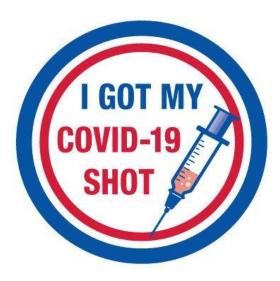
WEST REGION IMO

5/1 - 5/3 2021

0800-2000 Operational Period

WA-WFS-126 224-IYB















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1. Incident Name 2. Date Prepared 3. Time Prepared **Incident Objectives West Region IMO** 4/30/2021 1615 4. Operational Period (Date and Time) 5/1 - 5/3 2021 0800-2000 5. General Control Objectives for the Incident (include Alternatives) 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 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. Manage your fatigue. All personnel are encouraged to take breaks when needed and get plenty of rest at night. 7. General Safety Message All personnel attached to the IMO need to take extra precautions at every operational period. This includes: -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) ☑ Organization List (ICS 203) ☑ Assignment List (ICS 204) ☐ Air Operations (ICS 220) □ Communication Plan (ICS 205) ☑ Weather ☐ HR Message ☑ Safety Message ☑ Medical Plan (ICS 206) ☑ Incident Maps 9. Prepared by (PSC) 10. Approved by (IC) ICS-202 **Ryan Scharnhorst** Peter Suver, ICT3

ORGANIZATIO	N ASSIGNMENT LIST					
1. Incident Name	West Region IMO	9. OPERATIONS SECTION				
2. Date 4/30/2021	3. Time 12:07:00 AM	Chief Ken Foss 253-318-2678				
4. Operational Period	5/1 - 5/3 2021 0800-2000	Deputy Chief Tom Hatley 360-986-6049				
5. INCIDENT COMMAN	NDER & STAFF	a. West Branch				
Incident Commander	Peter Suver 360-402-2715	Branch Director Sami Schinnell 928-607-2672				
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 Andrew Shaffran 360- 507-6343				
		Lewis County				
		Thurston County				
6. AGENCY REPRESEN	TATIVE	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	V					
Chief	David Winter 509-301-2631					
Deputy	Ryan Scharnhorst 509-432-1016					
Resource Unit	Brian Dodge 360-870-6700					
Situation Unit						
Documentation Unit		10. FINANCE SECTION				
Demobilization Unit		Chief Sue Ranger 509-930-6062				
Human Resources		Deputy				
Planning Operations	Sami Schinnell 928-607-2672	Time Unit Lisa Egtvedt 360-333-5769				
		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						
Facilities Unit						
Ground Support Unit						
Communications Unit						
RADO						
Medical Unit		Prepared by (Resource Unit Leader)				
Food Unit		Ryan Scharnhorst				

	DIVISION ASSI	GNMEN	NT LIST	1. Bra	nch	West Grays Harbor	2. Division /	Group	Vaccination		
3. Incid	lent Name			1	4. Operati	onal Period					
	West	Region	IMO		Date: 5/1 - 5/3 2021 Time: Day						
5. Ope	rations Personnel										
Opera	ations Chief	Ker	Foss 253-318-20	678	Branch Di	rector		Sami S	Schinnell 928-607-2672		
Safety	/ Officer	Ма	rk Hill 206-949-0	940	Division/G	roup Supervisor					
6. Reso	ources Assigned thi	s Period									
RO#	Strike Team/Ta Force/Resourc		Leader		# People	Contact (phone, ra	dio freq, etc.)	EMT	Remarks		
	WAARNG Teeam 8	3									
	Team 8 CO	1	LT Hagerty		1	509-951-	1881				
	Team 8 NCO	S	SG David Rosend	er	1	509-281-	0460	Ø			
	WAARNG Team 8				13			✓			
	Team 8 DOH LOFR	K	atie Scott		1	360 236-	4059				
											
								-			
					1			_			
					16						
7. Wor	k Assignments										
Chec to ea	ckin with the QR coach given duty. Op					-	'ID screening	g. Wea	r your PPE appropriate		
o. spec	cial Instructions										
Whe	n traveling around	d or wor	king within the	traffic	lanes / vac	cination area, w	ear your higl	h visibil	lity vest.		
9. Com	munication Summa	ary									
	unction	Name	Mode				Frequency				
	MMAND		N				one TX: Ton				
17	ACTICAL			RX: Tone TX: Tone							
	AIR					See site specific	TX: Tone	rations n	lan		
	+		-+			see site specific	rob communic	ations p	IaII		
			- - 								
Prepare	ed by (RESL)		Approved b	v (PSC)			Date:	11	Time:		
-1	- / \/		I		arnhorst (D	ep. PSC)	4/30/202		1615		

1. Incident Name 2. Date Prepared 3. Time Prepared **Grays Harbor Site** 4/30/2021 **West Region IMO** 1615 • KITCHEN • HALL • PACIFIC B PACIFIC D PACIFIC A ROOMS TIDE LOBBY SURF WAVE **OCEAN SHORES POD** West Region IMO April 11, 2021

	DIVISION ASSI	GNME	NT LIST	1. Bra	nch	East Lewis	2. Divi	sion / 0	Group	Vaccination		
3. Incid	dent Name				4. Operati	onal Period	<u> </u>					
	West	Region	IMO		Date: 5/1 - 5/3 2021 Time: Day							
5. Ope	rations Personnel				<u> </u>							
Opera	ations Chief	Ker	n Foss 253-318-2	678	Branch Di	rector		A	Andrew Shaffran 360- 507-6343			
Safet	y Officer	Ма	rk Hill 206-949-0	0940	Division/G	roup Supervis	or					
6. Res	ources Assigned thi	is Period										
RO#	Strike Team/Ta Force/Resource		Leader		# People	Contact (phon	e, radio fred	q, etc.)	EMT	Remarks		
	WAARNG Team 9											
	Team 9 CO	Ľ	T Huang Roh		1	253-2	239-7408					
	Team 9 NCO		SG Cazenavette		1	910-6	35-1274					
	WAARNG Team 9				13				V			
	Team 9 DOH LOFR	F	ric Farmer		1	360-8	378-7628					
-	Team 5 Don Lon	. -	rie i di ilici			300 0	70 7020		-			
									-			
									_			
					16							
7. Wo	k Assignments				1 10	<u> </u>						
7. 0001	K A33igiiiiiciit3											
	st the LHJ with ma COVID screening						at the sta	art of s	hift as	s well as complete the		
8. Spe	cial Instructions											
Whe	n traveling around	d or wor	king within the	traffic l	lanes / vac	cination area	, wear yo	ur high	n visibi	ility vest.		
9. Com	munication Summa	ary										
	unction	Name	Mode				Frequer					
	MMAND		N			RX						
Т.	ACTICAL			RX: Tone TX: Tone								
	AIR					C	RX: TX:			.1		
						See site spec	CITIC POD COI	mmunic	ations p	oian		
Prenare	ed by (RESL)		Approved I	ny (PSC)			Date:		ı	Time:		
Trepare	Ca by (INESE)		1 .		arnhorst (De	ep. PSC)		30/202		1615		

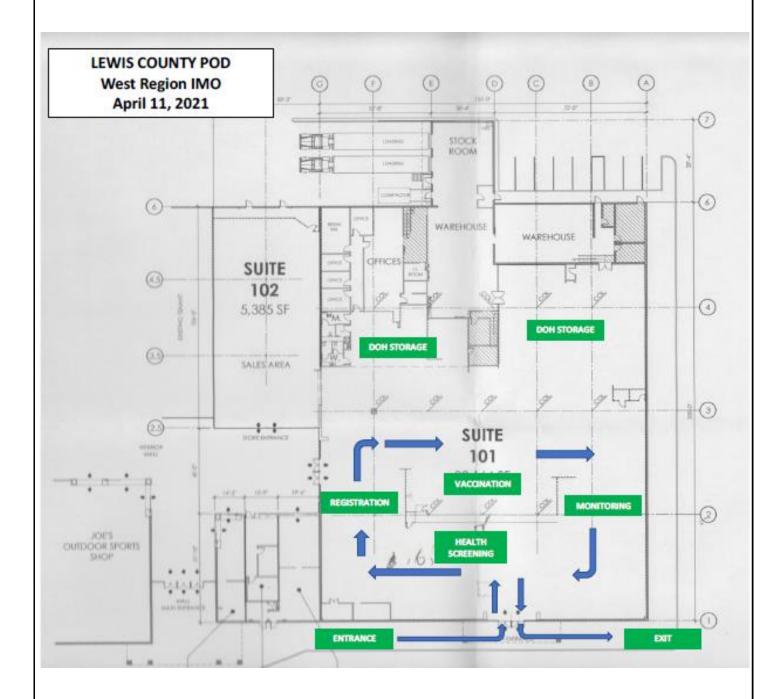
Lewis Flow

1. Incident Name

West Region IMO

Date Prepared
 4/30/2021

3. Time Prepared 1615



DIVISION ASSIGNMENT LIST 1. Bra						nch West 2. Division / Group Pacific					Vaccination			
3. Incid	lent Name							4. Operati	onal Period					
	V	West F	Regio	n IMO				Da	ite: 5/1 -	5/3 202	1	Tir	ne:	0800-2000
5. Ope	rations Perso	nnel												
Opera	tions Chief		K	en Foss	253-3	18-267	8	Branch Dir	ector			Sami	Schir	nnell 928-607-2672
Safety Officer Mark Hill 206-949-0940				10	Division/G	roup Superv	isor							
6. Resc	urces Assign	ed this	Perio	d						,				
RO#	Strike Te Force/R				Lea	der		# People	Contact (ph	one, radio etc.)	freq,	EMT		Remarks
								1						
								0						
7. Wor	l k Assignmen	ts						1 0						
Assis		th mas									start	of shif	ft as v	well as complete
0 (ial Instruction													
	ial Instruction		or wo	orking	within	the ti	raffic	lanes / vac	cination are	ea, wear	your	high v	isibili	ity vest.
9. Com	munication S	ummai	у											
	unction		Name		Vlode					Freque				
	MMAND				N					X: Tone 1				
TA	ACTICAL								R	X: Tone				
	AIR								See site spe		Tone		nc plan	<u> </u>
									see site spe	CHIC POD CO	unmul	ilication	ıs pıar	<u>I</u>
				+										
Prepare	ed by (RESL)	<u> </u>		- /	Approv	ed by	(PSC)			Date:			Time	2:
	,					-		nhorst (Dep	o. PSC)		30/20	21		1615

	DIVISION A	ASSIGNM	ENT LIS	Т	1. Brar	nch	East Thurston	2. Division / 0	Group	Vaccination
3. Incid	ent Name				•	4. Operati	onal Period	•		
	W	est Regio	n IMO			Da	ate: 5/1 - 5/ 3	3 2021	Tir	me: 0800-2000
5. Ope	rations Person	nel								
Operations Chief Ken Foss 253-318-2678						Branch Di	rector	,	Andre	w Shaffran 360- 507-6343
Safety	Officer	٨	Mark Hill 2	206-949	9-0940	Division/G	iroup Supervisor			
6. Resc	urces Assigne		od							
RO#	Strike Tea Force/Re			Leade	r	# People	Contact (phone, r	radio freq, etc.)	EMT	Remarks
SPSCC Site										
O-3057	EMT	ГВ	JD Young	g		1	360-790	-0592	V	5/1- SPSCC
O-3054	EMT	ГВ	Rictor O	verlie		1	360-791	-1874	V	5/2- SPSCC
0-3042	EMT	ГВ	Scott Wa	atkins		1	253-906	5-9320		5/3 - SPSCC
						3				
7. Wor	k Assignments	3	•			•				
daily	COVID scree	ning. Wea						t the start of	shift	as well as complete the
8. Spec	ial Instruction	S								
Whe	n traveling ar	ound or w	orking w	vithin t	he traffic l	anes / vac	ccination area, v	wear your hig	gh visi	bility vest.
9. Com	munication Su	mmary								
	unction	Name	e M	lode				Frequency		
	MMAND			N				Tone TX: Ton		
17	ACTICAL							Tone TX: Ton	e	
-	AIR						RX See site specific		cations	nlan
			+	_			see site specific	, i OD COIIIIIUIII	cations	γματι
Prepare	ed by (RESL)		Aı	oproved	d by (PSC)			Date:		Time:
					Ryan Scha	rnhorst (De	ep. PSC)	4/30/202	21	1615

MEATUED	1. Incident Name	2. Date Prepared	3. Time Prepared
WEATHER	West Region IMO	4/30/2021	1615

Grays Harbor Co.

Saturday - A 30 percent chance of showers, mainly after 9am. Partly sunny, with a high near 54. Light west southwest wind becoming west 8 to 13 mph in the afternoon. **Saturday Night** - Partly cloudy, with a low around 44. West wind 6 to 11 mph becoming light west northwest after midnight.

Sunday - Mostly sunny, with a high near 54. Calm wind becoming west 5 to 8 mph in the afternoon. **Sunday Night -** A 20 percent chance of showers after 11pm. Mostly cloudy, with a low around 46.

Monday - Rain likely. Mostly cloudy, with a high near 52. Chance of precipitation is 70%. **Monday Night -** A chance of rain, mainly before 11pm, then a slight chance of showers after 2am. Mostly cloudy, with a low around 47.

Lewis Co.

Saturday - A 30 percent chance of showers, mainly after 10am. Partly sunny, with a high near 61. Calm wind becoming west 5 to 8 mph in the morning. **Saturday Night** - Partly cloudy, with a low around 38. West wind 5 to 10 mph becoming light southwest in the evening.

Sunday - Mostly sunny, with a high near 63. Calm wind becoming west northwest around 5 mph in the afternoon. **Sunday Night -** Partly cloudy, with a low around 39.

Monday - A 50 percent chance of rain. Mostly cloudy, with a high near 58. **Monday Night -** A chance of rain, mainly before 11pm, then a slight chance of showers after 2am. Mostly cloudy, with a low around 42.

Pacific Co.

Saturday - A 30 percent chance of showers, mainly after 11am. Mostly cloudy, with a high near 60. West wind 3 to 8 mph. **Saturday Night** - Partly cloudy, with a low around 40. West wind 5 to 10 mph becoming light west northwest after midnight.

Sunday - Mostly sunny, with a high near 60. Calm wind becoming west 5 to 7 mph in the afternoon. **Sunday Night -** Mostly cloudy, with a low around 41.

Monday - Rain likely, mainly after 11am. Mostly cloudy, with a high near 56. Chance of precipitation is 60%.

Monday Night - A chance of showers, mainly before 11pm. Mostly cloudy, with a low around 43.

Thurston Co.

Saturday - A 40 percent chance of showers, mainly after 8am. Mostly cloudy, with a high near 61. Calm wind becoming west 5 to 9 mph in the afternoon. **Saturday Night** - A 20 percent chance of showers before 11pm. Partly cloudy, with a low around 40. West wind 5 to 10 mph becoming light and variable in the evening.

Sunday - Mostly sunny, with a high near 63. Calm wind becoming west northwest around 5 mph in the afternoon. **Sunday Night -** Partly cloudy, with a low around 41.

Monday - Rain likely, mainly after 11am. Mostly cloudy, with a high near 56. Chance of precipitation is 60%. **Monday Night** - A chance of rain, mainly before 11pm, then a slight chance of showers after 2am. Mostly cloudy, with a low around 44.

9. Prepared by (Name and Position)

Ryan Scharnhorst (Dep. PSC)

CAEETV	MESSAGE
SAFEIT	IVIESSAGE

1. Incident Name

West Region IMO

2. Date Prepared 4/30/2021

3. Time Prepared
1615

Have a high level of awareness for distracted drivers while going to and from worksites in addition to operating at drive through vaccine sites.

Continue to follow Washington state and CDC COVID-19 guidelines of wearing a mask, social distancing, and frequent hand washing. This will also help with influenza and colds.

Try to get in a walk, some stretching or other type of exercise on a regular basis.



Medical Plan (ICS 206) 1. Incident Name West Region IMO 2. Oper Period:							nal		From/To:	5/1 0800-	5/3 202: ·2000	1
3. Medical Aid S	tation	s:				•						
Name	<u> </u>			1	ocation				Contact			medics on
	•			LUCAUUII				umbe	r(s)/Frequen	<u> </u>	Site?	
Medical Monitorin	g		Vaccination S	Site							□ Yes	☑ No
											□ Yes	□ No
											□ Yes	□ No
4. Transportation	n lind	icate	air or group	4)·			<u> </u>					
•	-	icate	an or ground	-			Π		Contact		Laurel	of Comileo
Name	!			L	ocation.		N	umbe	r(s)/Frequen	су	Level	of Service
Call 911								(Call 911		□ ALS	□ BLS
											□ ALS	□ BLS
<u> </u>											□ ALS	□ BLS
											□ ALS	□ BLS
											□ ALS	□ BLS
											□ ALS	□ BLS
C Haspitals.							<u> </u>				□ ALS	□ DL3
5. Hospitals:			Address		Cor	ntact	Travo	l Time	Trama	l Ri	urn T	
Hospital Name			de/Longitude		Number(s)/Frequency			round			nter	Helipad
Harborview			, Seattle, WA		206.74	14.3000	7		✓ Yes	☑ Ye		
Medical Cntr			122.3241° W		206.744.4074 ER				Level: 1 🗆 N		o	□ No
Providence St.		•	NE, Olympia,	WA	360-491-9480				□ Yes	□ Ye		□ Yes
Peter Hospital Providence	47.05	22° N,	122.8476° W ber Rd.						Level: 3	☑ No		☑ No
Centralia			122.9856° W		360-736-2803			□ Yes □ Ye Level: 4 □ N				☑ Yes □ No
Summit Pac.									□ Yes	□ Ye		☑ Yes
Med., Elma	600 E	. Mair	n St.		360-346-2222				Level: 4	☑ No	o	□ No
									□ Yes	□ Ye		□ Yes
									Level:			□ No
									□ Yes Level:	□ Ye		□ Yes □ No
6. Special Medio	al Em	ergen	cy Procedur	es:	1							-
Each count immediate	•	a medi	ical plan per	site.	Follow the	site plan for	your l	ocatic	on, or call 93	11		
□ Check b	ox if av	iation	assets are uti						e with Air Օր	peratio	ns.	
7. Prepared by (M	edical (Unit Le	eader):	Name:	Name: Ryan Scharnhorst Dep. PSC			Signature:				
8. Approved by (Safety Officer):					::		Signature:					

FINANCE MESSAGE

1. Incident Name

West Region IMO

2. Date Prepared

4/30/2021

3. Time Prepared

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 demot, the end of each month or upon request. You may request a draft at any time.

EXAMPLES

LAGREEMENT State Mobiliza		/ID Mas	s Vaccinati	ion	2. CONTRACTOR (name) Thurston Co FD 9				
 INCIDENT OR W Region Ma 			4. INCIDENT WA-WFS-1	5. OPERATOR (name) Joe Smith O-3030					
6. EQUIPMENT ! Ford	MAKE		7. EQUIPME Explorer	NT MODEL	8. OPERATOR FURNISHED BY CONTRACTOR GOVERNMENT				
9. SERIAL NUM	BER		10. LICENSE B2345C	NUMBER	11. OPERATING SUPPLIES FURNISHED BY CONTRACTOR (wel) GOVERNMENT (dry)				
I2.DATE MO/DAY/YR	START			SPECIAL	14. REMARKS (released, down time and cause, problems, cose) etc.) BLS Kit onsite E-4007				
4/15/21	95362	95524		Travel					
					15. EQUIPMENT STATUS a. Inspected and under agreement b. Recleased by Government c. Withdrawn by Contractor				
					16. INVOICE POSTED BY (Recorder's initials)				
17. CONTRACTO	OR'S OR AU	THORIZ	ED AGENT'S	SIGNATURE	18. GOVERNMENT OFFICER'S 19. DATE SIGNED SIGNATURE				

9. Prepared by (Name and Position)

Field Order Example

1. Incident Name

West Region IMO

2. Date Prepared **4/30/2021**

3. Time Prepared **1615**

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional): Covid-19 Mass V	accination Support	-	
2. To (Name and Position): Cindy Preston, LS0	С		
3. From (Name and Position): John Doe, West	t Branch		
4. Subject: Field Supply order - Grays Harbor -	- Elma vaccination Site	5. Date: 4-16-2021	6. Time 1200
7. Message:		•	
What you need - specific			
Amount you need -			
When you need it - May 19 by 0800			
Where you need it - Grays Harbor Fairgrounds	S.		
Please give as much notice as possible - If posmorning and take with you.	ssible at least the day before by	y 1200 so you can pick up	the next
If you sign fine I don't care - type in name & title			
8. Approved by: Name: fill in	Sign to	Position/Title:	
9. Reply:			
10. Replied by: Name:ICS 213	Position/Title:	Signature:	

9. Prepared by (Name and Position)

Cindy Preston LSC3

DAHVCCHEDINE	1. Incident Name	2. Date Prepared	3. Time Prepared
DAILY SCHEDULE	West Region IMO	4/30/2021	1615

0830 C & G Meeting

0915 Tactics Meeting

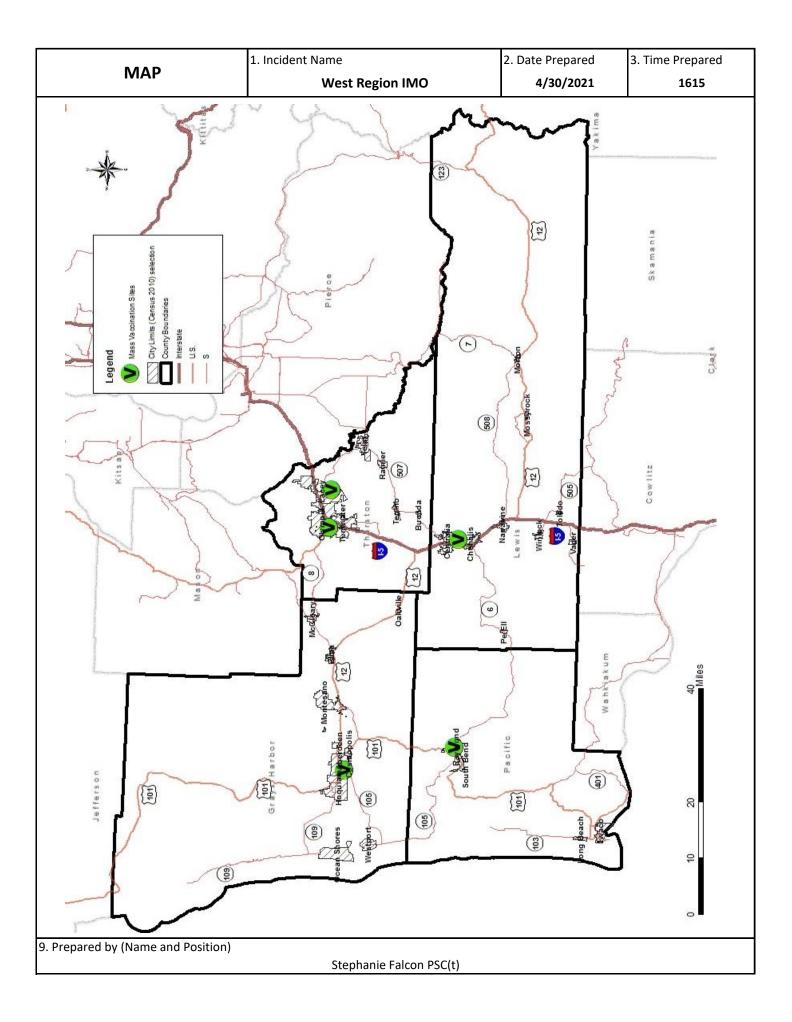
1100 Operational Briefing (when

scheduled)

1500 Planning Meeting (when scheduled)



UNIT LOG		1. Incident Name		2. Date Prepared	3. Time Prepared
		West Region I	МО		
4. Unit Name/Designators		5. Unit Leader (Name and Po		6. Operational Period	
				5/1 - 5/3 2021	0800-2000
		7. Personnel Ro	ster Assigned		
Name		ICS Position	n	Home Base	
8. Activity Log					
Time			Major Events		
0.0	15 ,				
9. Prepared by (Name and Position)					



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. Describe the injury Nature of Injury/Illness (Ex: Broken leg with bleeding) Geographic Name + "Medical" Incident Name (Ex: Trout Meadow Medical) Incident Commander Name of IC Name of Care Provider Patient Care (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 Weight: Conscious? ☐ YES □NO = MEDEVAC! ☐ NO = MEDEVAC! Breathing? YES 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 Ambulance or MEDEVAC helicopter. Evacuation ☐ URGENT-RED Life threatening injury or illness. Ex: Unconscious, difficulty breathing, bleeding severely, 2° - 3° burns more than 4 palm sizes, need is IMMEDIATE. heat stroke, disoriented. Ambulance or consider air transport if at remote location. ☐ PRIORITY-YELLOW Serious Injury or illness. Evacuation may be **DELAYED.** Ex: Significant trauma, not able to walk, $2^{\circ} - 3^{\circ}$ burns not more than 1-2 palm sizes. Non-Emergency. Evacuation considered ☐ ROUTINE-GREEN Routine of Convenience. Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness. 5. TRANSPORT PLAN: Air Transport: (Agency Aircraft Preferred) ☐ Life Flight ☐ Short-haul/Hoist ☐ Helispot ☐ Other Ground Transport: Click here to enter text. □ Self-Extract ☐ Carry-Out ☐ Ambulance ☐ Other 6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS: ☐ SKED/Backboard/C-Collar ☐ Paramedic/EMT(s) ☐ Crew(s) ☐ Burn Sheet(s) □ Oxygen ☐ Trauma Bag ☐ Cardiac Monitor/AED ☐ Medication(s) ☐ IV/Fluid(s) ☐ 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 1109 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 Confirm ETA's of resources ordered REMEMBER: Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively. conjunction with primary evacuation method? Be thinking ahead...