

Information Packet

October 2, 2024 (WEDNESDAY)

FEMA FE4 RRCC ESF4 Staffing TS

Hurricane Helene (GA-FE4-000002)

2024.hurricanehelene.finance@firenet.gov



IAP/ Maps/ Check in and other information @ QR above or <http://linktr.ee/grayteam>

Meetings Virtual @: [Hurricane Helene Gray Team Meeting Link](#)

CALL IN: 1-929-336-2435 PW: 577947153#

ICP/Check In:

Holiday Inn Express & Suites Prattville South.
203 Legends Court, Prattville, AL

Established Rally Point:

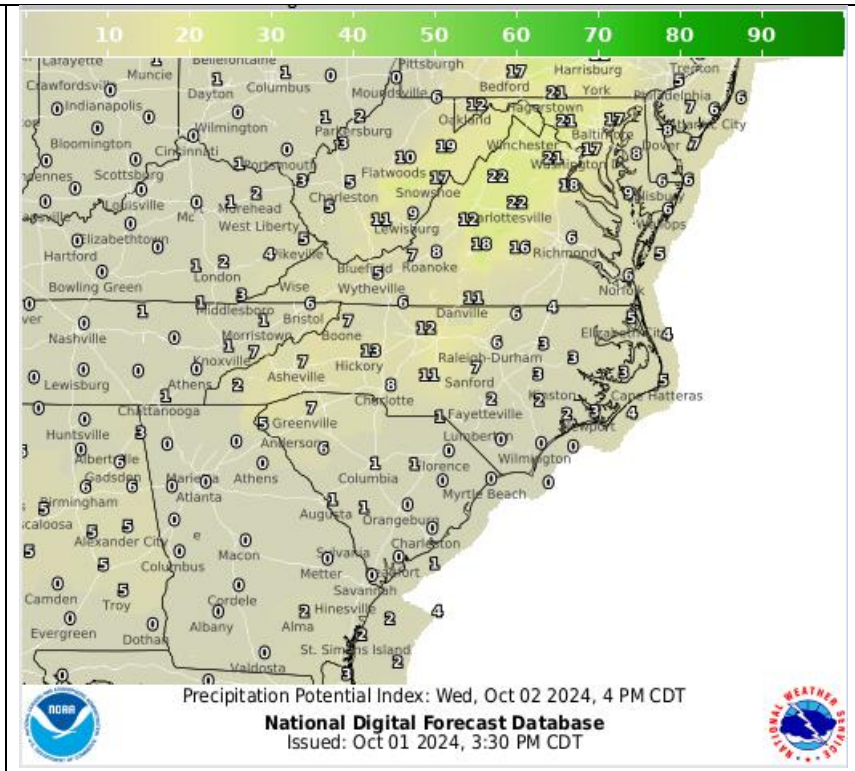
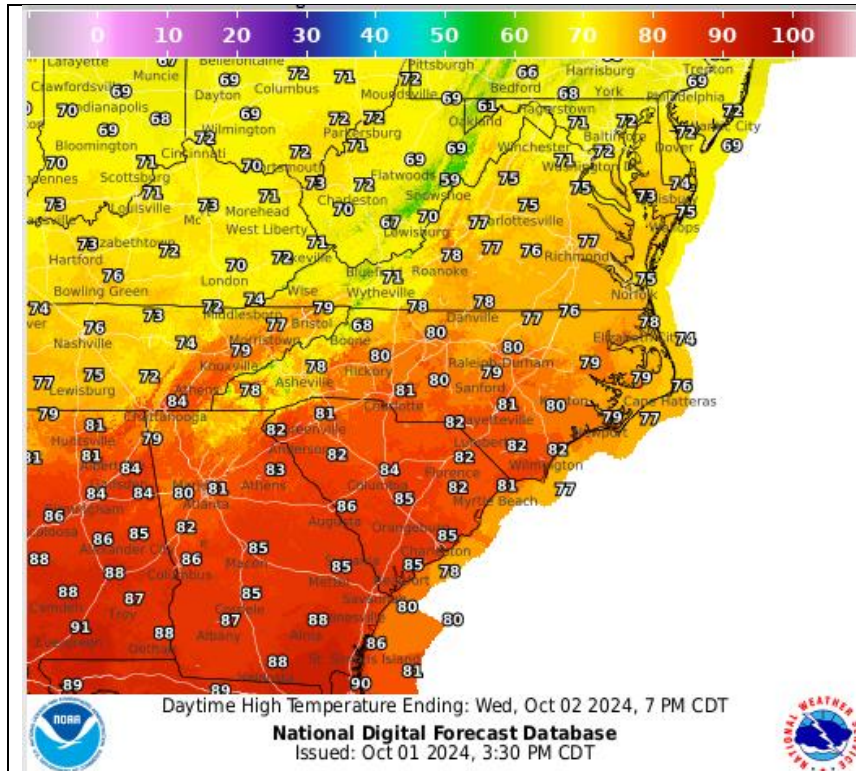
Home Depot: *2710 Legends Parkway, Prattville, AL*

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Hurricane Helene (GA-FE4-000002) Gray Team			2. Operational Period: Date From: 10/02/2024 Date To: 10/02/2024 Time From: 0700 Time To: 1930		
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC	Fulton Jeansonne	409-926-6766	(Field) OSC3	Dwayne Anderson	606-782-1020
IC (t)	James Barberi	706-970-0838	(Planning) OSC3		
IC/ESFL	Mitch Ketron	423-534-5794			
			DIVS Alpha	Joe Brinson	850-459-1858
Safety Officer	Hank McKinley	205-393-0188	DIVS Bravo	Mike Tapley	606-303-3032
Safety Officer (t)	Joe Leak	918-930-0454			
Public Info. Officer					
Liaison Officer					
Liaison Officer (t)					
4. Agency/Organization Representatives:					
(RRCC) ESFL	Mike Shipley				
(RRCC) ESFL	Raymond Parrish				
(GRAY) ESFL	John Caffin	706-870-8016			
SACC	Calvin Miller/ Nancy Ellsworth				
5. Planning Section:			7. Finance Section:		
PSC3	Stuart Coombs	936-219-9814 435-491-0574	FSC3	Lori Hisek	501-622-0263
SCKN (t)/ ITSS (t)	Sidney Deem	719-650-0425	PTRC	Nicole Taylor	602-499-7312
GISS/ ITSS (t) (virtual)	Geoff Holden	505-850-3308	FSC3 (comp/ claims)	Diane Lowder	501-844-6267
SITL	Jessica Ilse	787-549-0084	THSP (purchasing)	Melody Flores	
Lead GISS (virtual)	Travis Clapp	361-500-5918	EQTR (virtual)	Ashley Charlton	
GISS (t)	Jeffery Fillion	248-935-5051			
			FSCC (virtual)	Bonnie Johnson	
6. Logistics Section:					
Primary LSC3	Mike Moran	732-904-5966	GSUL (t)	Jonathan Jones	731-336-6058
LSC3 (virtual)	Lanny Rice	407-744-7711	EQPM	Shaun Rogers	601-540-2611
LSC3 (virtual)	Jason McHan	865-223-4415			
			SEC2	Steve Lewis	276-266-6647
			MEDL	Elaine Fisher	407-453-0760
ORDM	Leigh Ostin	352-445-1366	MEDL(t)	Charlie Rucker	540-613-7791
ORDM (t) (virtual)	Brandon Clifford	607-481-1351	MEDL (t)	Chelsea Michael	954-870-3951
RCDM (t)	Matt Brady	508-735-5953			
9. Prepared by: Name: Stuart Coombs Position/Title: PSC3 Signature:					
ICS 203	IAP Page _____	Date/Time: 10/01/24 2100			

HIGH TEMPS October 1st, 2024

Probability of Precipitation



Prattville, AL Weekly Summary

	Tue Oct 1	Wed Oct 2	Thu Oct 3	Fri Oct 4	Sat Oct 5	Sun Oct 6	Mon Oct 7	Tue Oct 8
Max Temp, °F	86	88	87	79	84	82	83	80
Min Temp, °F	72	65	66	69	67	67	65	59
Max RH, %	81	97	97	97	97	94	97	75
Min RH, %	48	43	48	69	53	56	47	41
Max Dewpoint, °F	66	66	68	69	68	67	66	56
Min Dewpoint, °F	64	63	65	68	65	65	56	51
Max Wind, mph	7	5	6	7	8	8	9	8
Min Wind, mph	3	2	2	2	3	2	2	6
Max Wind Gust, time/dir.	3 PM ↓	11 AM ↓	11 AM ↓	10 AM ↓	10 AM ↓	11 AM ↓	6 PM ↓	12 AM ↓
Max Wind Gust, mph	13	12	12	14	15	16	17	16
Min Wind Gust, mph	8	7	6	9	10	9	8	15
Max Cloud Cover, %	64	64	67	82	79	68	42	17
Min Cloud Cover, %	61	16	12	72	58	42	10	3
Max Prob. of Precip., %	16	16	10	29	9	13	6	1

Weather Maps (All USA)

[National Forecast Maps \(weather.gov\)](https://www.weather.gov)

Fire Weather Dashboard (Point and Click)

[Fire Weather Dashboard](#)

ALL USA Fire Weather Zone Forecasts:

[National Weather Service](#)

ALL USA RAWs: [MesoWest Data \(utah.edu\)](https://utah.edu)

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Hurricane Helene GA-FE4-000002		2. Operational Period: 10/02/2024 0700 to 10/02/2024 1930			3. Division: ALPHA		
4. Operations Personnel:							
Operations Section Chief: <u>Dwayne Anderson 606-782-1020</u>							
Branch Coordinator: _____							
Division/Group Supervisor: <u>Joe Brinson 850-459-1858</u>							
5. Resources Assigned:					# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	LWD	Leader					
O-28.1 TFLD	10/11	Mark Rudacille		1	540-830-2516		
O-6.1 TFLD (t)	10/12	Zach Monroe		1	207-307-4713		
0-27 FMOD Virginia #1	10/11	Marshall Kirskey		4	276-807-0171		
O-28 FMOD Virginia #2	10/11	Landon O'Donnell		2	772-208-7553		
O-6 FMOD Maine #1	10/12	Martin Huysman		2			
O-7 FMOD Maine #2	10/12	Brian Gretchell		2	207-307-4711		
O-3.20 TFLD	10/10	Clayton Hurst		1	918-268-4033		
O-20 FMOD Timbersmith #2	10/12	Katelyn Johnson		2	937-569-1466		
O-22 FMOD Timbersmith #5	10/12	Josiah Georgeson		2	530-205-7486		
O-17 FMOD United Fallers	10/13	Lyn Acers		2	541-403-2615		
O-21 FMOD North Zone	10/13	Tom Mealy		2	541-591-1043		
6. Work Assignments:							
<ul style="list-style-type: none"> • Pre Position in state of readiness in the area of Montgomery, AL • Be within 30 minutes of the <i>Holiday Inn Express and Suites Prattville South. 203 Legends Court. Prattville, AL</i> • Establish communication and mobilization procedures with Division Supervisor. 							
7. Special Instructions:							
<ul style="list-style-type: none"> • Be prepared for 72 HOURS of Self-Sufficiency and working in disaster areas. • Cell Phones will be utilized for communications. • Be prepared for a quick demobilization having all CTR's and Shift Tickets completed, high potential for travel to another incident. 							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name/Function _____ Primary Contact: indicate cell, or radio (frequency/system/channel) _____							
R8 166.56250 (TRAVEL and TACTICAL)/							
_____ / _____							
_____ / _____							
_____ / _____							
9. Prepared by: Name: Stuart Coombs Position/Title: PSC3 Signature: _____							
ICS 204				Date/Time: <u>10/01/2024 1900</u>			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Hurricane Helene (GA-FE4-000002)		2. Operational Period: 10/02/2024 0700 to 10/02/2024 1930			3. Division: BRAVO		
4. Operations Personnel:							
Operations Section Chief: <u>Dwayne Anderson 606-782-1020</u>							
Branch Coordinator: _____							
Division/Group Supervisor: <u>Mike Tapley 606-303-3032</u>							
5. Resources Assigned:					# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	LWD	Leader					
O-32.1 TFLD	10/11	Wesley Crum		1	662-871-8519		
O-32 FMOD Mississippi	10/11	Mike Crabb		8	662-417-7492		
O-16 FMOD American	10/12	George Harrison		3	530-277-7959		
O-18 FMOD Scholl	10/13	Josh Mayo		2	802-522-2835		
O-23 FMOD Swedberg #1	10/12	John McPherson		2	406-291-2874		
O-24 FMOD Swedberg #2	10/12	DJ Damron		2	206-475-7748		
O-19 FMOD Swedberg #3	10/13	Jeff Smith		2	503-314-6094		
O-5 FMOD Texas NPS	10/10	Frank Sylestine		2	936-328-3363	Includes Skid Steer	
6. Work Assignments:							
<ul style="list-style-type: none"> Pre Position in state of readiness in the area of Montgomery, AL Be within 30 minutes of the Holiday Inn Express and Suites Prattville South. 203 Legends Court. Prattville, AL Establish communication and mobilization procedures with Division Supervisor. 							
7. Special Instructions:							
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8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name/Function _____ Primary Contact: indicate cell, or radio (frequency/system/channel) _____							
R8 166.56250 (TRAVEL and TACTICAL)/							
_____/							
_____/							
_____/							
9. Prepared by: Name: Stuart Coombs Position/Title: PSC3 Signature: _____							
ICS 204				Date/Time: <u>10/01/2024 2100</u>			

Hurricane Helene

2024.hurricanehelene.finance@firenet.gov
F8430124 (0831)

Scan QR code on the front page
for all your finance needs.



Submit shift tickets and CTRs at least every two days.

Include email address, phone number, division and resource number on all documentation submitted.

Overhead Check-In Needs (email all to finance email):

Resource Order

If applicable:

Rental agreement

Legible Casual Hire form

Cooperator agreement

Equipment Check-In Needs (email all to finance email):

Contract

Pre-inspection

Resource Order

Travel Shift Ticket (signed by OPS if needed)

*Please make sure to include your resource number in the subject line of **all** emails.

FINANCE & COMP CLAIMS

If you need to contact Finance with questions, please call (501)622-0623.

COMP CLAIMS

If you need to contact Comp Claims about this incident, please call Diane Lowder at 501-844-6267

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input 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):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<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 if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<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
					<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
					<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:
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____ <i>Charlie Rucker</i>
8. Approved by (Safety Officer): Name: _____ Signature: _____ <i>Joe D Leak</i>
ICS 206 IAP Page _____ Date/Time: _____

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following items to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report)

Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."

2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure.

Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		Brief Summary of Injury or Illness <i>(Ex: Unconscious, Struck by Falling Tree)</i>
Transport Request		Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location		Descriptive Location & Lat. / Long. (WGS84)
Incident Name		Geographic Name + "Medical" <i>(Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		Name of on-scene IC of Incident within an Incident <i>(Ex: TFLD Jones)</i>
Patient Care		Name of Care Provider <i>(Ex: EMT Smith)</i>

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:

Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.

8. ADDITIONAL INFORMATION: Updates/Changes, etc.

REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.