

INCIDENT ACTION PLAN

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# WEST REGION IMO

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5/11 - 5/16 2021

0800-2000 Operational Period

WA-WFS-126  
224-IYB



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<b>Incident Objectives</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>5/10/2021</b>	3. Time Prepared <b>1615</b>
4. Operational Period (Date and Time) <b>5/11 - 5/16 2021</b> <b>0800-2000</b>			
5. General Control Objectives for the Incident (include Alternatives)			
<p><b>1. Provide for the health, safety and welfare of all public safety personnel, healthcare providers, clinic attendees, and vaccine recipients</b></p> <p><b>2. Develop plans to implement mass vaccination clinics for West Region residents in accordance with needs identified by the Counties</b></p> <p><b>3. Coordinate delivery of vaccines in accordance with relevant eligibility schedules</b></p> <p><b>4. Coordinate documentation of vaccines delivered</b></p> <p><b>5. Establish and maintain cost containment and cost accounting procedures in accordance with relevant guidelines</b></p> <p><b>6. Coordinate with LHJs for the timely, coordinated release of accurate public information</b></p> <p><b>7. Maintain and enhance interagency and interdisciplinary relationships by developing and maintaining an environment in which all participants are treated with dignity and respect.</b></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 includes:</p> <ul style="list-style-type: none"> <li>-Daily COVID screening</li> <li>-Wash hands frequently</li> <li>-Maintain social distancing of at least 6 feet</li> <li>-Wear appropriate facial PPE for assigned task (cloth mask, disposable mask, N95)</li> <li>-Routinely sanitize work area and high touch areas</li> </ul>			
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) <b>David Winter</b>	10. Approved by (IC) <b>Peter Suver, ICT3</b>	

<b>ORGANIZATION ASSIGNMENT LIST</b>			
1. Incident Name		<b>West Region IMO</b>	
2. Date 5/10/2021		3. Time 12:07:00 AM	
4. Operational Period 5/11 - 5/16 2021 0800-2000		9. OPERATIONS SECTION	
		Chief	Sami Schinnell 928-607-2672
		Deputy Chief	
<b>5. INCIDENT COMMANDER &amp; STAFF</b>		<b>a. West Branch</b>	
Incident Commander	Peter Suver 360-402-2715	Branch Director	
Dep. IC	Leonard Johnson 360-581-9672	Grays Harbor County	
Liason Officer	Tim McKern 360-463-2767	Pacific County	
Safety Officer	Mark Hill 206-949-0940	<b>b. East Branch</b>	
Information Officer	Norma Brock 360-490-9090	Branch Director	
		Lewis County	
		Thurston County	
<b>6. AGENCY REPRESENTATIVE</b>		<b>c.</b>	
<b>Agency</b>	<b>Name</b>	Branch Director	
WSP Fire Marshal	Bill Slosson	Division A	
WA DOH/WANG	Darius Bazemore	Division B	
Grays Harbor Co. IC	Hannah Cleverly	<b>d.</b>	
Lewis Co. IC	JP Anderson	Branch Director	
Pacific Co. IC	Katie Lindstrom	Division A	
Thurston Co. IC	Mark Moffett	Division B	
<b>7. PLANNING SECTION</b>			
Chief	David Winter 509-301-2631		
Deputy	Ryan Scharnhorst 509-432-1016		
Resource Unit			
Situation Unit			
Documentation Unit		<b>10. FINANCE SECTION</b>	
Demobilization Unit		Chief	Sue Ranger 509-930-6062
Human Resources		Deputy	
Planning Operations		Time Unit	
		Procurement Unit	
		Cost Unit	
		<b>11. CONTACTS / OTHER INFORMATION</b>	
<b>8. LOGISTICS SECTION</b>		CWICC	509.884.3473 fax 509.884.3549
Chief			
Deputy	Chris Patti 360-791-5052		
Supply Unit			
Facilities Unit			
Ground Support Unit			
Communications Unit			
RADO			
Medical Unit		Prepared by (Resource Unit Leader)	
Food Unit		Ryan Scharnhorst	

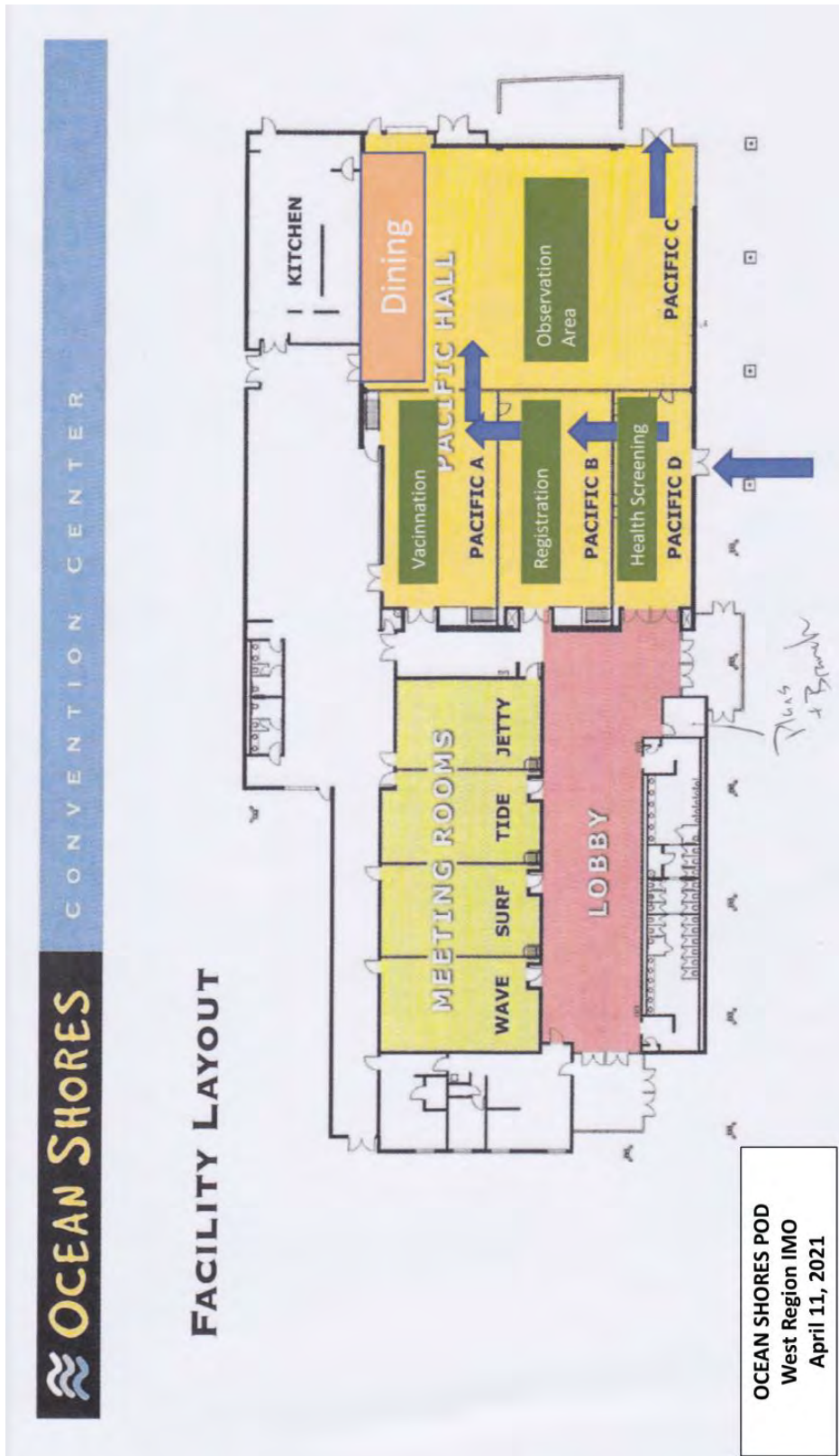
<b>DIVISION ASSIGNMENT LIST</b>		1. Branch <b>West Grays Harbor</b>		2. Division / Group <b>Vaccination</b>		
3. Incident Name <b>West Region IMO</b>			4. Operational Period Date: <b>5/11 - 5/16 2021</b> Time: <b>Day</b>			
<b>5. Operations Personnel</b>						
Operations Chief		<i>Sami Schinnell 928-607-2672</i>		Branch Director		
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
<b>6. Resources Assigned this Period</b>						
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 Hagerty	1	509-951-1881	<input type="checkbox"/>	
	Team 8 NCO	SSG David Rosender	1	509-281-0460	<input checked="" type="checkbox"/>	
	WAARNG Team 8		13		<input checked="" type="checkbox"/>	
	Team 8 DOH LOFR	Katie Scott	1	360 236-4059	<input 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"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			16			
<b>7. Work Assignments</b>						
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. Operate the Ocean Shores, Westport, and Pasha mass vaccination site.						
<b>8. Special Instructions</b>						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
<b>9. Communication Summary</b>						
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) <b>Ryan Scharnhorst</b>		Date: 5/10/2021	Time: 1615	

Grays Harbor Site

1. Incident Name  
West Region IMO

2. Date Prepared  
5/10/2021

3. Time Prepared  
1615



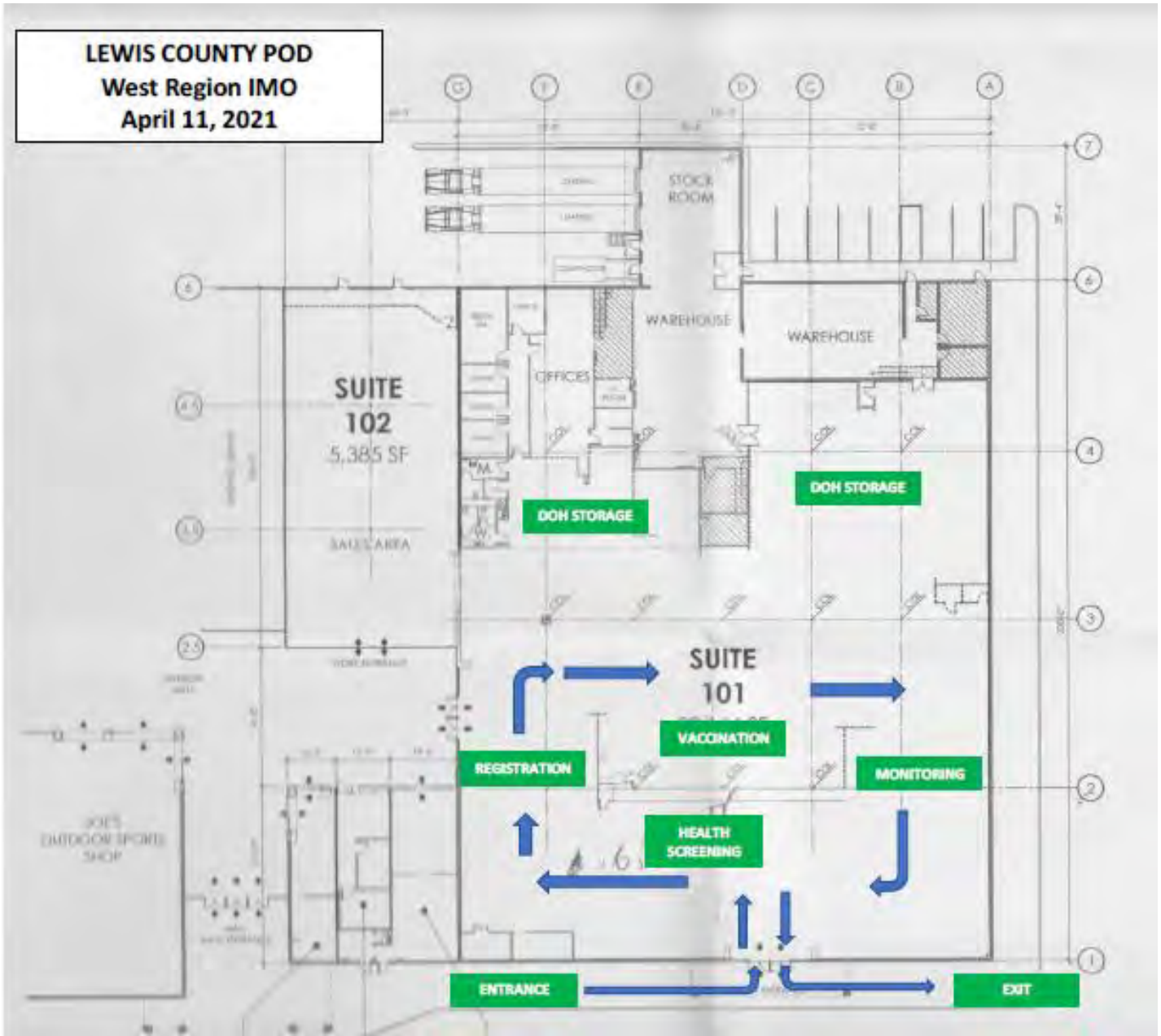
OCEAN SHORES POD  
West Region IMO  
April 11, 2021

9. Prepared by (Name and Position)

Ryan Scharnhorst PSC

<b>DIVISION ASSIGNMENT LIST</b>			1. Branch <b>East Lewis</b>		2. Division / Group <b>Vaccination</b>	
3. Incident Name <b>West Region IMO</b>			4. Operational Period Date: <b>5/11 - 5/16 2021</b> Time: <b>Day</b>			
<b>5. Operations Personnel</b>						
Operations Chief		<i>Sami Schinnell 928-607-2672</i>		Branch Director		
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
<b>6. Resources Assigned this Period</b>						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
	WAARNG Team 9				<input type="checkbox"/>	
	Team 9 CO	LT Huang Roh	1	253-239-7408	<input type="checkbox"/>	
	Team 9 NCO	SSG Cazenavette	1	910-635-1274	<input type="checkbox"/>	
	WAARNG Team 9		13		<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"/>	
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					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			16			
<b>7. Work Assignments</b>						
Assist the LHJ with mass vaccination distribution. Check-in 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. Sites this week will be Sears, Presbyterian Church in Centralia and other sites TBD.						
<b>8. Special Instructions</b>						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
<b>9. Communication Summary</b>						
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)			Date:	Time:
		<b>Ryan Scharnhorst</b>			5/10/2021	1615

<b>Lewis Flow</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>5/10/2021</b>	3. Time Prepared <b>1615</b>
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9. Prepared by (Name and Position)  
**Ryan Scharnhorst PSC**



<b>DIVISION ASSIGNMENT LIST</b>		1. Branch	<b>West Pacific</b>		2. Division / Group	<b>Vaccination</b>
3. Incident Name			4. Operational Period			
<b>West Region IMO</b>			Date: <b>5/11 - 5/16 2021</b>	Time: <b>0800-2000</b>		
<b>5. Operations Personnel</b>						
Operations Chief		<i>Sami Schinnell 928-607-2672</i>		Branch Director		
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
<b>6. Resources Assigned this Period</b>						
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"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			1		<input type="checkbox"/>	
<b>7. Work Assignments</b>						
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.						
<b>8. Special Instructions</b>						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
<b>9. Communication Summary</b>						
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)			Date:	Time:
		<b>Ryan Scharnhorst</b>			5/10/2021	1615

<b>DIVISION ASSIGNMENT LIST</b>		1. Branch <b>East Thurston</b>		2. Division / Group <b>Vaccination</b>		
3. Incident Name <b>West Region IMO</b>			4. Operational Period Date: <b>5/11-5/16 2021</b> Time: <b>0800-2000</b>			
<b>5. Operations Personnel</b>						
Operations Chief		<i>Sami Schinnell 928-607-2672</i>		Branch Director		
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
<b>6. Resources Assigned this Period</b>						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
SPSCC Site					<input type="checkbox"/>	
					<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"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			1			
<b>7. Work Assignments</b>						
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.						
<b>8. Special Instructions</b>						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
<b>9. Communication Summary</b>						
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)		Date:	Time:	
		<b>Ryan Scharnhorst</b>		5/10/2021	1615	

WEATHER	1. Incident Name West Region IMO	2. Date Prepared 5/10/2021	3. Time Prepared 1615
<p><b><u>Grays Harbor Co.</u></b></p> <p><b>Tuesday</b> - Patchy fog before 9am. Otherwise, mostly sunny, with a high near 70. Calm wind becoming west 5 to 8 mph in the afternoon.</p> <p><b>Wednesday</b> - Areas of fog before 9am. Otherwise, partly sunny, with a high near 70. Calm wind becoming west 5 to 9 mph in the afternoon.</p> <p><b>Thursday</b> - Partly sunny, with a high near 69.</p> <p><b>Friday</b> - Partly sunny, with a high near 67.</p> <p><b>Saturday</b> - A slight chance of showers. Mostly sunny, with a high near 65.</p> <p><b>Sunday</b> - A slight chance of showers. Partly sunny, with a high near 64.</p> <p><b><u>Lewis Co.</u></b></p> <p><b>Tuesday</b> - Mostly sunny, with a high near 66. East northeast wind 5 to 8 mph becoming north in the afternoon.</p> <p><b>Wednesday</b> - Mostly sunny, with a high near 68. Calm wind becoming north northwest 5 to 7 mph in the afternoon.</p> <p><b>Thursday</b> - Mostly sunny, with a high near 67.</p> <p><b>Friday</b> - Mostly sunny, with a high near 64.</p> <p><b>Saturday</b> - A slight chance of showers. Partly sunny, with a high near 59.</p> <p><b>Sunday</b> - A slight chance of showers. Partly sunny, with a high near 60.</p> <p><b><u>Pacific Co.</u></b></p> <p><b>Tuesday</b> - Mostly sunny, with a high near 65. Calm wind becoming northwest 5 to 8 mph in the afternoon.</p> <p><b>Wednesday</b> - Partly sunny, with a high near 65. West northwest wind 3 to 8 mph.</p> <p><b>Thursday</b> - Partly sunny, with a high near 63.</p> <p><b>Friday</b> - Partly sunny, with a high near 60.</p> <p><b>Saturday</b> - A slight chance of showers. Partly sunny, with a high near 58.</p> <p><b>Sunday</b> - A slight chance of showers. Partly sunny, with a high near 58.</p> <p><b><u>Thurston Co.</u></b></p> <p><b>Tuesday</b> - Patchy fog before 7am. Otherwise, mostly sunny, with a high near 72. Calm wind becoming north 5 to 7 mph in the afternoon.</p> <p><b>Wednesday</b> - Partly sunny, with a high near 73. Calm wind becoming north around 5 mph in the afternoon.</p> <p><b>Thursday</b> - Mostly sunny, with a high near 72.</p> <p><b>Friday</b> - Mostly sunny, with a high near 70.</p> <p><b>Saturday</b> - A slight chance of showers. Partly sunny, with a high near 66.</p> <p><b>Sunday</b> - A slight chance of showers. Partly sunny, with a high near 66.</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 5/10/2021	3. Time Prepared 1615
<p><b>Beware of complacency as we continue with this mission. Our team members have been busy for many weeks. They are frequently traveling to multiple sites to complete their duties. Hazards that have been identified at the larger clinics will still be applicable and will have many things in common with the pop up clinics.</b></p> <p><b>Remember to follow your safety guidelines when working around vehicles and while handling sharps. For your safety and that of our clients check the walkway areas for slip, trip and fall hazards. Review your "Incident Within an Incident" plans.</b></p> <p><b>Take care of yourselves by getting proper amounts of sleep, staying hydrated, and taking stretch breaks.</b></p> <p><b>Look out for each other.</b></p>			
9. Prepared by (Name and Position) <i>Mark Hill SOFR</i>			

<b>Medical Plan</b> (ICS 206)	<b>1. Incident Name</b> <b>West Region IMO</b>	<b>2. Operational Period:</b>	Date From/To: 5/11 - 5/16 2021			
			Time From/To: 0800-2000			
<b>3. Medical Aid Stations:</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Paramedics on Site?</b>			
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			
<b>4. Transportation (indicate air or ground):</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Level of Service</b>			
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			
<b>5. Hospitals:</b>						
<b>Hospital Name</b>	<b>Address Latitude/Longitude</b>	<b>Contact Number(s)/Frequency</b>	<b>Travel Time Air Ground</b>	<b>Trama Center</b>	<b>Burn Center</b>	<b>Helipad</b>
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
<b>6. Special Medical Emergency Procedures:</b>						
<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>						
<b>7. Prepared by (Medical Unit Leader):</b>		Name: Ryan Scharnhorst PSC		Signature:		
<b>8. Approved by (Safety Officer):</b>		Name:		Signature:		

<b>FINANCE MESSAGE</b>	1. Incident Name	2. Date Prepared	3. Time Prepared
	<b>West Region IMO</b>	<b>5/10/2021</b>	<b>1615</b>

**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](mailto: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**

**GROSS TIME REPORT**  
 Chenille walk-in clinic O-3025  
 WA-WFS-126

DATE	START	STOP	HOURS
4/15/21	0630	2730	
4/15/21	0730	0800	
4/15/21	1230	0800	
4/15/21	1600	1700	

**SAVE**

**EMERGENCY EQUIPMENT SHIFT TICKET**

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:  CONTRACTOR  GOVERNMENT  
 9. SERIAL NUMBER: B2345C  
 10. LICENSE NUMBER: B2345C  
 11. OPERATING SUPPLIES FURNISHED BY:  CONTRACTOR (name)  GOVERNMENT (city)  
 12. DATE: 4/15/21  
 13. EQUIPMENT USE: TRAVEL  
 14. REMARKS (optional, down time and cause, problems, etc.): BLS Kit onsite E-4007  
 15. EQUIPMENT STATUS:  a. Inspected and ready for use  b. Released by Government  c. Withdrawn by Contractor  
 16. DEVICE POSTED BY (Name & Title):  
 17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE  
 18. GOVERNMENT OFFICE'S SIGNATURE  
 19. DATE SIGNED:

9. Prepared by (Name and Position)

*Audrey Mainwaring FSC3*


<b>Field Order Example</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>5/10/2021</b>	3. Time Prepared <b>1615</b>
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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 &amp; title</p>		
8. Approved by: Name: <u>fill in</u> Signature: <u>[Signature]</u> Position/Title: _____		
9. Reply:		
10. Replied by: Name: _____ Position/Title: _____ Signature: <u>[Signature]</u>		
ICS 213	Date/Time: _____	

**EXAMPLE**

9. Prepared by (Name and Position)  
*Cindy Preston LSC3*

<b>DAILY SCHEDULE</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>5/10/2021</b>	3. Time Prepared <b>1615</b>
<b>0830</b>	<b>C &amp; G Meeting</b>		
<b>0915</b>	<b>Tactics Meeting</b>		
<b>1100</b> scheduled)	<b>Operational Briefing (when</b>		
<b>1500</b>	<b>Planning Meeting (when scheduled)</b>		
			
9. Prepared by (Name and Position) <span style="float: right;"><i>Ryan Scharnhorst PSC3</i></span>			







# MEDICAL PLAN (ICS 206 WF)

Medical Incident Report					
FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE <span style="color: red;">"MEDICAL EMERGENCY"</span> TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.					
<b>Use items one through nine to communicate situation to communications/dispatch.</b>					
<b>1. CONTACT COMMUNICATIONS/DISPATCH</b> Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)					
<b>2. INCIDENT STATUS:</b> Provide incident summary and command structure.					
Nature of Injury/Illness			Describe the injury <i>(Ex: Broken leg with bleeding)</i>		
Incident Name			Geographic Name + "Medical" <i>(Ex: Trout Meadow Medical)</i>		
Incident Commander			Name of IC		
Patient Care			Name of Care Provider <i>(Ex: EMT Smith)</i>		
<b>3. INITIAL PATIENT ASSESSMENT:</b> 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: <i>What caused the injury?</i>					
Lat/Long (Datum WGS84) Ex: N 40° 42.45' x W 123° 03.24'					
<b>4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY</b>					
SEVERITY			TRANSPORT PRIORITY		
<input type="checkbox"/> <b>URGENT-RED</b> 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 <b>IMMEDIATE</b> .		
<input type="checkbox"/> <b>PRIORITY-YELLOW</b> 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 <b>DELAYED</b> .		
<input type="checkbox"/> <b>ROUTINE-GREEN</b> Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness.			Non-Emergency. Evacuation considered <b>Routine of Convenience</b> .		
<b>5. TRANSPORT PLAN:</b>					
<b>Air Transport:</b> (Agency Aircraft Preferred)					
<input type="checkbox"/> Helispot	<input type="checkbox"/> Short-haul/Hoist	<input type="checkbox"/> Life Flight	<input type="checkbox"/> Other		
<b>Ground Transport:</b> <a href="#">Click here to enter text.</a>					
<input type="checkbox"/> Self-Extract	<input type="checkbox"/> Carry-Out	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Other		
<b>6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:</b>					
<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)					
<b>7. COMMUNICATIONS:</b>					
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)					
<b>8. EVACUATION LOCATION:</b>					
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:					
<b>9. CONTINGENCY:</b>					
<b>Considerations:</b> If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...			<b>REMEMBER:</b> Confirm ETA's of resources ordered Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively.		