

INCIDENT ACTION PLAN

WEST REGION IMO

4/22 - 4/23 2021

0800-2000 Operational Period



WA-WFS-126
224-IYB



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DIVISION ASSIGNMENT LIST		1. Branch West Grays Harbor		2. Division / Group Vaccination		
3. Incident Name West Region IMO			4. Operational Period Date: 4/22 - 4/23 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 Team 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"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<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: 4/21/2021	Time: 1615	

**Grays Harbor Alternate
Site Flow**

1. Incident Name
West Region IMO

2. Date Prepared
4/21/2021

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: 4/22 - 4/23 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"/>	
	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"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			23			
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: 4/21/2021	Time: 1615	

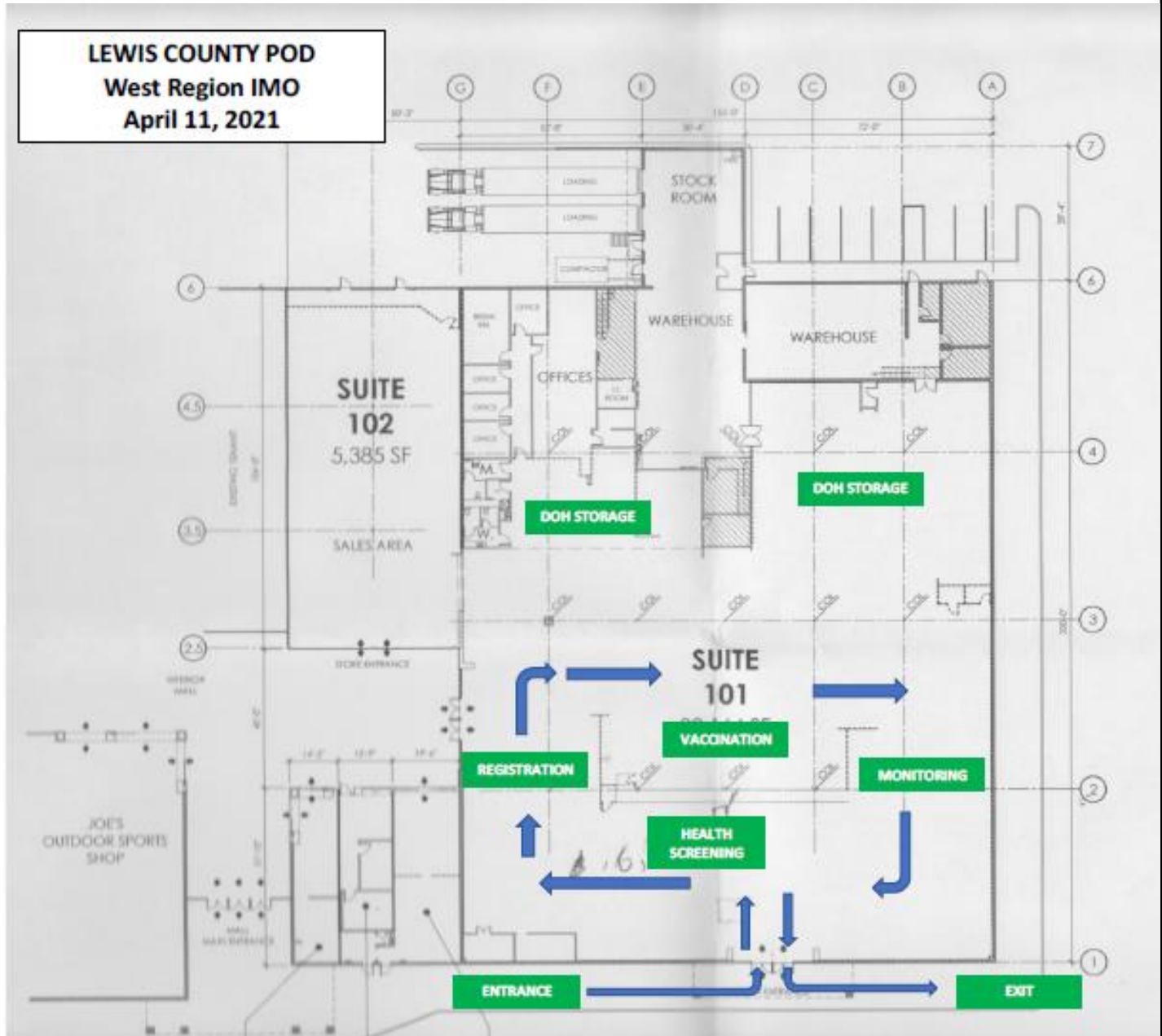
Lewis Flow

1. Incident Name
West Region IMO

2. Date Prepared
4/21/2021

3. Time Prepared
1615

LEWIS COUNTY POD
West Region IMO
April 11, 2021



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: 4/22 - 4/23 2021 Time: Day			
5. Operations Personnel						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director 0		
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
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"/>	
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					<input type="checkbox"/>	
					<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: 4/21/2021	Time: 1615	

WEATHER	1. Incident Name West Region IMO	2. Date Prepared 4/21/2021	3. Time Prepared 1615
<p><u>Grays Harbor Co.</u></p> <p>Thursday A slight chance of rain or drizzle between 8am and 11am. Patchy fog before 8am. Otherwise, partly sunny, with a high near 54. West wind 7 to 9 mph. Chance of precipitation is 20%.</p> <p>Thursday Night Increasing clouds, with a low around 47. West southwest wind 3 to 7 mph.</p> <p><u>Lewis Co.</u></p> <p>Thursday Patchy fog before 8am. Otherwise, partly sunny, with a high near 61. West southwest wind 5 to 7 mph.</p> <p>Thursday Night Mostly cloudy, with a low around 42. West southwest wind 3 to 7 mph.</p> <p><u>Pacific Co.</u></p> <p>Thursday Partly sunny, with a high near 58. West wind 6 to 8 mph.</p> <p>Thursday Night Mostly cloudy, with a low around 43. West southwest wind 5 to 7 mph.</p> <p><u>Thurston Co.</u></p> <p>Thursday Patchy fog before 8am. Otherwise, partly sunny, with a high near 61. South southwest wind 6 to 8 mph.</p> <p>Thursday Night Mostly cloudy, with a low around 44. South southwest wind 3 to 7 mph.</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 4/21/2021	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 Within 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	2. Operational		Date From/To:	4/22 - 4/23 2021		
	West Region IMO	Period:	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	4/21/2021	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. INCIDENT NAME Chehalis walk-in clinic		2. DNR NUMBER O-3025	
3. WSP RESPONSIBLE FOR THE West Region Vaccination Support		4. INCIDENT NUMBER WA-WFS-126	
NO. OF HOURS	NAME OF OPERATOR	CLASSIFICATION	DATE
			4/21/21
			4/22/21
			4/23/21
1	Smith, Joe	EMTP	0630 0730
2			0730 1200
2			1230 1600
3			1600 1700
11. REMARKS 1 - Travel to Chehalis from Gig Harbor 2 - support work at vaccination clinic 3 - Return travel to Gig Harbor Compensable lunch Per diem B-L-D & Lodging			



EMERGENCY EQUIPMENT SHIFT TICKET			
<i>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</i>			
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. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input 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 checked="" 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.) BLS Kit onsite E-4007	
15. EQUIPMENT STATUS <input checked="" 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

Field Order Example	1. Incident Name West Region IMO	2. Date Prepared 4/21/2021	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 4/21/2021	3. Time Prepared 1615
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0930 Operational Briefing

1500 Planning Meeting

1600 C&G Meeting

1700 Tactics Meeting



9. Prepared by (Name and Position)

Ryan Scharnhorst PSC3

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.		