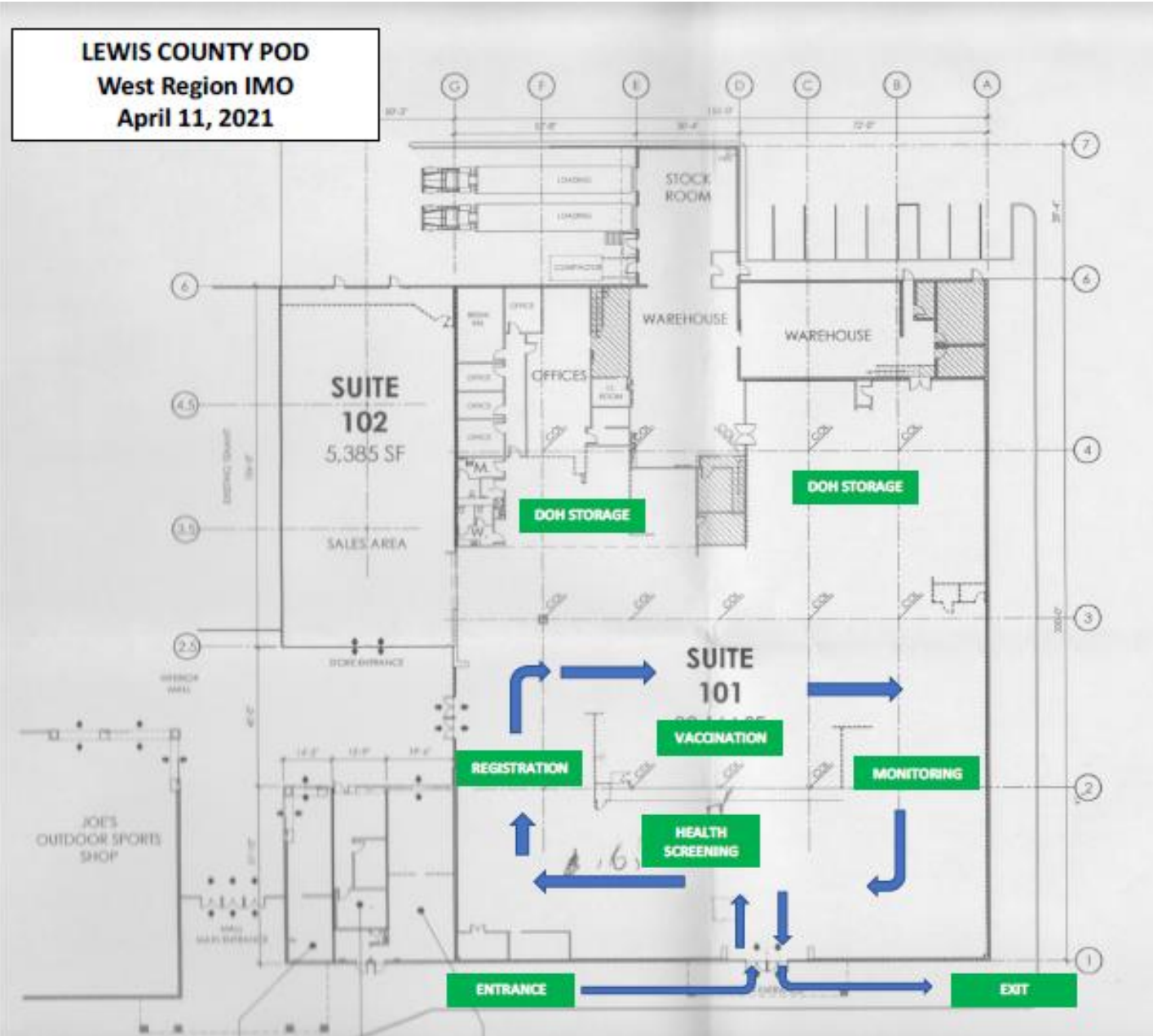


9. Prepared by (Name and Position)

Ryan Scharnhorst PSC

DIVISION ASSIGNMENT LIST			1. Branch Lewis		2. Division / Group Vaccination	
3. Incident Name West Region IMO			4. Operational Period Date: 4/16/2021 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
	WAANG Team 9 CO	Lt. Huang Roth	1	253-239-7408	<input type="checkbox"/>	
	WAANG Team 9		20		<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"/>	
			21			
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						
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: 4/15/2021	Time: 1600

Lewis Flow	1. Incident Name West Region IMO	2. Date Prepared 4/15/2021	3. Time Prepared 1600
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9. Prepared by (Name and Position)
Ryan Scharnhorst PSC

DIVISION ASSIGNMENT LIST		1. Branch Pacific	2. Division / Group Vaccination			
3. Incident Name West Region IMO		4. Operational Period Date: 4/16/2021 Time: Day				
5. Operations Personnel						
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				
6. Resources Assigned this Period						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
					<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"/>	
					<input type="checkbox"/>	
			0			
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: 4/15/2021	Time: 1600	

DIVISION ASSIGNMENT LIST		1. Branch Thurston		2. Division / Group Vaccination		
3. Incident Name West Region IMO			4. Operational Period Date: 4/16/2021 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
					<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
			0			
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: 4/15/2021	Time: 1600	

WEATHER	1. Incident Name West Region IMO	2. Date Prepared 4/15/2021	3. Time Prepared 1600
<p><u>Grays Harbor Co.</u> Friday Sunny, with a high near 70. Light east northeast wind becoming east 5 to 9 mph in the morning. Friday Night Clear, with a low around 51. East wind 7 to 9 mph.</p> <p><u>Lewis Co.</u> Friday Sunny, with a high near 78. Calm wind becoming north northwest around 6 mph in the afternoon. Friday Night Clear, with a low around 44. Northeast wind around 6 mph becoming calm in the evening.</p> <p><u>Pacific Co.</u> Friday Sunny, with a high near 77. East northeast wind 6 to 8 mph. Friday Night Clear, with a low around 44. East northeast wind 7 to 9 mph.</p> <p><u>Thurston Co.</u> Friday Sunny, with a high near 76. Light and variable wind becoming north northeast 5 to 10 mph in the afternoon. Friday Night Clear, with a low around 44. North northeast wind 5 to 10 mph becoming light and variable after midnight.</p>			
9. Prepared by (Name and Position) <p style="text-align: center;"><i>Ryan Scharnhorst PSC</i></p>			

SAFETY MESSAGE	1. Incident Name West Region IMO	2. Date Prepared 4/15/2021	3. Time Prepared 1600
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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.



Medical Plan (ICS 206)	1. Incident Name	2. Operational Period:	Date From/To:	4/16/2021		
	West Region IMO		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 checked="" 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 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
				<input type="checkbox"/> Yes Level: 1	<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: 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
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 PSC3	Signature:			
8. Approved by (Safety Officer):		Name:	Signature:			

FINANCE MESSAGE	1. Incident Name	2. Date Prepared	3. Time Prepared
	West Region IMO	4/15/2021	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.

EXAMPLES

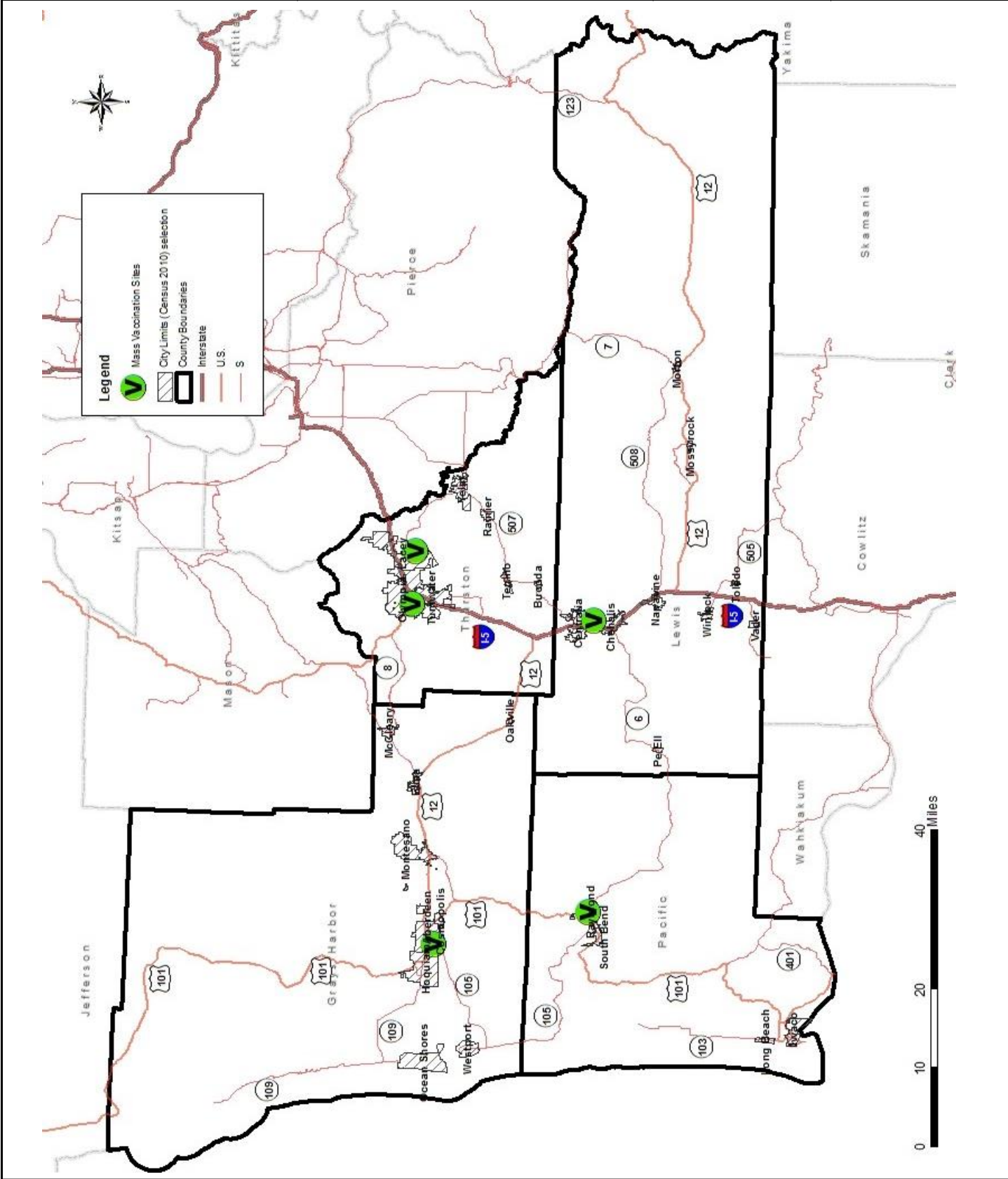
CREW TIME REPORT			
1. CREW NAME Chetahs walk-in clinic	2. CREW NUMBER O-3025		
3. EMPLOYEE ID #	4. EMPLOYEE NAME	5. INCIDENT NUMBER	6. DATE
1	Smith, Joe	EMTP	4/15/21
2			0630 0730
3			0730 1200
4			1230 1600
5			1600 1700
REMARKS			
1 - Travel to Chetahs from Gig Harbor			
2 - support work at vaccination clinic			
3 - Return travel to Gig Harbor			
Compensable lunch			
Per diem B-L-O & 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 WA-WFS-126		4. INCIDENT NUMBER WA-WFS-126	
5. OPERATOR (name) Joe Smith O-3030		6. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT	
7. EQUIPMENT MAKE Ford		8. EQUIPMENT MODEL Explorer	
9. SERIAL NUMBER B2345C		10. LICENSE NUMBER B2345C	
11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input checked="" type="checkbox"/> GOVERNMENT (dry)		12. DATE 4/15/21	
13. EQUIPMENT USE		14. REMARKS (released, down time and cause, problems, etc.) BLS Kit onsite E-4007	
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

MAP	1. Incident Name West Region IMO	2. Date Prepared 4/15/2021	3. Time Prepared 1600
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9. Prepared by (Name and Position) Stephanie Falcon PSC(t)
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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 (Ex: Broken leg with bleeding)</i>		
Incident Name			<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>		
Incident Commander			<i>Name of IC</i>		
Patient Care			<i>Name of Care Provider (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.		