

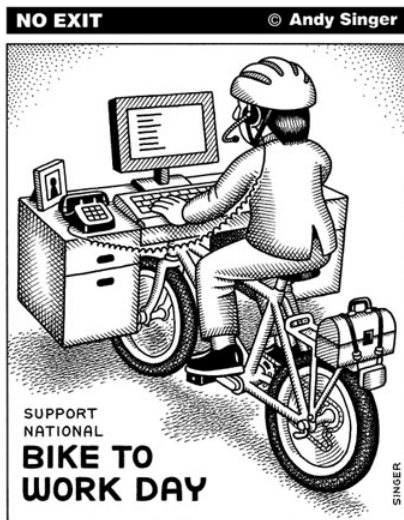
INCIDENT ACTION PLAN

WEST REGION IMO

5/18 - 5/23 2021

0800-2000 Operational Period

WA-WFS-126
224-IYB



May 21st



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Incident Objectives	1. Incident Name West Region IMO	2. Date Prepared 5/17/2021	3. Time Prepared 1615
4. Operational Period (Date and Time) 5/18 - 5/23 2021 0800-2000			
5. General Control Objectives for the Incident (include Alternatives)			
<ol style="list-style-type: none"> 1. Provide for the health, safety and welfare of all public safety personnel, healthcare providers, clinic attendees, and vaccine recipients 2. Develop plans to implement mass vaccination clinics for West Region residents in accordance with needs identified by the Counties 3. Coordinate delivery of vaccines in accordance with relevant eligibility schedules 4. Coordinate documentation of vaccines delivered 5. Establish and maintain cost containment and cost accounting procedures in accordance with relevant guidelines 6. Coordinate with LHJs for the timely, coordinated release of accurate public information 7. Maintain and enhance interagency and interdisciplinary relationships by developing and maintaining an environment in which all participants are treated with dignity and respect. 			
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"> -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) David Winter	10. Approved by (IC) Peter Suver, ICT3	

ORGANIZATION ASSIGNMENT LIST			
1. Incident Name West Region IMO		9. OPERATIONS SECTION	
2. Date 5/17/2021	3. Time 12:07:00 AM	Chief	Sami Schinnell 928-607-2672
4. Operational Period 5/18 - 5/23 2021 0800-2000		Deputy Chief	
5. INCIDENT COMMANDER & STAFF		a. West Branch	
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. East Branch	
Information Officer	Norma Brock 360-490-9090	Branch Director	
		Lewis County	
		Thurston County	
6. AGENCY REPRESENTATIVE		c.	
Agency	Name	Branch Director	
WSP Fire Marshal	Bill Slosson	Division A	
WA DOH/WANG	Darius Bazemore	Division B	
Grays Harbor Co. IC	Hannah Cleverly	d.	
Lewis Co. IC	JP Anderson	Branch Director	
Pacific Co. IC	Katie Lindstrom	Division A	
Thurston Co. IC	Mark Moffett	Division B	
7. PLANNING SECTION			
Chief	David Winter 509-301-2631		
Deputy	Ryan Scharnhorst 509-432-1016		
Resource Unit			
Situation Unit			
Documentation Unit		10. FINANCE SECTION	
Demobilization Unit		Chief	Sue Ranger 509-930-6062
Human Resources		Deputy	
Planning Operations		Time Unit	
		Procurement Unit	
		Cost Unit	
		11. CONTACTS / OTHER INFORMATION	
8. LOGISTICS SECTION		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	

DIVISION ASSIGNMENT LIST		1. Branch West Grays Harbor		2. Division / Group Vaccination		
3. Incident Name West Region IMO			4. Operational Period Date: 5/18 - 5/23 2021 Time: Day			
5. Operations Personnel						
Operations Chief		<i>Sami Schinnell 928-607-2672</i>		Branch Director		
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
	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"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			16			
7. Work Assignments						
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.						
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: 5/17/2021	Time: 1615	

DIVISION ASSIGNMENT LIST			1. Branch East Lewis		2. Division / Group Vaccination	
3. Incident Name West Region IMO			4. Operational Period Date: 5/18 - 5/23 2021 Time: Day			
5. Operations Personnel						
Operations Chief		<i>Sami Schinnell 928-607-2672</i>		Branch Director		
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
	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"/>	
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					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			16			
7. Work Assignments						
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.						
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: 5/17/2021	Time: 1615

DIVISION ASSIGNMENT LIST			1. Branch	West Pacific	2. Division / Group	Vaccination
3. Incident Name				4. Operational Period		
West Region IMO				Date: 5/18 - 5/23 2021	Time: 0800-2000	
5. Operations Personnel						
Operations Chief		<i>Sami Schinnell 928-607-2672</i>		Branch Director		
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"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			1			
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)			Date:	Time:
		Ryan Scharnhorst			5/17/2021	1615

DIVISION ASSIGNMENT LIST			1. Branch East Thurston	2. Division / Group Vaccination		
3. Incident Name West Region IMO			4. Operational Period Date: 5/18-5/23 2021 Time: 0800-2000			
5. Operations Personnel						
Operations Chief	<i>Sami Schinnell 928-607-2672</i>		Branch Director			
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
	SPSCC Site				<input type="checkbox"/>	
					<input checked="" 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"/>	
			1			
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: 5/17/2021	Time: 1615

WEATHER	1. Incident Name West Region IMO	2. Date Prepared 5/17/2021	3. Time Prepared 1615
<p><u>Grays Harbor Co.</u></p> <p>Tuesday - Rain and possibly a thunderstorm before noon, then showers likely and possibly a thunderstorm between noon and 3pm, then a chance of showers and thunderstorms after 3pm. High near 58. West wind 5 to 10 mph. Chance of precipitation is 80%. New rainfall amounts of less than a tenth of an inch, except higher amounts possible in thunderstorms.</p> <p>Wednesday - Rain likely, mainly after 11am. Partly sunny, with a high near 60. Light and variable wind becoming west 5 to 10 mph in the afternoon. Chance of precipitation is 70%. New precipitation amounts of less than a tenth of an inch possible.</p> <p>Thursday - A 20 percent chance of rain after 11am. Patchy fog before 8am. Otherwise, mostly sunny, with a high near 64.</p> <p>Friday - Mostly sunny, with a high near 68.</p> <p>Saturday - Patchy fog. Otherwise, mostly sunny, with a high near 71.</p> <p>Sunday - A chance of rain. Partly sunny, with a high near 64.</p> <p><u>Lewis Co.</u></p> <p>Tuesday - Rain and thunderstorms likely, then showers and possibly a thunderstorm after 3pm. High near 50. West wind 7 to 13 mph. Chance of precipitation is 90%. New rainfall amounts between a tenth and quarter of an inch, except higher amounts possible in thunderstorms.</p> <p>Wednesday - A slight chance of rain and snow showers before 8am, then rain showers likely. Some thunder is also possible. Snow level 2400 feet rising to 3500 feet in the afternoon. Partly sunny, with a high near 52. Light and variable wind becoming north northwest 5 to 7 mph in the afternoon. Chance of precipitation is 60%. Little or no snow accumulation expected.</p> <p>Thursday - A 30 percent chance of rain after 11am. Partly sunny, with a high near 57.</p> <p>Friday - A slight chance of rain after 11am. Partly sunny, with a high near 62.</p> <p>Saturday - Partly sunny, with a high near 67.</p> <p>Sunday - A slight chance of rain. Partly sunny, with a high near 61.</p> <p><u>Pacific Co.</u></p> <p>Tuesday - Showers and possibly a thunderstorm. Snow level 3200 feet. High near 50. West southwest wind 6 to 9 mph. Chance of precipitation is 80%. New rainfall amounts between a tenth and quarter of an inch, except higher amounts possible in thunderstorms.</p> <p>Wednesday - Showers likely, mainly after 11am. Snow level 2800 feet. Partly sunny, with a high near 51. Light northwest wind becoming west northwest 6 to 11 mph in the morning. Chance of precipitation is 60%.</p> <p>Thursday - A 20 percent chance of showers after 11am. Snow level 3200 feet rising to 4400 feet in the afternoon. Partly sunny, with a high near 56.</p> <p>Friday - Partly sunny, with a high near 59.</p> <p>Saturday - Mostly sunny, with a high near 63.</p> <p>Sunday - A chance of showers. Mostly cloudy, with a high near 57.</p> <p><u>Thurston Co.</u></p> <p>Tuesday - Rain likely and possibly a thunderstorm, then showers and possibly a thunderstorm after 1pm. High near 59. South southwest wind 8 to 10 mph becoming west in the afternoon. Chance of precipitation is 80%. New rainfall amounts of less than a tenth of an inch, except higher amounts possible in thunderstorms.</p> <p>Wednesday - A chance of rain, then showers likely and possibly a thunderstorm after 11am. Partly sunny, with a high near 60. Calm wind becoming north 5 to 7 mph in the afternoon. Chance of precipitation is 60%. New rainfall amounts of less than a tenth of an inch, except higher amounts possible in thunderstorms.</p> <p>Thursday - A 30 percent chance of rain after 11am. Mostly sunny, with a high near 65.</p> <p>Friday - Mostly sunny, with a high near 70.</p> <p>Saturday - Mostly sunny, with a high near 74.</p> <p>Sunday - A slight chance of rain. Partly sunny, with a high near 67.</p>			
<p>9. Prepared by (Name and Position)</p> <p style="text-align: center;"><i>David Winter PSC</i></p>			

SAFETY MESSAGE	1. Incident Name West Region IMO	2. Date Prepared 5/17/2021	3. Time Prepared 1615
<p>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.</p> <p>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.</p> <p>Take care of yourselves by getting proper amounts of sleep, staying hydrated, and taking stretch breaks.</p> <p>Look out for each other.</p>			
9. Prepared by (Name and Position) <i>Mark Hill SOFR</i>			

Medical Plan (ICS 206)	1. Incident Name West Region IMO	2. Operational Period:	Date From/To: 5/18 - 5/23 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	Trama 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: Ryan Scharnhorst PSC		Signature:		
8. Approved by (Safety Officer):		Name:		Signature:		

FINANCE MESSAGE	1. Incident Name	2. Date Prepared	3. Time Prepared
	West Region IMO	5/17/2021	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

9. Prepared by (Name and Position) Audrey Mainwaring FSC3

Field Order Example	1. Incident Name West Region IMO	2. Date Prepared 5/17/2021	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: <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

May 18 – 23 Team Locations

Team 8:

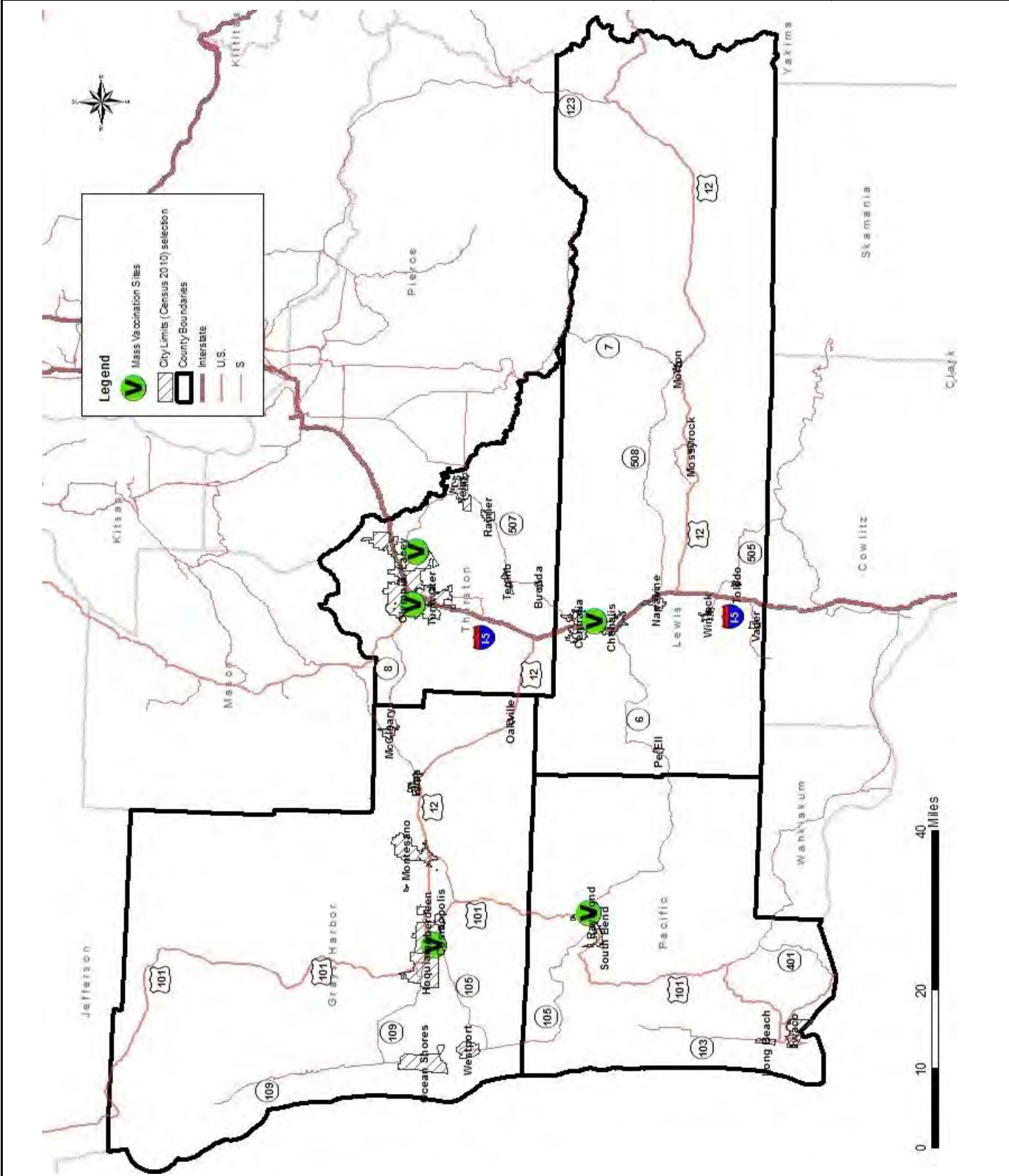
Day	Times	Location
Tuesday	10:00 – 13:00	Humptulips
Wednesday	10:00 – 13:00 14:00 – 17:00	Grays River Fire Hall Rosburg Store
Thursday	10:00 -13:00 14:00 -17:00	Naselle WSP Raisteakka Fire Hall
Friday	Admin Day	<i>Maybe a Westport Clinic</i>
Saturday	10:00 – 13:00 14:00 – 17:00	Rosburg Store Skamokawa Store
Sunday / Monday	Day Off	

Team 9:

Day	Times	Location
Tuesday	10:00 – 15:00	Salvation Army Centralia
Wednesday	Admin Day	
Thursday	11:00 – 16:00	Lincoln Creek Lumber
Friday	12:00 – 19:00	Mossyrock Grange
Saturday / Sunday	Day Off	

UNIT LOG	1. Incident Name West Region IMO	2. Date Prepared	3. Time Prepared
	4. Unit Name/Designators	5. Unit Leader (Name and Position)	6. Operational Period 5/18-5/23 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 5/17/2021	3. Time Prepared 1615
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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</i> <i>(Ex: Broken leg with bleeding)</i>		
Incident Name			<i>Geographic Name + "Medical"</i> <i>(Ex: Trout Meadow Medical)</i>		
Incident Commander			<i>Name of IC</i>		
Patient Care			<i>Name of Care Provider</i> <i>(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.		