

INCIDENT ACTION PLAN

WEST REGION IMO

Monday, April 19, 2021

0800-2000 Operational Period



WA-WFS-126



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Incident Objectives	1. Incident Name West Region IMO	2. Date Prepared 4/18/2021	3. Time Prepared 1600
4. Operational Period (Date and Time) 4/19/2021 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	4/18/2021	3. Time	12:07:00 AM	Chief	Ken Foss 253-318-2678
4. Operational Period	4/19/2021	0800-2000		Deputy Chief	Tom Hatley 509-370-9803
5. INCIDENT COMMANDER & 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			Division B		
Information Officer			b. Lewis Branch (East)		
			Branch Director	Andrew Shaffran 360- 507-6343	
			Division A		
			Division B		
6. AGENCY REPRESENTATIVE			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 SECTION					
Chief	Ryan Scharnhorst 509-432-1016				
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	Sami Schinnell 928-607-2672		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		

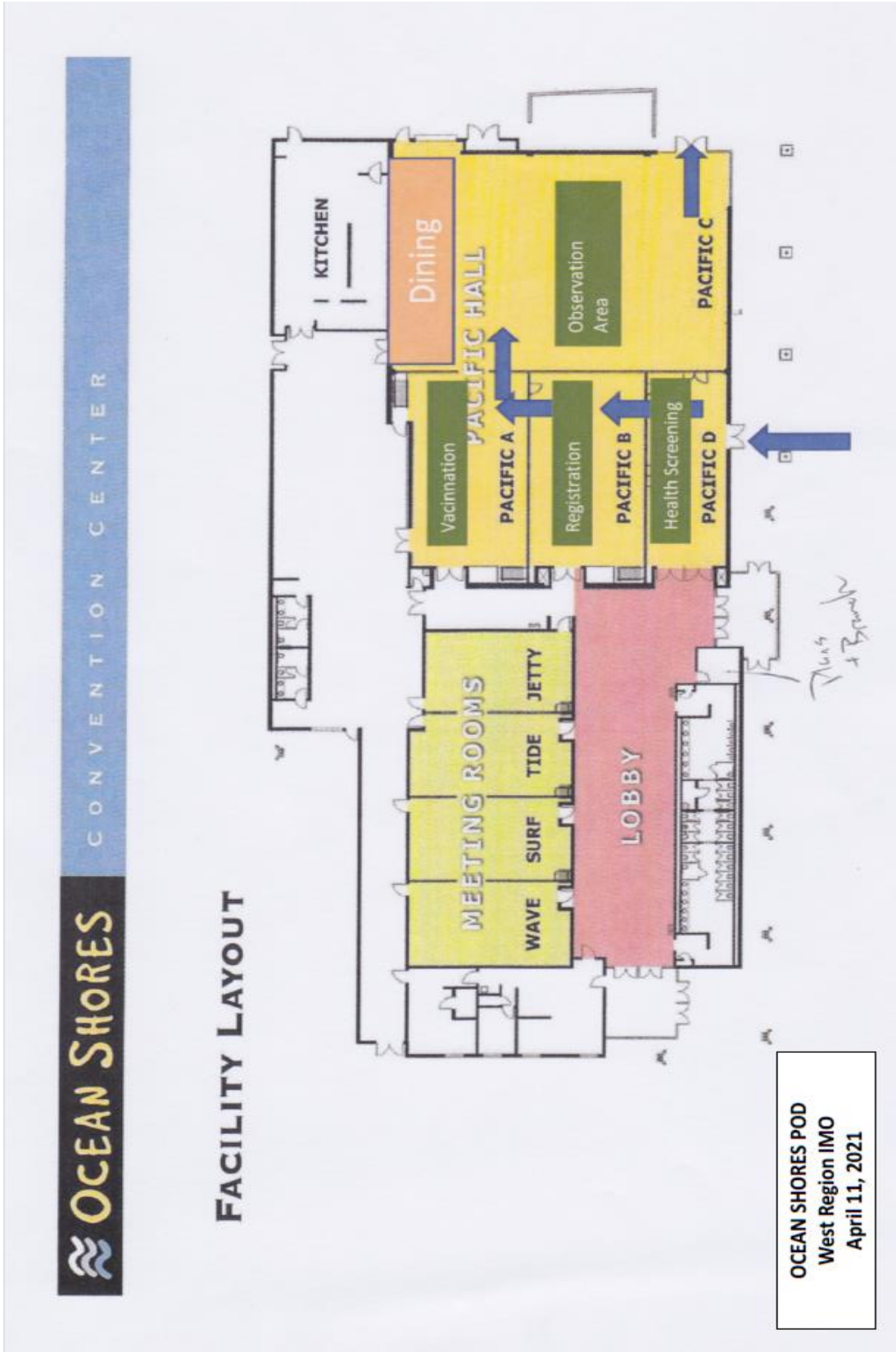
DIVISION ASSIGNMENT LIST		1. Branch Grays Harbor		2. Division / Group Vaccination		
3. Incident Name West Region IMO			4. Operational Period Date: 4/19/2021 Time: Day			
5. Operations Personnel						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director <i>Paul Kimball 509-863-5133</i>		
Safety Officer		0		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 Hagarty	1	509-951-1881	<input type="checkbox"/>	
	Team 8 NCO	SSG David Rosender	1	509-281-0460	<input type="checkbox"/>	
	WAARNG Team 8		12		<input checked="" type="checkbox"/>	
	Team 8 DOH LOFR	Katie Scott	1		<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"/>	
			15			
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: 4/18/2021	Time: 1600	

Grays Harbor Flow

1. Incident Name
West Region IMO

2. Date Prepared
4/18/2021

3. Time Prepared
1600

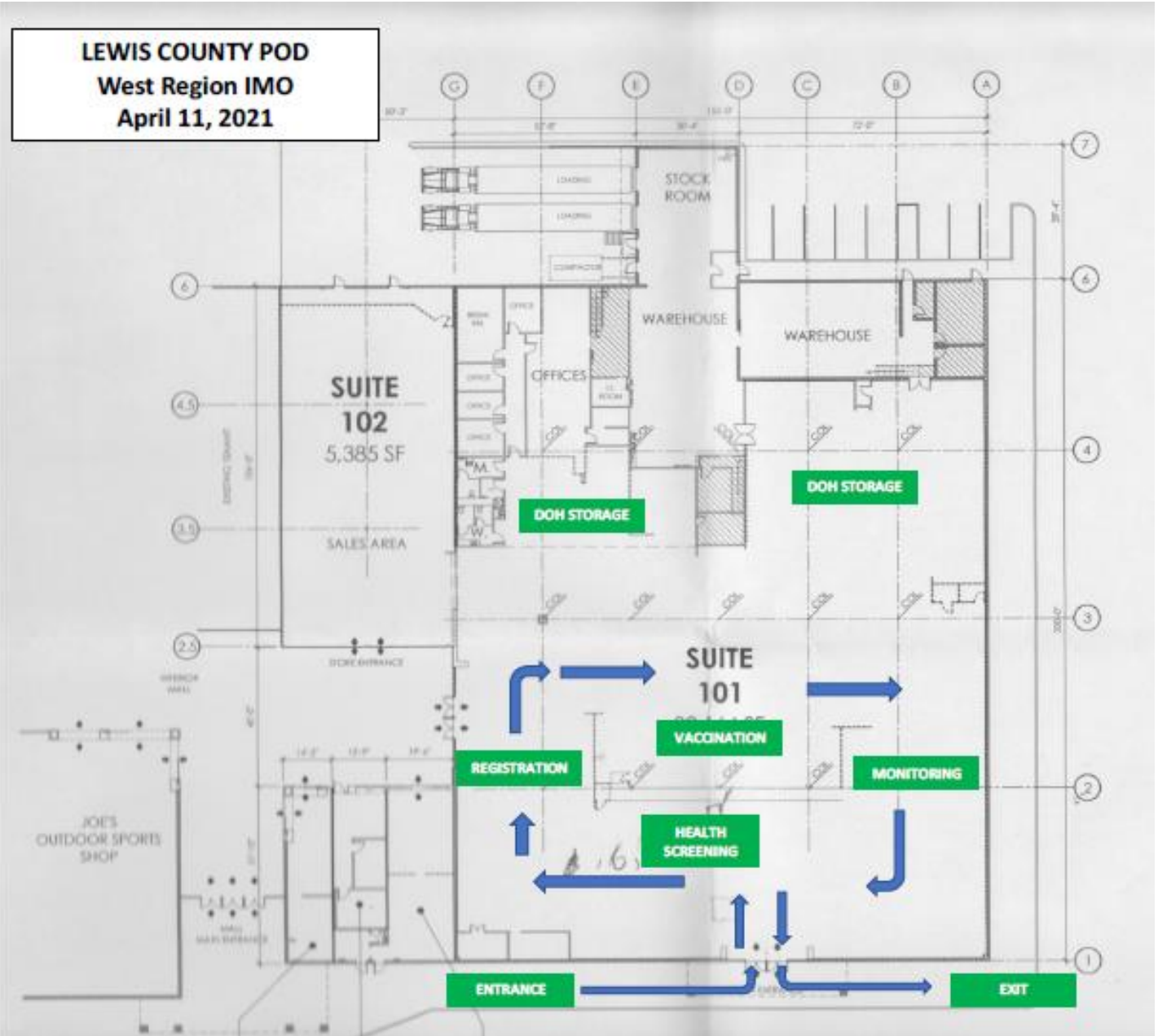


9. Prepared by (Name and Position)

Ryan Scharnhorst PSC

DIVISION ASSIGNMENT LIST			1. Branch Lewis	2. Division / Group Vaccination		
3. Incident Name West Region IMO			4. Operational Period Date: 4/19/2021 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>0</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 9				<input type="checkbox"/>	
	Team 9 CO	LT Huang Roth	1	253-239-7408	<input type="checkbox"/>	
	Team 9 NCO	SSG Caz	1	910-635-1274	<input type="checkbox"/>	
	WAARNG Team 9		20		<input checked="" type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
			22			
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: 4/18/2021	Time: 1600

Lewis Flow	1. Incident Name West Region IMO	2. Date Prepared 4/18/2021	3. Time Prepared 1600
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9. Prepared by (Name and Position)
Ryan Scharnhorst PSC

DIVISION ASSIGNMENT LIST		1. Branch Thurston		2. Division / Group Vaccination		
3. Incident Name West Region IMO			4. Operational Period Date: 4/19/2021 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		0		Division/Group Supervisor		
6. Resources Assigned this Period						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
					<input checked="" type="checkbox"/>	
					<input checked="" 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: 4/18/2021	Time: 1600	

WEATHER	1. Incident Name West Region IMO	2. Date Prepared 4/18/2021	3. Time Prepared 1600
<p><u>Grays Harbor Co.</u></p> <p>Monday Mostly cloudy, then gradually becoming sunny, with a high near 60. Light and variable wind becoming west 5 to 9 mph in the afternoon.</p> <p>Monday Night Mostly cloudy, with a low around 47. West southwest wind 3 to 8 mph.</p> <p><u>Lewis Co.</u></p> <p>Monday Sunny, with a high near 74. South wind 3 to 7 mph.</p> <p>Monday Night Mostly cloudy, with a low around 41. Calm wind becoming west northwest around 6 mph.</p> <p><u>Pacific Co.</u></p> <p>Monday Areas of fog before 8am. Otherwise, cloudy, then gradually becoming mostly sunny, with a high near 70. Calm wind becoming west 5 to 7 mph in the afternoon.</p> <p>Monday Night Mostly cloudy, with a low around 46. West wind 5 to 7 mph.</p> <p><u>Thurston Co.</u></p> <p>Monday Mostly sunny, with a high near 73. Calm wind becoming north around 5 mph in the afternoon.</p> <p>Monday Night Partly cloudy, with a low around 43. North northeast wind around 5 mph becoming calm in the evening.</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 4/18/2021	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 West Region IMO	2. Operational Period:	Date From/To: 4/19/2021			
			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: Mark Hill SOFR		Signature:		
8. Approved by (Safety Officer):		Name:		Signature:		

FINANCE MESSAGE	1. Incident Name West Region IMO	2. Date Prepared 4/18/2021	3. Time Prepared 1600
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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				2. CREW NUMBER					
Chetahs walk-in clinic				O-3025					
3. OPERATOR		4. PROJECT		5. INCIDENT NUMBER					
VACIP		West Region Vaccination Support		WA-WFS-126					
6. HOURS	NAME OF OPERATOR	DUTY	7. DATE		8. TIME				
			MO	DA	HR	MIN	START	STOP	REMARKS
1	Smith, Joe	EMTP	0630	0730	4/15/21	0630	0730		
2			0730	1200					
2			1230	1600					
3			1600	1700					
9. 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									

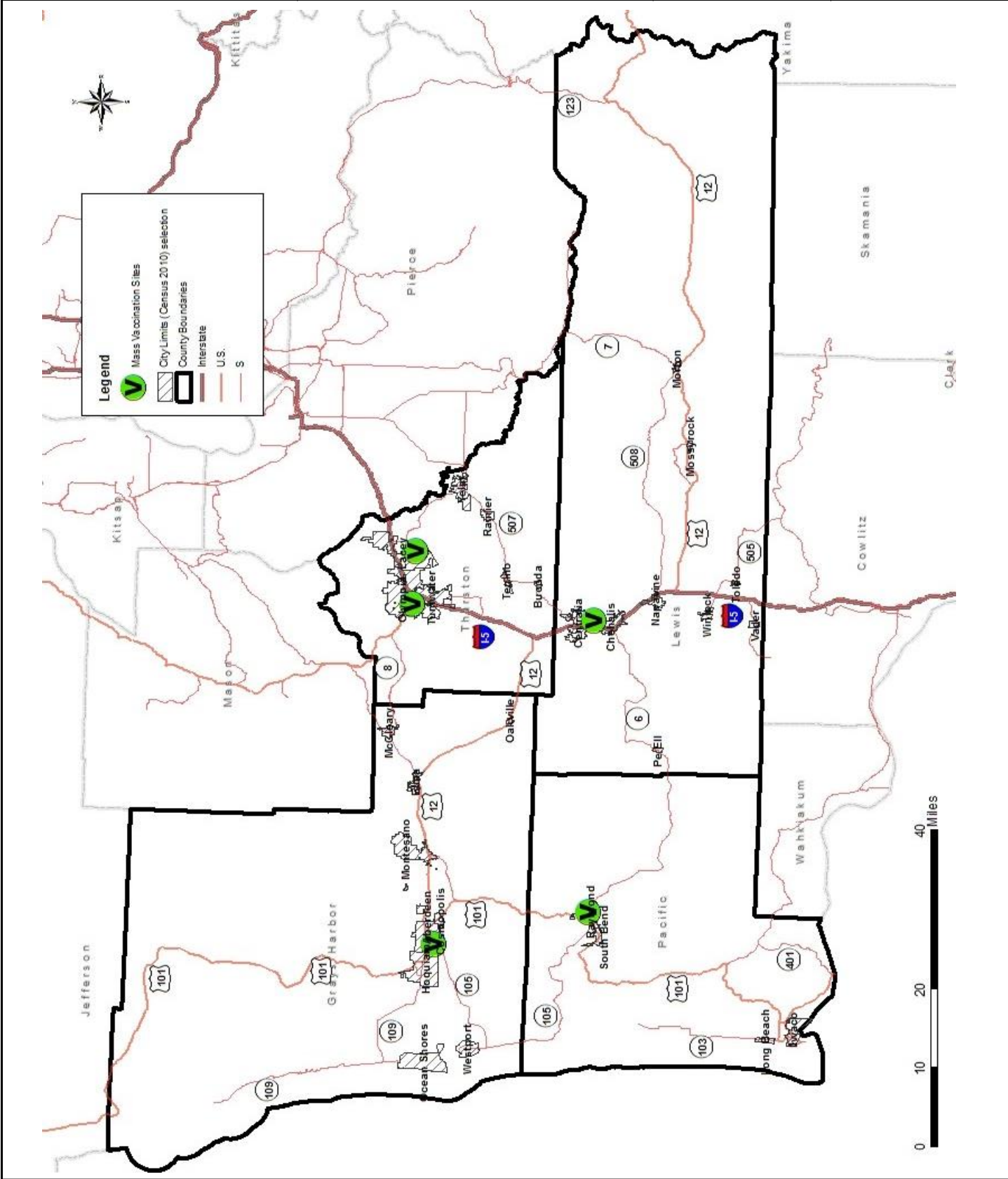
EMERGENCY EQUIPMENT SHIFT TICKET									
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.									
1. AGREEMENT NUMBER				2. CONTRACTOR (name)					
State Mobilization-COVID Mass Vaccination				Thurston Co FD 9					
3. INCIDENT OR PROJECT NAME				4. INCIDENT NUMBER		5. OPERATOR (name)			
W Region Mass Vacc support WA-WFS-126						Joe Smith O-3030			
6. EQUIPMENT MAKE			7. EQUIPMENT MODEL			8. OPERATOR FURNISHED BY			
Ford			Explorer			<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER				10. LICENSE NUMBER			11. OPERATING SUPPLIES FURNISHED BY		
				B2345C			<input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)		
12. DATE		13. EQUIPMENT USE			14. REMARKS (released, down time and cause, problems, etc.)				
MO/DA/YR		START	STOP	HOURS	DAYS	MILES	(circle one)		
				WORK	SPECIAL				
4/15/21		0630	06524		Travel		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		

9. Prepared by (Name and Position)

Audrey Mainwaring FSC3

UNIT LOG	1. Incident Name	2. Date Prepared	3. Time Prepared
	West Region IMO		
4. Unit Name/Designators	5. Unit Leader (Name and Position)	6. Operational Period	
		4/19/2021	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 4/18/2021	3. Time Prepared 1600
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9. Prepared by (Name and Position) Stephanie Falcon PSC(t)
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Field Order Example	1. Incident Name West Region IMO	2. Date Prepared 4/18/2021	3. Time Prepared 1600
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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

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.		