

INCIDENT ACTION PLAN

WEST REGION IMO

Wednesday, April 21, 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 4/20/2021	3. Time Prepared 1615
4. Operational Period (Date and Time) 4/21/2021 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	

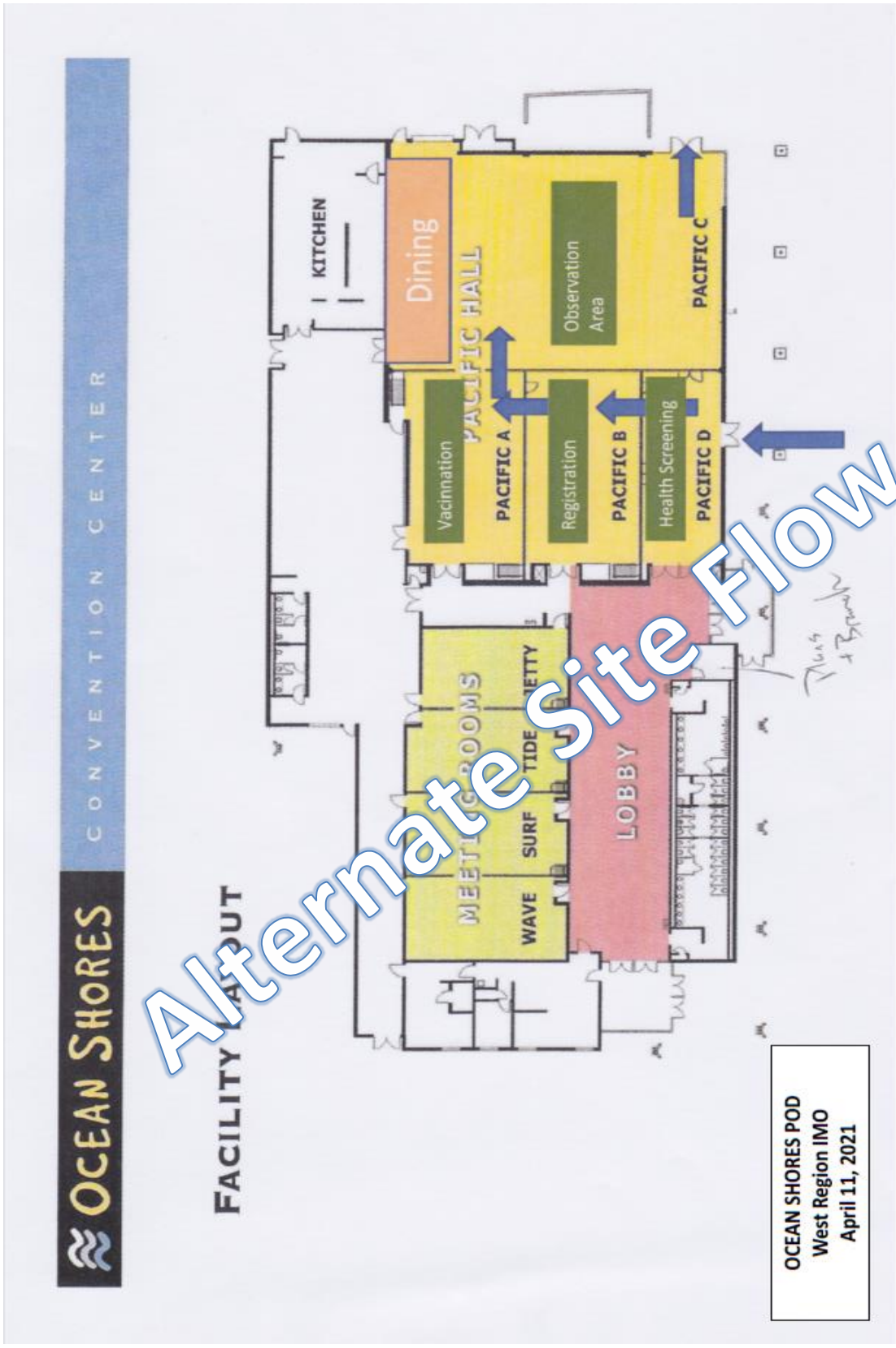
DIVISION ASSIGNMENT LIST		1. Branch West Grays Harbor		2. Division / Group Vaccination		
3. Incident Name West Region IMO			4. Operational Period Date: 4/21/2021 Time: Day			
5. Operations Personnel						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director <i>Paul Kimball 509-863-5133 (LWD 4/24)</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 checked="" type="checkbox"/>	
	WAARNG Team 8		12		<input checked="" type="checkbox"/>	
	Team 8 DOH LOFR	Katie Scott	1		<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"/>	
			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: 4/20/2021	Time: 1615	

Grays Harbor Alternate Site Flow

1. Incident Name
West Region IMO

2. Date Prepared
4/20/2021

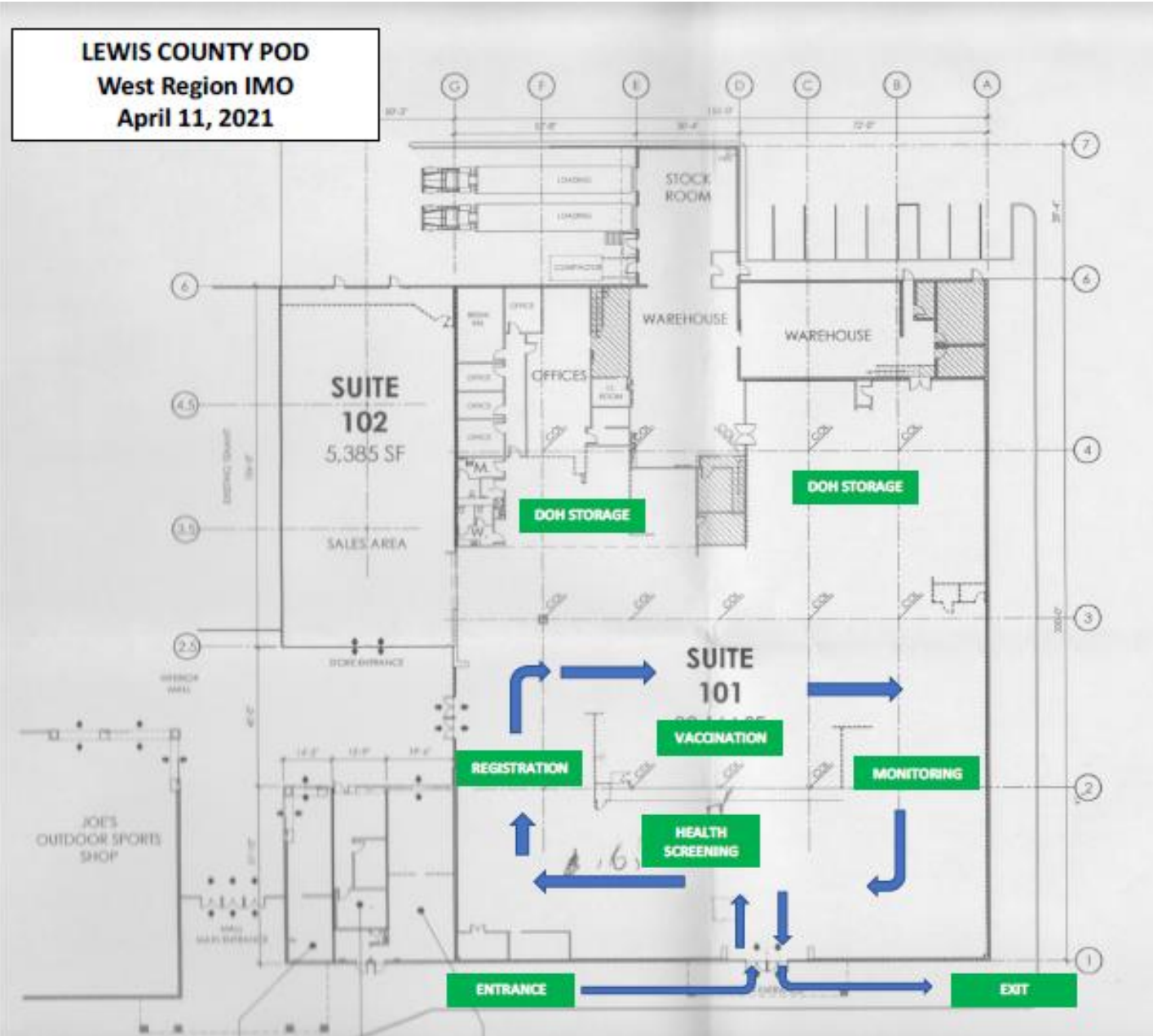
3. Time Prepared
1615



9. Prepared by (Name and Position)

Ryan Scharnhorst PSC

Lewis Flow	1. Incident Name West Region IMO	2. Date Prepared 4/20/2021	3. Time Prepared 1615
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9. Prepared by (Name and Position)
Ryan Scharnhorst PSC

DIVISION ASSIGNMENT LIST		1. Branch East Thurston		2. Division / Group Vaccination		
3. Incident Name West Region IMO			4. Operational Period Date: 4/21/2021 Time: Day			
5. Operations Personnel						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director <i>0</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
SPSCC Site					<input type="checkbox"/>	
O-3041	EMTP	Storjan Kennison	1	206-930-9989	<input checked="" type="checkbox"/>	
O-3042	EMTB	Scott Watkins	1	253-906-9320	<input checked="" 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"/>	
			2			
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: 4/20/2021	Time: 1615	

WEATHER	1. Incident Name West Region IMO	2. Date Prepared 4/20/2021	3. Time Prepared 1615
<p><u>Grays Harbor Co.</u> Wednesday Mostly cloudy, then gradually becoming sunny, with a high near 61. Light northwest wind becoming west 8 to 13 mph in the afternoon. Wednesday Night Mostly cloudy, with a low around 48. West wind 9 to 13 mph.</p> <p><u>Lewis Co.</u> Wednesday Sunny, with a high near 74. Calm wind becoming northwest 5 to 9 mph in the afternoon. Wednesday Night Partly cloudy, with a low around 43. West northwest wind 6 to 9 mph becoming south southwest after midnight.</p> <p><u>Pacific Co.</u> Wednesday Patchy fog before 9am. Otherwise, mostly sunny, with a high near 68. Calm wind becoming west 5 to 9 mph in the afternoon. Wednesday Night Mostly cloudy, with a low around 45. West wind 6 to 8 mph.</p> <p><u>Thurston Co.</u> Wednesday Sunny, with a high near 74. Calm wind becoming west northwest 5 to 8 mph in the afternoon. Wednesday Night Partly cloudy, with a low around 45. South southwest wind 6 to 9 mph.</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 4/20/2021	3. Time Prepared 1615
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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. Watch out for oil and fluid spills that create slip hazards.



Medical Plan (ICS 206)	1. Incident Name West Region IMO	2. Operational Period:	Date From/To: 4/21/2021			
			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 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
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	2. Date Prepared	3. Time Prepared
	West Region IMO	4/20/2021	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

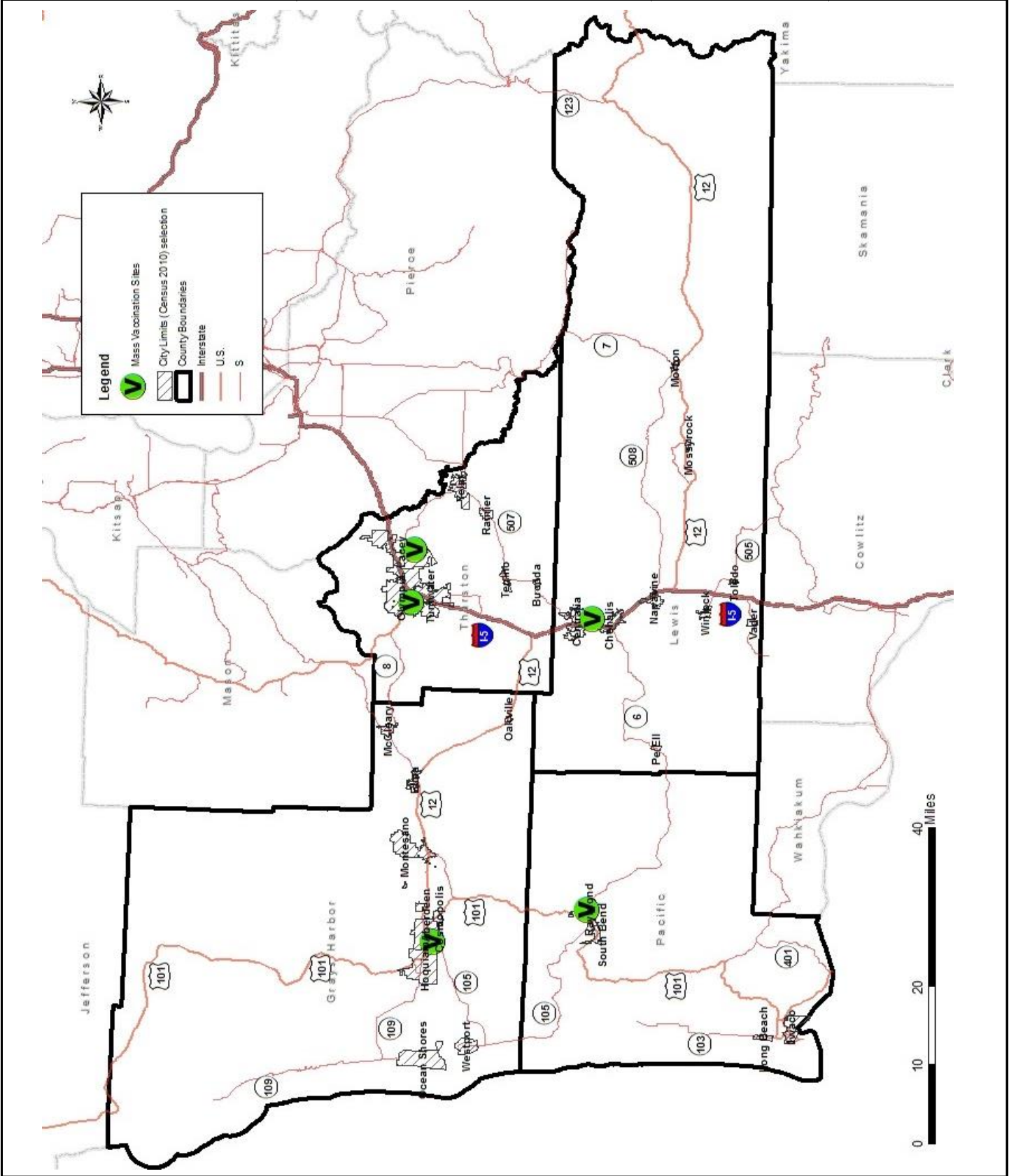
CREW TIME REPORT					
1. CREW NAME Chetahs walk-in clinic		2. CREW NUMBER O-3025			
3. OFFICE RESPONSIBLE FOR FILE VADP		4. PROJECT NAME West Region vaccination support		5. PROJECT NUMBER WA-WFS-126	
NO. WORKING	NAME OF OPERATOR	SUBJECT POSITION	DATE	4/15/21	DATE
1	2	3	START	STOP	REMARKS
1	Smith, Joe	EMTP	0630	0730	
2			1230	1600	
3			1600	1700	
11. 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			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 checked="" type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER		10. LICENSE NUMBER B2345C		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input checked="" type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR		13. EQUIPMENT USE		14. REMARKS (released, down time and cause, problems, etc.)	
		START	STOP	HOURS WORK	DAYS 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

9. Prepared by (Name and Position)

Audrey Mainwaring FSC3



MAP	1. Incident Name West Region IMO	2. Date Prepared 4/20/2021	3. Time Prepared 1615
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9. Prepared by (Name and Position) Stephanie Falcon PSC(t)
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Field Order Example	1. Incident Name	2. Date Prepared	3. Time Prepared
	West Region IMO	4/20/2021	1615

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					
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.					
Nature of Injury/Illness			Describe the injury (Ex: Broken leg with bleeding)		
Incident Name			Geographic Name + "Medical" (Ex: Trout Meadow Medical)		
Incident Commander			Name of IC		
Patient Care			Name of Care Provider (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	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: 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		
<input type="checkbox"/> URGENT-RED Life threatening injury or illness. Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.			Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE .		
<input type="checkbox"/> PRIORITY-YELLOW Serious Injury or illness. Ex: Significant trauma, not able to walk, 2° – 3° burns not more than 1-2 palm sizes.			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. Ex: Sprains, strains, minor heat-related illness.			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 *
Ex: Command	Forest Rpt, Ch. 2	168.3250	110.9	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 conjunction with primary evacuation method? Be thinking ahead...			REMEMBER: Confirm ETA's of resources ordered Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively.		