

VIRTUAL STAGING

GA-R08-000001



INCIDENT ACTION PLAN

**Friday
4/17/2020
0800 - 1830**

INCIDENT OBJECTIVES	1. Incident Name	2. Date Prepared	3. Time Prepared
	Virtual Staging	4/16/2020	1400
4. Operational Period Friday, April 17, 2020 0800-1830			
5. General Control Objectives For The Incident (Include Alternatives)			
<u>OBJECTIVES:</u>			
1. Maximize virtual technology in the IMT environment across all sections and functional areas.			
2. Develop operational and logistical strategies and tactics that minimize exposure to IMT members, responders and the public.			
3. All incident actions are in accordance with the latest CDC state and local health guidance unless operational risk assessment shows a need for variance.			
<u>DEFINITIONS:</u>			
There are three levels of presence that are applicable to the Sections.			
1. In Person Position: Individual will be expected to interact on an in-person basis with personnel on a day to day basis.			
2. Remote: Individual will be on the incident at a remote location such as an airport or hotel. Expected to have the ability to quickly interact on a face to face basis with personnel.			
3. Virtual: Individual must be dedicated to full time performance of incident duties but can work from a virtual location. No face to face interaction is expected other than via video conference.			
<u>COMMANDER'S INTENT:</u>			
Desired End State: The Southern Area Gold Team develops a sustainable model for mobilizing, managing, and demobilizing from a large incident that maximizes virtual technology and minimizes risks to incident responders, their loved ones back home, and the general public in a COVID19 pandemic environment.			
6. Weather Forecast For Period			
7. General Safety Message			
1. <u>ATTACHMENTS (X IF ATTACHED)</u>			
<input checked="" type="checkbox"/> Organization List - ICS 203 <input checked="" type="checkbox"/> Medical Plan - ICS 206 <input checked="" type="checkbox"/> Safety Message <input checked="" type="checkbox"/> Division Assignment Lists - ICS 204 <input type="checkbox"/> Vicinity Map <input checked="" type="checkbox"/> Weather <input type="checkbox"/> Communications Plan - ICS 205 <input type="checkbox"/> Incident Map <input type="checkbox"/> Air Operations Summary – ICS 220			
9. Prepared By (Planning Section Chief)		10. Approved By (Incident Commander)	
James Ehrlich, PSC2(t)		/s/ Deborah Beard, ICT2	

1. Incident Name: FY 2020 R8 Support		2. Operational Period: Date From: 4/17/20 Date To: 4/18/20 Time From: 0600 Time To: 0600	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs	Debbie Beard; Pat Pearson (t)	Chief	Jeff Schardt; Shawn Nagle (t)
		Planning Operations	Tyler Van Ormer; Jay Mickey (t)
Deputy	Danny Bryant	Field Operations	Josh Granham; C Plante (t)
Safety Officer	Larry Holsomback; Keith Suttles	Branch	
Public Info. Officer	Michelle Burnett; Robin Bible	Branch Director	
Liaison Officer	Mike Wright; Marty Bentley	Division/Group	Greg Salansky; Matt Hundt (t)
4. Agency/Organization Representatives:		Division/Group	Matthew Johnson; Jason Rose (t)
Agency/Organization	Name	Division/Group	Heath Thomas
		Division/Group	Jason Klawinsky
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief	Michael Williams, James Ehrlich (t)	Division/Group	
Deputy	Don Watson	Division/Group	
Resources Unit	Melonie Sellers, Jessica Hollingsworth	Division/Group	
Situation Unit	Jeff Adams	Division/Group	
Documentation Unit	Carrie Straight	Branch	
Demobilization Unit	Jeff De Matteis	Branch Director	
Fire Behavior Analyst	Kelly Cagle	Deputy	
GIS Specialist	Chris Evans; John Hutchison;	Division/Group	
Information Technology	Kevin Curry; Shawn Wyckoff	Division/Group	
Training Specialist	Dave Bernardo	Division/Group	
Status Check-in	Zulma Andujar; Mark Bass (t)	Division/Group	
6. Logistics Section:		Division/Group	
Chief	Cindy Schiffer; Tom Piper (t)		
Deputy		Air Operations Branch	
Supply Unit	John Dunlap	Branch Director	Pete Kubiak
Receiving/Distribution		Air Tac Grp Super.	
Ordering	Lemuel Cooksey; Leigh Ostin.(t)	Helibase Manager	
Facilities Unit	Nelson Gonzalez-Sullow	8. Finance/Administration Section:	
Ground Support Unit	Todd Waller; Brian Truss (t)	Chief	Jennifer Cross
Communications Unit	George Rosenthal	Deputy	Wanda Kelley
Medical Unit	John Dunzweiler; Kevin Knight (t)	Time Unit	Laura Wilson; Gustavo Vallejo (t); Donna Line (t)
Security	Greg Blanks	Procurement Unit	
		Comp/Claims Unit	Debra Packard
		Cost Unit	Tom Steele; Marlene Hudson (t)
9. Prepared by: Name: Jessica Hollingsworth		Position/Title: RESL	
Signature: /s/ Jessica Hollingsworth			
ICS 203	IAP Page 1	Date/Time: 04/16/20 1800	

Location Key = Onsite

Remote

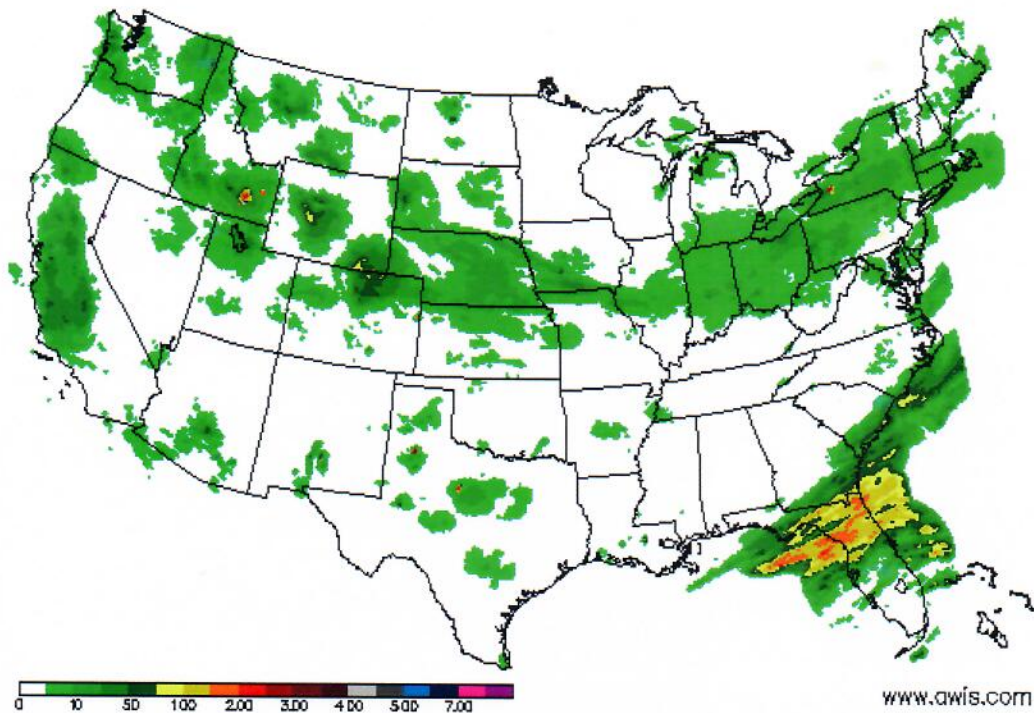
Virtual

Fire Potential Across the Region

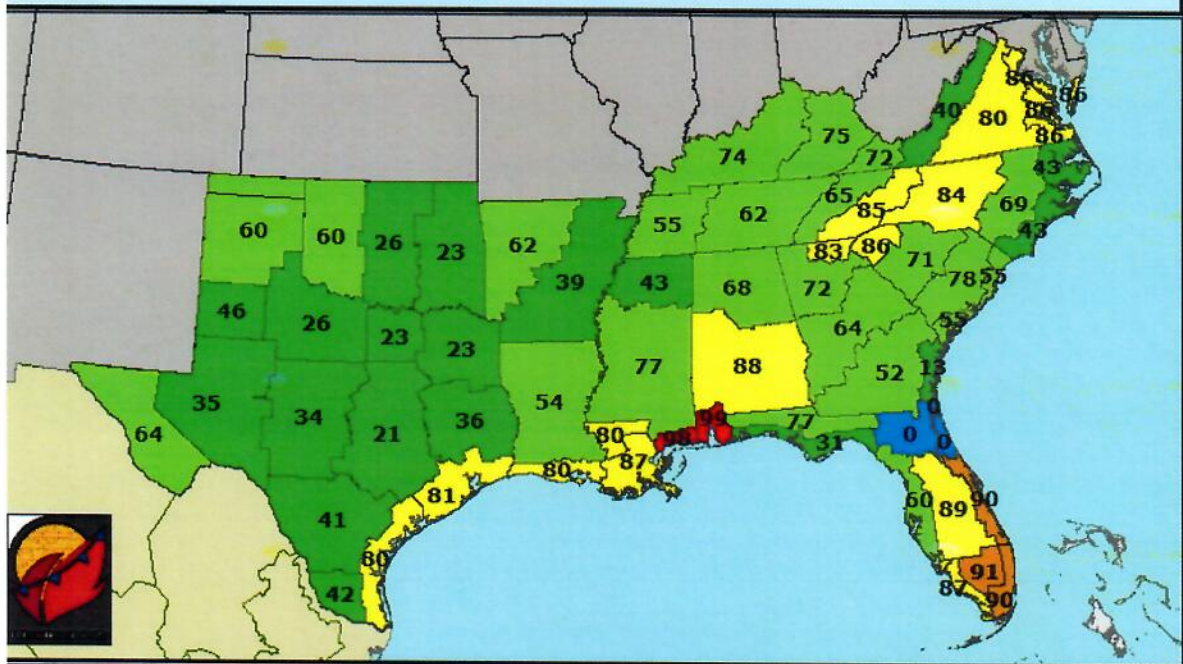
Some areas of Florida did receive precipitation on Wednesday and Thursday. Northern portions of the state received significant precipitation in some locations. However, the drier portions of the state (southern) received very little to no rain at all.

Radar Estimated Precip(inches)

24Hrs Ending 04/16/2020 07amCDT



Observed ERC-G Yearly Percentile on WED APR 15, 2020
Created on: THU APR 16, 2020



Health and Safety Message

Incident: **Virtual Staging**

Date: **4/17/2020**

Operational Period Day: **0800--1830**

Dealing with Covid-19 Anxiety

Developing a Realistic Mindset about Covid-19

Information taken from Wiki Info

- Get your information from trustworthy sources, such as the CDC. You're probably seeing a lot of stories about the coronavirus, and some of them may contain inaccurate or outdated information. Additionally, you might encounter some myths on social media. To ensure that you're getting accurate and reasonable information, stick to sources like the Centers for Disease Control and Prevention and the World Health Organization.
- Limit how often you check for news updates to once or twice a day. While it's good to stay informed, constantly reading or watching news updates can quickly become overwhelming. Instead, designate a specific time to check for updates so you're not thinking about the virus all day. Don't visit news sites or turn on the news outside of these times, and avoid social media if you're seeing too many updates there. For example, you might watch a news program in the morning and check for a second update in the evening.
- Focus on the fact that most cases are mild and most people recover. Reports about the coronavirus likely sound very scary, so it's understandable that you'd be afraid. However, 80% of cases are mild, and some people don't even realize they're sick. Additionally, most people who get very sick will get better, so try not to worry. Finally, some areas don't have any confirmed cases, so you may not be at risk at all.
- Share helpful information with friends and family. You can help yourself and others feel calmer about the coronavirus outbreak by sharing any helpful information you find. If you see a useful update on the coronavirus from a reputable news source or government website, post a link on social media or email it to any friends or family members who are worried about the virus.
- If you stay calm and stick to sharing factual information, you can set a good example for others and help prevent panic and anxiety from spreading.



"You've got a bad attitude, Doug. You need to be quarantined before it spreads and we're forced to destroy the entire team!"

Safety Officers: Keith Suttles and Larry Holsomback

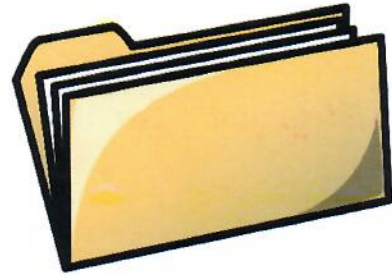
DIVISION ASSIGNMENT LIST		1. Branch:		2. All Groups			
3. Incident Name FY 2020 R8 Support		4. Operational Period 4/17/2020 0600 – 4/18/202 0600					
Operations	Jeff Schardt; Shawn Nagle (t) Planning Ops: Tyler Van Ormer; Jay Mickey (t) Field Ops: Josh Granham; C.Plante (t)		Division Supervisors		Greg Salandky; Matt Hundt (t) Matthew Johnson; Jason Rose (t) Heath Thomas Jason Klawinsky		
Branch Director			Safety Officer		Larry Holsomback; Keith Suttles		
6. Resources Assigned this Period							
Strike Team/Task Force/ Resource Designator	Order for	14 th Day	21 st Day	30 th Day	Leader	Number of persons	Comments
6. Control Operations/Work assignments: Task: Maximize virtual technology in the IMT environment across all sections and functional areas; develop operational and logistical strategies and tactics that minimize risks to responders and the public; all incident actions are in accordance with the latest CDC, state and local health guidance unless operational risk assessment shows a need for variance. Come up with different options to conduct firefighting operations for different environments. End State: The Gold Team develops a sustainable model for mobilizing, managing, and demobilizing from a large incident that maximizes virtual technology and minimizes risks to incident responders, or carry the infection back home to family or the general public in a COVID19 pandemic environment.							
7. Special Instructions: PPE, gloves, hand washing as appropriate. Keep mindful of social distancing. Questions? See your section chief.							
9. Division/Group Communication Summary							
See Communications Plan							
Prepared by (Resource Unit Leader) Melonie Sellers		Approved by (Planning Section Chief) Jessica Hollingsworth PSC (t)			Date 4/16/2020		Time 1700

MEDICAL PLAN (ICS 206)

1. Incident Name: Virtual Staging GA-R08-000001		2. Operational Period: Date From: 04/17/2020 Date To: 04/17/2020 Time From: 0800 Time To: 1830					
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
Local Hospital	Location of team member working remote	911	<input checked="" 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				
Local 911 Service	Location of team member working remote	911	<input checked="" type="checkbox"/> ALS <input checked="" 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			
Local Hospital	Location of members working remote	Various by member location	Varies	Varies	<input checked="" type="checkbox"/> Yes Level: _____	<input checked="" type="checkbox"/> Yes <input 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
					<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 member shall contact local 911 for immediate emergency needs. Each member will also contact safety, finance claims and losses for documentation administration. Local air evacuation services shall be utilized as determined with authority having jurisdiction. For workers compensation claims, these steps must be utilized and the emergency room must be utilized unless otherwise directed.</p>							
<input checked="" 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: <u>Kevin Knight MEDL-T/ John Dunzweiler MEDL</u> Signature: <u>Kevin Knight John Dunzweiler</u>							
8. Approved by (Safety Officer): Name: <u>Larry Holsomback</u> Signature: <u>Larry P Holsomback</u>							
ICS 206	IAP Page _____	Date/Time: <u>April 16, 2020</u>	1500				

Documentation Unit Leader Message

Files for the Incident can be found in Teams or on Sharepoint. As a Microsoft Teams intro, the 2020_COVID-19_Region 8 support team has several channels. The "General" channel is where all the documents are hosted. By clicking on General and the "Files" tab at the top of the document you can see the file structure. Each Section also has a channel that can be used for file chats and other storage.



The files/folders you see in the Files tab are mirrored between what you see in Teams and Sharepoint. The Sharepoint files can be accessed by the link near the top that says "Open in Sharepoint" ([Sharepoint Link](#)). Just remember that the main working documents that were started for the incident are found within the General folder.

There is a virtual Documentation Inbox in the General folder labeled **Documentation INBOX**. Place any administrative records in this folder. If you are keeping administrative "Doc Box" files in your own workspace, please note the best practices below, we can work out how to transfer the appropriate parts to the final location at the end of the incident or before transferring command to another team.

Some best practices to keep in mind:

- Please look at the document in the folder called DigitalRecordNamingConventions_2020.pdf to review the best way to name your files to ensure others using the Documentation can understand what each record represents.
- Remember that without the standard forms that are being used (213 and 214s), that some emails can and do represent records that should be maintained for the documentation box.
- In emails and virtual correspondence, please designate your name and position in this incident. Folks have a lot of qualms in their email signatures, but please identify yourself and position in this incident in each of your correspondences that represent an official record.
- The official Documentation Box is located in the Planning Section files.
- Any files kept in the Documentation Box (added to the Documentation Inbox or kept in final documentation box files kept by each Section) should be final copies or substantive drafts or versions. Working files should be kept somewhere else within your file structure.
- Any final documentation files should be converted to .pdfs or .jpgs, if at all possible.
- Try to keep file names and folder names short but meaningful to minimize archiving errors.
- **No document found in the final Doc Box should be edited.** If you are looking for something to edit, make a copy, and work within your own file structure.

If you have any questions, feel free to ask.

Thanks,

Carrie

Carrie Straight, DOCL

carrie_straight@firenet.gov or send me a chat in Teams

FINANCE MESSAGE

TIME

- AD's submit your Casual Hire Forms to Laura Wilson
- Submit electronic CTRs at the end of each shift (show meal breaks)
- Keep Hard Copy CTRs for your Records to verify your hours at the end of the incident

Comp Claims Information

For information and forms relative to job-related illnesses/injuries or property loss/damage, please contact COMP Debra Packard at debra_packard @ [firenet.gov](mailto:debra_packard@firenet.gov) or 559-623-2983

CA-1 online fillable form:

<https://www.dol.gov/owcp/regs/compliance/ca-1.pdf>



Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data					
1. Name of employee (Last, First, Middle)			1a. Email address		2. Social Security Number
3. Date of birth Mo. Day Yr.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Home telephone	6. Grade as of date of injury Level Step	
7. Employee's home mailing address (include street address, city, state, and ZIP code) City ZIP Code				8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	

Description of Injury			
9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)			
10. Date injury occurred Mo. Day Yr.	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr.	12. Employee's occupation

13. Cause of injury (Describe what happened and why)		
14. Nature of injury (identify both the injury and the part of the body, e.g., fracture of left leg)		a. Occupation code
		b. Type code c. Source code
		OWCP Use - NOI Code

Employee Signature	
15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:	
<input type="checkbox"/> a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.	
<input type="checkbox"/> b. Sick and/or Annual Leave	
I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Worker's Compensation Program (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.	
Signature of employee or person acting on his/her behalf _____	Date _____

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete this receipt attached to this form and return it to you for your records.

Witness Statement		
16. Statement of witness (Describe what you saw, heard, or know about this injury)		
Name of witness	Signature of witness	Date signed
Address	City	ZIP Code

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP.

Official Supervisor's Report: Please complete information requested below:

Supervisor's Report

17. Agency name and address of reporting office (include street address, city, state, and ZIP code)	OWCP Agency Code
	OSHA Site Code

City _____ ZIP Code _____

18. Employee's duty station (include street address, city, state and ZIP code) City _____ ZIP Code _____

19 Employee's retirement coverage CSRS FERS Other, (identify) _____

20. Regular work hours From: a.m. p.m. To: a.m. p.m. 21. Regular work schedule Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

22. Date of Injury Mo. Day Yr.	23. Date notice received Mo. Day Yr.	24. Date stopped work Mo. Day Yr. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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25. Date pay stopped Mo. Day Yr.	26. Date 45 day period began Mo. Day Yr.	27. Date returned to work Mo. Day Yr. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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28. Was employee injured in performance of duty? Yes No (If "No," explain)

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? Yes (If "Yes," explain) No

30. Was injury caused by third party? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," go to Item 32,)	31. Name and address of third party (include street address, city, state, and ZIP code) City _____ ZIP Code _____
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32. Name and address of physician first providing medical care (include street address, city, state, ZIP code) City _____ ZIP Code _____	33. First date medical care received Mo. Day Yr.	34. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses? Yes No (If "No," explain)

36. If the employing agency controverts continuation of pay, state the reason in detail.	37. Pay rate when employee stopped work Per _____
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Signature of Supervisor and Filing Instructions

38. A supervisor who knowingly certifies to any false statement, misrepresentation concealment of fact, etc. in respect of this claim may also be subject to appropriate felony criminal prosecution.
I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print) _____

Signature of supervisor _____ Date _____

Supervisor's Title _____ Office phone _____

39. Filing instructions No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
 No lost time, medical expense incurred or expected: forward this form to OWCP
 Lost time covered by leave, LWOP, or COP: forward this form to OWCP
 First Aid Injury

Instructions for Completing Form CA-1

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. Some of the items on the form which may require further clarification are explained below.

Employee (or person acting on the employees' behalf)

1a) Email address

Injured workers should provide an email address when completing this form. Pursuant to policy established by the Department of Labor, Office of Workers' Compensation Programs (OWCP), Division of Federal Employees' Compensation, email communication on case specific inquiries is not allowed due to security concerns. However, obtaining claimant email addresses at the point of filing will allow OWCP to share general, non-case specific information with injured workers earlier in the claims submission process. As a longstanding policy and in an effort to protect the identities and personal information of claimants under the Federal Employees' Compensation Act, and to allow better tracking of incoming communications, we do not use two-way email as a primary method of interaction with claimants and their representatives.)

13) Cause of injury

Describe in detail how and why the injury occurred. Give appropriate details (e.g.: If you fell, how far did you fall and in what position did you land?)

14) Nature of injury

Give a complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg; cut on right index finger).

15) Election of COP/Leave

If you are disabled for work as a result of this injury and filed CA-1 within thirty days of the injury, you may be entitled to receive continuation of pay (COP) from your employing agency. COP is paid for up to 45 calendar days of disability, and is not charged against sick or annual leave. If you elect sick or annual leave you may not claim compensation to repurchase leave used during the 45 days of COP entitlement.

Supervisor

As the time the form is received, complete the receipt of notice of injury and give it to the employee. In addition to completing Items 17 through 39, the supervisor is responsible for obtaining the witness statement in Item 16 and for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form should be sent to OWCP within 10 working days after is received.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

If the employing agency controverts COP, the employee should be notified and the reason for controversion explained to him or her.

17) Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

18) Duty station street address and zip code

The address and zip code of the establishment where the employee actually works.

19) Employers Retirement Coverage.

Indicate which retirement system the employee is covered under.

30) Was injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer whose defective product causes an employee's injury, could all be considered third parties to the injury.

32) Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

33) First date medical care received

The date of the first visit to the physician listed in Item 31.

36) If the employing agency controverts continuation of pay, state the reason in detail.

COP may be controverted (disputed) for any reason; however, the employing agency may refuse to pay COP only if the controversion is based upon one of the nine reasons given below:

- a) The disability was not caused by a traumatic injury.
- b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;
- c) The employee is not a citizen or a resident of the United States or Canada;
- d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;
- e) The injury was proximately caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication;
- f) The injury was not reported on Form CA-1 within 30 days following the injury;
- g) Work stoppage first occurred 45 days or more following the injury;
- h) The employee initially reported the injury after his or her employment was terminated; or
- i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

Employing Agency - Required Codes

**Box a (Occupation Code), Box b (Type Code),
Box c (Source Code), OSHA Site Code**

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, "Recordkeeping and Reporting Guidelines."

OWCP Agency Code

This is a four-digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

Benefits for Employees under the Federal Employees' Compensation Act (FECA)

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following benefits for job-related traumatic injuries:

- (1) Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. (To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury and provide medical evidence in support of disability within 10 days of submission of the CA-1. Where the employing agency continues the employee's pay, the pay must not be interrupted unless one of the provision's outlined in 20 CFR 10.222 apply.
 - (2) Payment of compensation for wage loss after the expiration of COP, if disability extends beyond such point, or if COP is not payable. If disability continues after COP expires, Form CA-7, with supporting medical evidence, must be filed with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period.
 - (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious defringement of the head, face, or neck.
 - (4) Vocational rehabilitation and related services where directed by OWCP.
 - (5) All necessary medical care from qualified medical providers. The injured employee may choose the physician who provides initial medical care. Generally, 25 miles from the place of injury, place of employment, or employee's home is a reasonable distance to travel for medical care.
- An employee may use sick or annual leave rather than LWOP while disabled. The employee may repurchase leave used for approved periods. Form CA-7b, available from the personnel office, should be studied BEFORE a decision is made to use leave.
- For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Chapter 20, Part 10) or pamphlet CA-810.

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Receipt of Notice of Injury

This acknowledges receipt of Notice of Injury sustained by (Name of injured employee)

Which occurred on (Mo. Day, Yr.)

At (Location)

Signature of Official Superior

Title

Date (Mo. Day, Yr.)



Gold Team Daily Schedule – Eastern Daylight Savings Time

0800 – All Team Briefing

1100 – C&G

1600 – All Team Product Update Meeting

1700 – IAP Parts Due

PHONE LIST -VIRTUAL STAGING

Position	Name	Phone Number	Email
COMMAND			
Incident Commander	Debbie Beard	850-524-9966	deborah.beard@usda.gov
Incident Commander	Danny Bryant	601-500-2505	danny.bryant@usda.gov
Incident Commander (t)	Pat Pearson	402-630-0685	patrick_pearson@nps.gov
Liaison Officer	Mike Wright	970-819-2890	michael.wright@usda.gov
Liaison Officer	Marty Bentley	423-584-1682	firemanagementservices16@gmail.com
Public Information	Michelle Burnett	803-920-6167	michelle.burnett@usda.gov
Public Information	Robin Bible	615-504-9212	robin.bible@tn.gov
Safety Officer	Larry Holsomback	706-280-4716	lpholsomback@yahoo.com
Safety Officer	Keith Suttles	828-413-2485	keith_suttles@bellsouth.net
OPERATIONS			
OPS	Jeff Schardt	706-280-5498	Jeffrey.schardt@usda.gov
OPS	Tyler Van Ormer	540-236-8478	tyler.vanormer@usda.gov
OPS	Joshua Graham	501-545-3088	Joshua.j.graham@usda.gov
OPS (t)	Shawn Nagle	662-231-4024	shawn_nagle@nps.gov
OPS (t)	Jay Mickey	402-250-1233	jay_mickey@nps.gov
OPS (t)	C.Bertram Plante	252-475-4662	c_plante@fws.gov
Division	Matt Johnson	870-415-0185	matthew_johnson@fws.gov
Division	Heath Thomas	501-208-7077	Michael.h.thomas@usda.gov
Division	Greg Salansky	865-414-6461	greg_salansky@npa.gov
Division	Jason Klawinsky	936-520-8827	Jason.klawinsky@usda.gov
Division (t)	Matthew Hundt	775-340-2991	matthew.hundt@usda.gov
Division (t)	Jason Rose	618-771-6836	Jason.rose@usda.gov
AIR OPERATIONS			
Air Operations Branch Director	Pete Kubiak	404-661-4819	pkubiak58@bellsouth.net
Air Attack			
FINANACE			
Chief	Jennifer Cross	423-715-9025	nanajencross@gmail.com
Chief	Wanda Kelley	423-584-1472	wkelley970@gmail.com
Time Unit Leader	Lauren Wilson	765-427-7564	lwilson@tl-wilson.com
Time Unit Leader (t)	Gustavo Vallejo	423-457-7403	gustavovallejo816@gmail.com
Time Unit Leader (t)	Donna Line	706-474-3216	dline1128@gmail.com
Cost Unit Leader	Tom Steele	770-363-3583	stelle5426@bellsouth.net
Cost Unit Leader (t)	Marlene Bullard	850-570-5478	marlene.bullard@usda.gov
Compensation/Claims Unit LDR	Debra Packard	559-623-2983	debradoles@hotmail.com

Location Key
On-Site
Remote
Virtual

PHONE LIST -VIRTUAL STAGING cont

Position	Name	Phone Number	Email
PLANNING			
Chief	Michael Williams	828-835-0094	michael.j.williams@usda.gov
Chief	Don Watson	910-334-0033	don.watson@ncagr.gov
Chief (t)	James Ehrlich	423-779-4731	james.ehrlich@usda.gov
Resource Unit Leader	Melonie Sellers	601-508-8997	melsellers2010@gmail.com
Resource Unit Leader	Jessica Hollingsworth	601-966-0331	jessica.hollingsworth@usda.gov
Check In	Zulma Andujar	939-642-8827	zulma.andujar@gmail.com
Check In (t)	Mark Bass	318-286-2189	mark.bass@usda.gov
DMOB	Jeff DeMatteis	601-415-9080	jdematteis@gmail.com
DOCL	Carrie Straight	706-540-8796	carrie.straight@gmail.com
Fire Behavior Analyst	Kelly Cagle	336-302-0343	kelly.cagle@usda.gov
Training Specialist	Bernardo Dayvson	314-330-7079	dayvson.bernardo@usda.gov
ITSS	Kevin Curry	732-684-2999	kevin_curry@firenet.gov
ITSS	J. Shawn Wyckoff	281-858-3502	jshawn.wyckoff@usda.gov
SITL	Jeff Adams	512-234-0220	jeffrey_adams@fws.gov
GISS	Chris Evans	928-273-4203	christopher.evans@usda.gov
GISS	John Hutchison	801-696-4605	john_hutchison@firenet.gov
LOGISTICS			
Logistics Section Chief	Cindy Schiffer	540-315-5241	cr77chiffer@gmail.com
Logistics Section Chief (t)	Tom Piper	727-514-5513	piperforestry@yahoo.com
Ground Support Unit Leader	Todd Waller	501-337-6308	Stephen.waller@usda.gov
Ground Support Unit Leader(t)	Brian Truss	936-546-4338	brian.truss@usda.gov
Ordering Manager	Lemuel Cooksey	850-508-9097	lemuelc@comcast.net
Ordering Manager (t)	Leigh Ostin	352-445-1366	leigh.ostin@usda.gov
Receiving & Distribution			
Supply Unit Leader	John Dunlap	850-545-8573	john.p.dunlap@usda.gov
Communications Unit Leader	George Rosenthal	936-707-1832	George.rosenthal@usda.gov
Medical Unit Leader	John Dunzweiler	606-594-1627	jhn.dunzweiler@usda.gov
Medical Unit Leader (t)	Kevin Knight	479-871-0089	kev9632@gmail.com
Facilities Unit Leader	Nelson Gonzalez-Sullow	770-286-4673	nelson.gonzalez-sullow@usda.gov
Security Manager	Greg Blanks	912-210-3976	greg_blanks@fws.gov

Location Key

On-Site

Remote

Virtual

