

INCIDENT ACTION PLAN

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# WEST REGION IMO

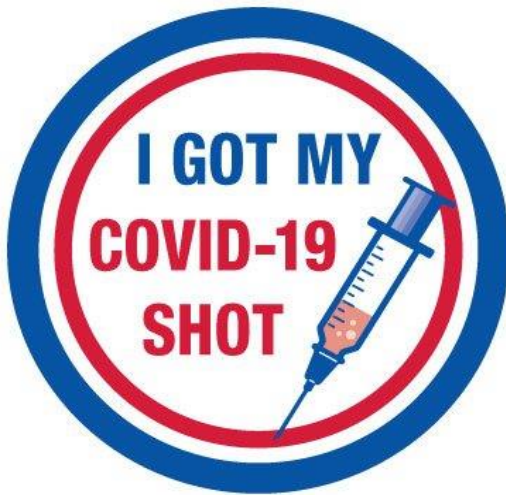
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5/1 - 5/3 2021

0800-2000 Operational Period



WA-WFS-126  
224-IYB



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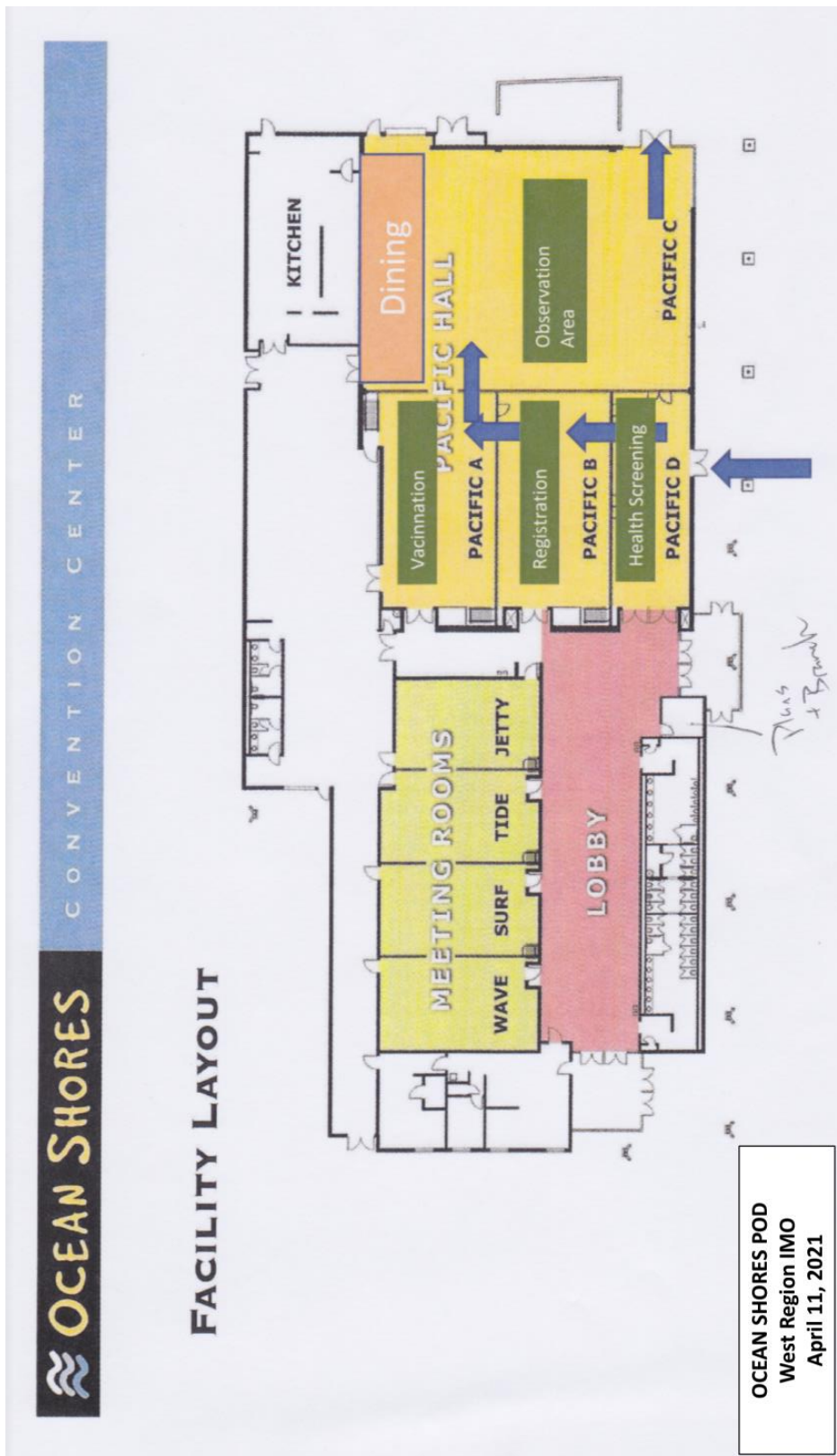
<b>DIVISION ASSIGNMENT LIST</b>		1. Branch <b>West Grays Harbor</b>		2. Division / Group <b>Vaccination</b>		
3. Incident Name <b>West Region IMO</b>			4. Operational Period Date: <b>5/1 - 5/3 2021</b> Time: <b>Day</b>			
<b>5. Operations Personnel</b>						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director <i>Sami Schinnell 928-607-2672</i>		
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 Teeam 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			
<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 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 (Dep. PSC)</b>		Date: 4/30/2021	Time: 1615	

Grays Harbor Site

1. Incident Name  
West Region IMO

2. Date Prepared  
4/30/2021

3. Time Prepared  
1615

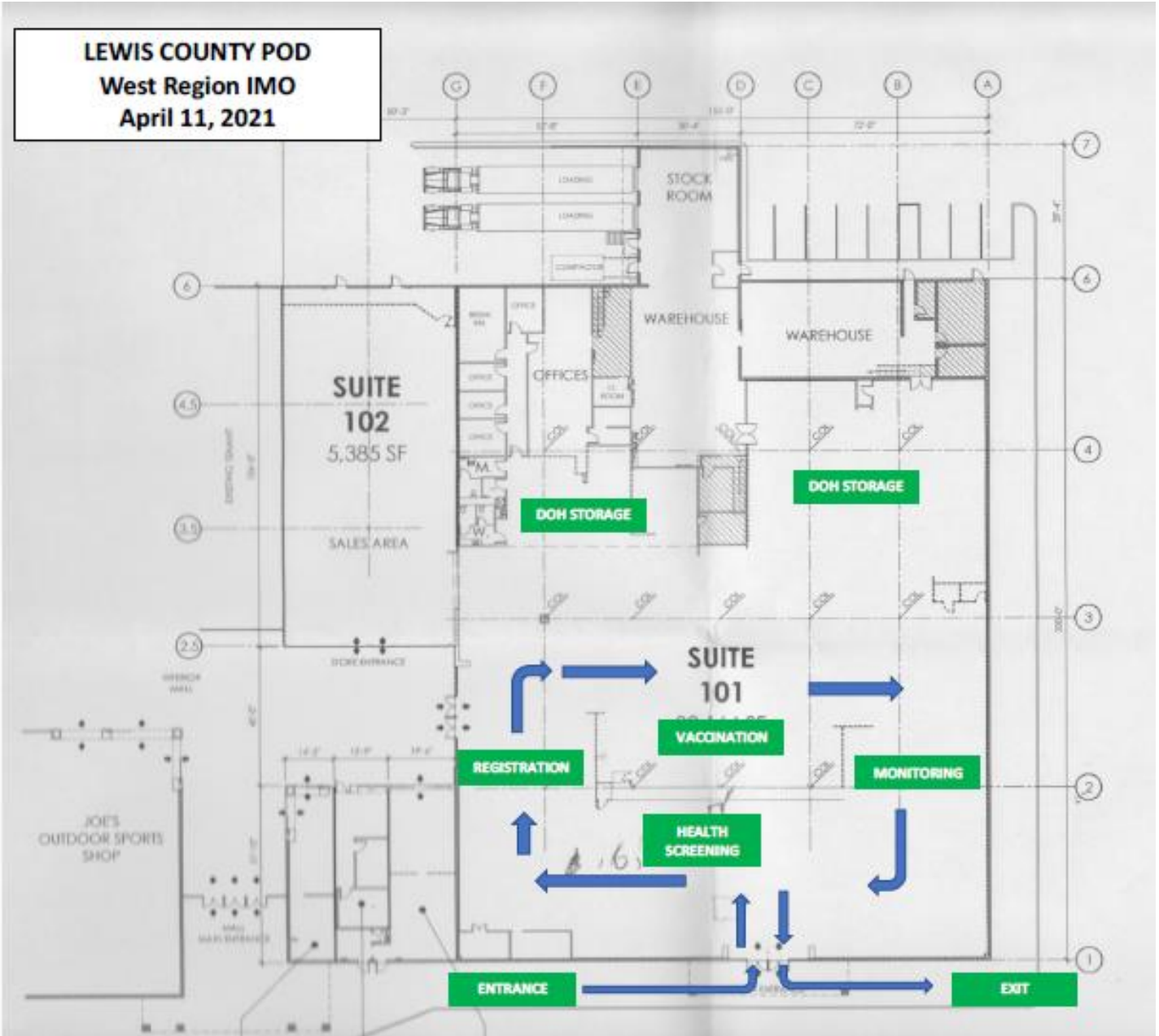


9. Prepared by (Name and Position)

Ryan Scharnhorst Dep. PSC



<b>Lewis Flow</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>4/30/2021</b>	3. Time Prepared <b>1615</b>
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9. Prepared by (Name and Position)  
Ryan Scharnhorst (Dep. PSC)







WEATHER	1. Incident Name West Region IMO	2. Date Prepared 4/30/2021	3. Time Prepared 1615
<p><b><u>Grays Harbor Co.</u></b>  <b>Saturday</b> - 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. <b>Saturday Night</b> - Partly cloudy, with a low around 44. West wind 6 to 11 mph becoming light west northwest after midnight.  <b>Sunday</b> - Mostly sunny, with a high near 54. Calm wind becoming west 5 to 8 mph in the afternoon. <b>Sunday Night</b> - A 20 percent chance of showers after 11pm. Mostly cloudy, with a low around 46.  <b>Monday</b> - Rain likely. Mostly cloudy, with a high near 52. Chance of precipitation is 70%. <b>Monday Night</b> - A chance of rain, mainly before 11pm, then a slight chance of showers after 2am. Mostly cloudy, with a low around 47.</p> <p><b><u>Lewis Co.</u></b>  <b>Saturday</b> - 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. <b>Saturday Night</b> - Partly cloudy, with a low around 38. West wind 5 to 10 mph becoming light southwest in the evening.  <b>Sunday</b> - Mostly sunny, with a high near 63. Calm wind becoming west northwest around 5 mph in the afternoon.  <b>Sunday Night</b> - Partly cloudy, with a low around 39.  <b>Monday</b> - A 50 percent chance of rain. Mostly cloudy, with a high near 58. <b>Monday Night</b> - A chance of rain, mainly before 11pm, then a slight chance of showers after 2am. Mostly cloudy, with a low around 42.</p> <p><b><u>Pacific Co.</u></b>  <b>Saturday</b> - A 30 percent chance of showers, mainly after 11am. Mostly cloudy, with a high near 60. West wind 3 to 8 mph. <b>Saturday Night</b> - Partly cloudy, with a low around 40. West wind 5 to 10 mph becoming light west northwest after midnight.  <b>Sunday</b> - Mostly sunny, with a high near 60. Calm wind becoming west 5 to 7 mph in the afternoon. <b>Sunday Night</b> - Mostly cloudy, with a low around 41.  <b>Monday</b> - Rain likely, mainly after 11am. Mostly cloudy, with a high near 56. Chance of precipitation is 60%.  <b>Monday Night</b> - A chance of showers, mainly before 11pm. Mostly cloudy, with a low around 43.</p> <p><b><u>Thurston Co.</u></b>  <b>Saturday</b> - 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. <b>Saturday Night</b> - 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.  <b>Sunday</b> - Mostly sunny, with a high near 63. Calm wind becoming west northwest around 5 mph in the afternoon.  <b>Sunday Night</b> - Partly cloudy, with a low around 41.  <b>Monday</b> - Rain likely, mainly after 11am. Mostly cloudy, with a high near 56. Chance of precipitation is 60%.  <b>Monday Night</b> - A chance of rain, mainly before 11pm, then a slight chance of showers after 2am. Mostly cloudy, with a low around 44.</p>			
<p>9. Prepared by (Name and Position)  Ryan Scharnhorst (Dep. PSC)</p>			

<b>SAFETY MESSAGE</b>	1. Incident Name West Region IMO	2. Date Prepared 4/30/2021	3. Time Prepared 1615
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**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.**



<b>Medical Plan</b> (ICS 206)	<b>1. Incident Name</b> <b>West Region IMO</b>	<b>2. Operational Period:</b>	Date From/To: 5/1 - 5/3 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 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
<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 Dep. PSC		Signature:		
<b>8. Approved by (Safety Officer):</b>		Name:		Signature:		

<b>FINANCE MESSAGE</b>	1. Incident Name	2. Date Prepared	3. Time Prepared
	West Region IMO	4/30/2021	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](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**

CREW TIME REPORT					
1. OPERATOR NAME Chetals walk-in clinic		2. CREW NUMBER O-3025			
3. OPERATOR TITLE WSP		4. INCIDENT NAME West Region vaccination support		5. INCIDENT NUMBER WA-WFS-126	
NO. WORKING	NAME OF OPERATOR	AGENCY	6. DATE		
			DATE	START	STOP
1	Smith, Joe	EMTP	4/15/21	0630	0730
2				0730	1200
2				1230	1600
3				1600	1700
7. REMARKS					
1 - Travel to Chetals from Gig Harbor					
2 - support work at vaccination clinic					
3 - Return travel to Gig Harbor					
Compensable lunch					
Per diem B-L-O & Lodging					
8. OPERATOR SIGNATURE		9. TIME (Please in 6-digit)			
10. SIGNATURE (Please in Emergency Team Report)		11. DATE			



EMERGENCY EQUIPMENT SHIFT TICKET					
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.					
1. AGREEMENT NUMBER State Mobilization-COVID Mass Vaccination			2. CONTRACTOR (name) Thurston Co FD 9		
3. INCIDENT OR PROJECT NAME W Region Mass Vacc support			4. INCIDENT NUMBER WA-WFS-126		5. OPERATOR (name) Joe Smith O-3030
6. EQUIPMENT MAKE Ford		7. EQUIPMENT MODEL Explorer		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER		10. LICENSE NUMBER B2345C		11. OPERATING SUPPLIES FURNISHED BY <input 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.)	
	START	STOP	HOURS	DAYS	MILES (circle one)
			WORK		SPECIAL
4/15/21	95362	95524			Travel
				15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor	
				16. INVOICE POSTED BY (Recorder's initials)	
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED

9. Prepared by (Name and Position)

Audrey Mainwaring FSC3


<b>Field Order Example</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>4/30/2021</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:  Position/Title: _____		
9. Reply:		
10. Replied by: Name: _____ Position/Title: _____ Signature: 		
ICS 213	Date/Time: _____	

EXAMPLE

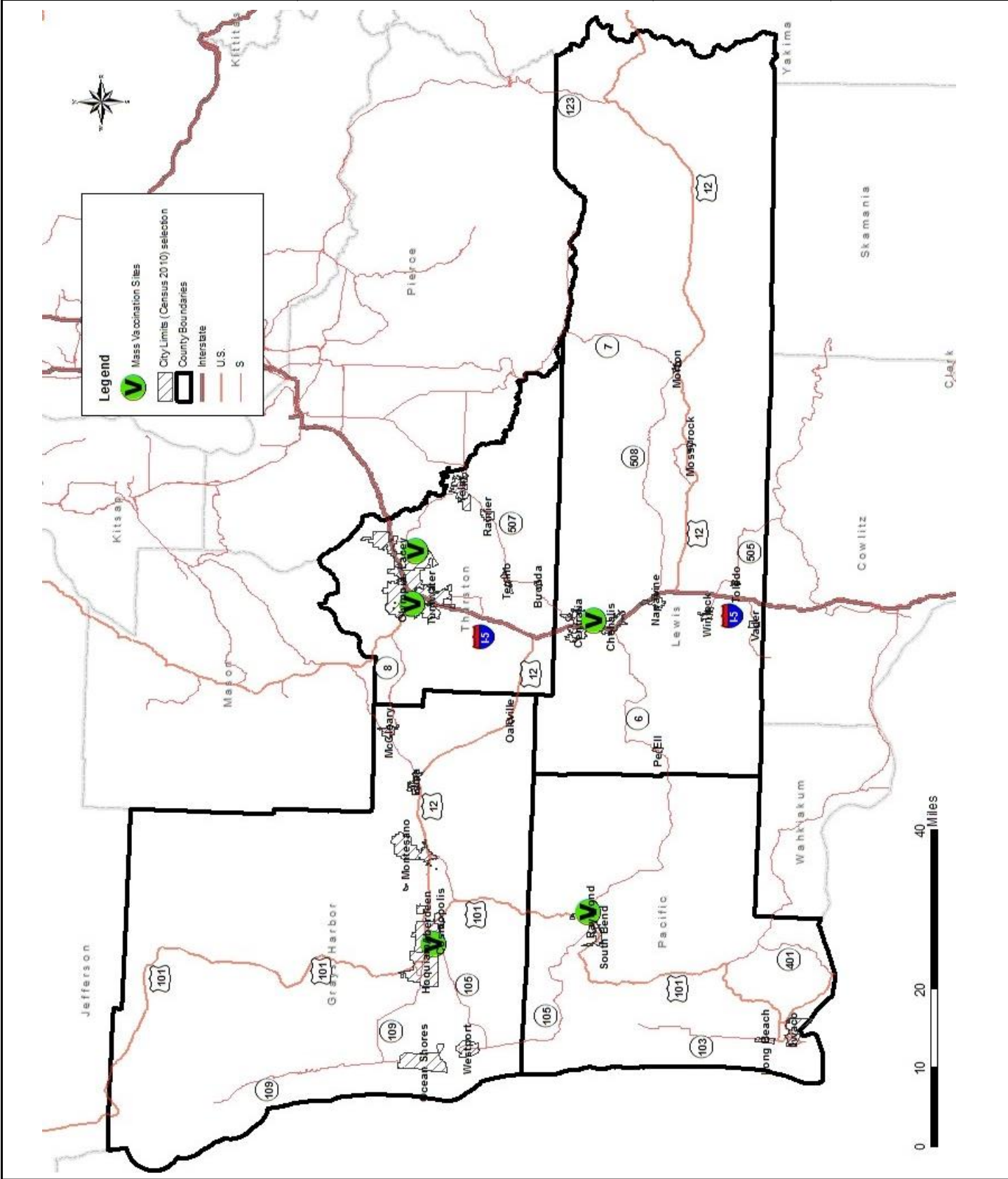
9. Prepared by (Name and Position)  
*Cindy Preston LSC3*

<b>DAILY SCHEDULE</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>4/30/2021</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 Dep. PSC</i></span>			





<b>MAP</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>4/30/2021</b>	3. Time Prepared <b>1615</b>
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9. Prepared by (Name and Position) <b>Stephanie Falcon PSC(t)</b>
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# MEDICAL PLAN (ICS 206 WF)

Medical Incident Report					
<b>FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.</b>					
<b>Use items one through nine to communicate situation to communications/dispatch.</b>					
<b>1. CONTACT COMMUNICATIONS/DISPATCH</b> <i>Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)</i>					
<b>2. INCIDENT STATUS:</b> <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>		
<b>3. INITIAL PATIENT ASSESSMENT:</b> <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>					
<b>4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY</b>					
<b>SEVERITY</b>			<b>TRANSPORT PRIORITY</b>		
<input type="checkbox"/> <b>URGENT-RED Life threatening injury or illness.</b> <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 <b>IMMEDIATE.</b>		
<input type="checkbox"/> <b>PRIORITY-YELLOW Serious Injury or illness.</b> <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 <b>DELAYED.</b>		
<input type="checkbox"/> <b>ROUTINE-GREEN</b> Not a life threatening injury or illness. <i>Ex: Sprains, strains, minor heat-related illness.</i>			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 *
<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)					
<b>8. EVACUATION LOCATION:</b>					
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:					
<b>9. CONTINGENCY:</b>					
<b>Considerations:</b> <i>If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...</i>			<b>REMEMBER:</b> <b>Confirm ETA's of resources ordered</b> <b>Act according to your level of training</b> <b>Be Alert. Keep Calm. Think Clearly. Act Decisively.</b>		