

# VIRTUAL STAGING

GA-R08-000001



## INCIDENT ACTION PLAN

Sunday  
4/19/2020  
0800 - 1830

|  |                        |                                      |                  |
|--|------------------------|--------------------------------------|------------------|
| <b>INCIDENT OBJECTIVES</b>   | 1. Incident Name       | 2. Date Prepared                     | 3. Time Prepared |
|  | <b>Virtual Staging</b> | <b>4/18/2020</b>                     | <b>1600</b>      |
| 4. Operational Period<br><b>Sunday, April 19, 2020 0800-1830</b>   |                        |                                      |                  |
| 5. General Control Objectives For The Incident (Include Alternatives)  |                        |                                      |                  |
| <b><u>OBJECTIVES:</u></b>  |                        |                                      |                  |
| 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.  |                        |                                      |                  |
| <b><u>DEFINITIONS:</u></b>   |                        |                                      |                  |
| <b>There are three levels of presence that are applicable to the Sections.</b>   |                        |                                      |                  |
| 1. <b>On-Site:</b> Personnel that will be operating AT the fire or AT the morning briefing or AT a remote site (supply, ground support)  |                        |                                      |                  |
| 2. <b>Remote:</b> These individuals are working at the ICP, largely alone in a hotel room (one example), but able to have minor interactions with one another  |                        |                                      |                  |
| 3. <b>Virtual:</b> 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.   |                        |                                      |                  |
| <b><u>COMMANDER'S INTENT:</u></b>  |                        |                                      |                  |
| <b>Desired End State:</b> 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   |                        |                                      |                  |
| <b>See Attached Weather Forecast</b>   |                        |                                      |                  |
| 7. General Safety Message  |                        |                                      |                  |
| <b>See Attached Safety Message</b>   |                        |                                      |                  |
| 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<br><input checked="" type="checkbox"/> Division Assignment Lists - ICS 204 <input type="checkbox"/> Vicinity Map <input checked="" type="checkbox"/> Weather<br><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) |                  |
| <b>James Ehrlich, PSC2(t)</b>  |                        | <b>/s/ Deborah Beard, ICT2</b>       |                  |

|  |  |  |   |
|--|--|--|---|
| <b>1. Incident Name:</b><br>FY 2020 R8 Support     |  | <b>2. Operational Period:</b> Date From: 4/19/20      Date To: 4/20/20<br>Time From: 0600      Time To: 0600 |   |
| <b>3. Incident Commander(s) and Command Staff:</b> |  | <b>7. Operations Section:</b>  |   |
| IC/UCs   | Debbie Beard; Pat Pearson (t)                              | Chief  | Jeff Schardt; Shawn Nagle (t)                     |
| Deputy   | Danny Bryant   | Planning Operations  | Tyler Van Ormer; Jay Mickey (t)                   |
| Safety Officer                                     | Larry Holsomback; Keith Suttles                            | Field Operations   | Josh Granham; C Plante (t)                        |
| Public Info. Officer                               | Michelle Burnett; Robin Bible; Andrew Gray; Cathy Dowd (t) | <b>Branch</b>  |   |
| Liaison Officer                                    | Mike Wright; Marty Bentley                                 | Branch Director  |   |
| <b>4. Agency/Organization Representatives:</b>     |  | Division/Group   | Greg Salansky; Matt Hundt (t)                     |
| Agency/Organization                                | Name   | Division/Group   | Matthew Johnson; Jason Rose (t)                   |
|  |  | Division/Group   | Heath Thomas                                      |
|  |  | Division/Group   | Jason Klawinsky                                   |
|  |  | <b>Branch</b>  |   |
|  |  | Branch Director  |   |
|  |  | Deputy   |   |
| <b>5. Planning Section:</b>                        |  | 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  | <b>Branch</b>  |   |
| 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; TBD                            | Division/Group   |   |
| IMET   | TBD  |  |   |
| Air Quality Specialist                             | TBD  |  |   |
| Training Specialist                                | Dave Bernardo  | Division/Group   |   |
| Status Check-in                                    | Zulma Andujar; Mark Bass (t); TBD                          | Division/Group   |   |
| <b>6. Logistics Section:</b>                       |  | Division/Group   |   |
| Chief  | Cindy Schiffer; Tom Piper (t)                              |  |   |
| Deputy   |  | <b>Air Operations Branch</b>   |   |
| 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                                     | <b>8. Finance/Administration Section:</b>  |   |
| 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: 04/18/20 1800   |   |

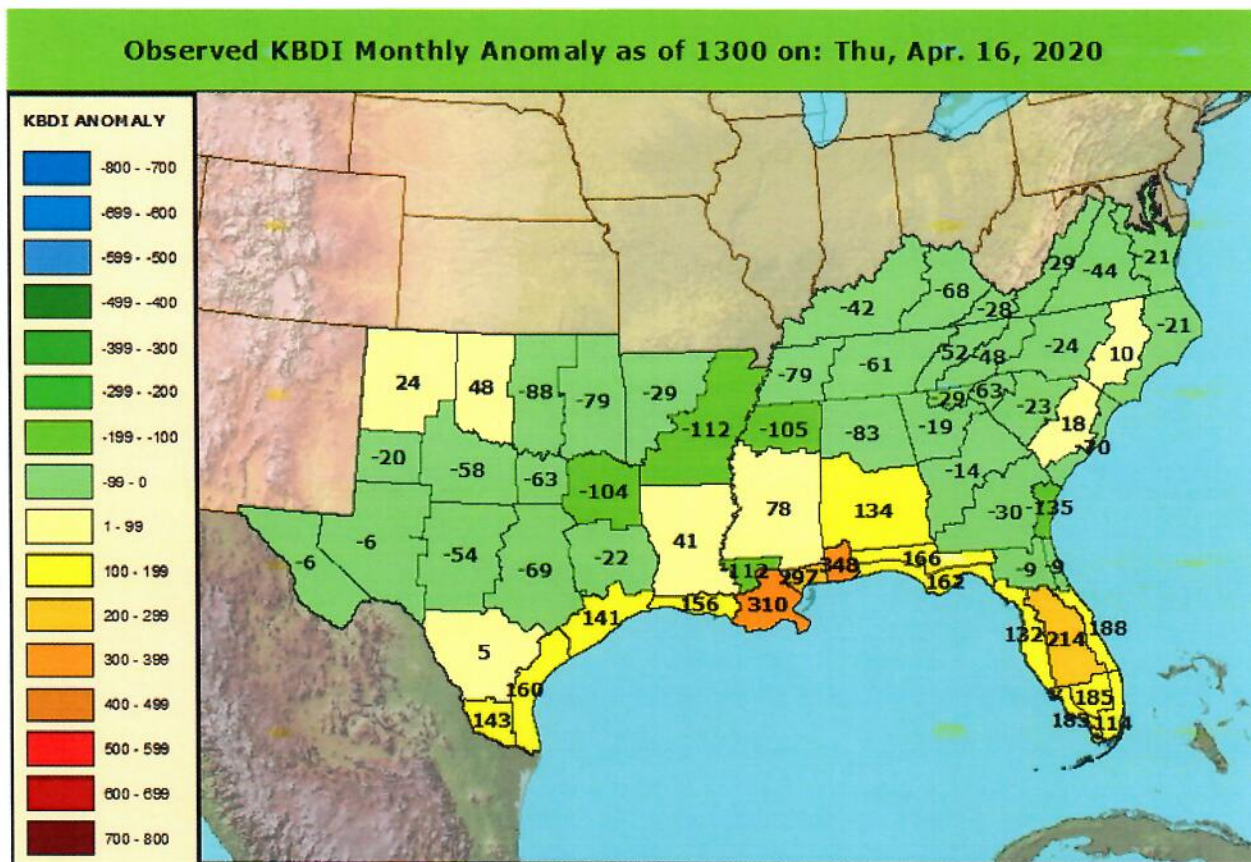
Location Key = Onsite

Remote

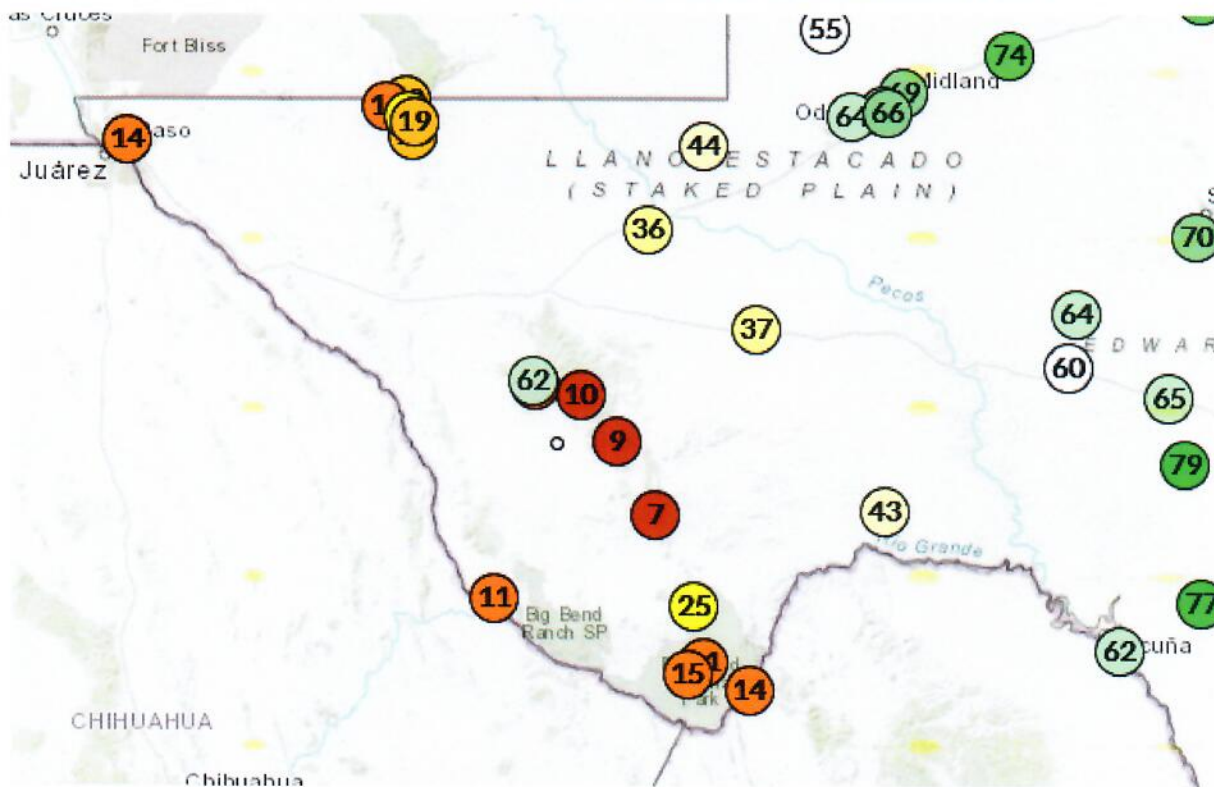
Virtual

## Fire Potential Across the Region

The chart below illustrates the departure from normal KBDI values for the month of April.



Relative humidity values in west Texas on Saturday, April 18 at 1500 hours central time.



*Fine dead fuel moistures at single digit humidities would fall somewhere in the 2 to 3% range.*

|  |           |   |                      |   |                          |   |                     |
|--|-----------|---|----------------------|---|--------------------------|---|---------------------|
| DIVISION ASSIGNMENT LIST   |           |   |                      | 1. Branch:  |                          | 2. All Groups   |                     |
| 3. Incident Name<br><b>FY 2020 R8 Support</b>  |           |   |                      | 4. Operational Period<br>4/18/2020 0600 – 4/19/202 0600 |                          |   |                     |
| Operations   |           | Jeff Schardt; Shawn Nagle (t)<br>Planning Ops: Tyler Van Ormer; Jay Mickey (t)<br>Field Ops: Josh Granham; C.Plante (t) |                      | Division Supervisors                                    |                          | Greg Salandky; Matt Hundt (t)<br>Matthew Johnson; Jason Rose (t)<br>Heath Thomas<br>Jason Klawinsky |                     |
| Branch Director  |           |   |                      | Safety Officer  |                          | Larry Holsomback; Keith Suttles   |                     |
| 6. Resources Assigned this Period  |           |   |                      |   |                          |   |                     |
| Strike Team/Task Force/ Resource Designator  | Order for | 14 <sup>th</sup> Day  | 21 <sup>st</sup> Day | 30 <sup>th</sup> Day                                    | Leader                   | Number of persons   | Comments            |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
|  |           |   |                      |   |                          |   |                     |
| <b>6. Control Operations/Work assignments:</b><br><b>Task:</b> 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. Complete your operations guides by tomorrow evening<br><br><b>End State:</b> 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, so you don't carry the infection back home to family or the general public in a COVID19 pandemic environment. |           |   |                      |   |                          |   |                     |
| <b>7. Special Instructions:</b> PPE, gloves, hand washing as appropriate. Keep mindful of social distancing. Questions? See your section chief.  |           |   |                      |   |                          |   |                     |
| 9. Division/Group Communication Summary  |           |   |                      |   |                          |   |                     |
| See Communications Plan  |           |   |                      |   |                          |   |                     |
| <b>Prepared by (Resource Unit Leader)</b><br>Melonie Sellers   |           | <b>Approved by (Planning Section Chief)</b><br>Jessica Hollingsworth PSC (t)  |                      |   | <b>Date</b><br>4/17/2020 |   | <b>Time</b><br>1700 |

# Covid-19 Dispatch Protocols

## Dispatch and Travel:

- Review “Am I Fit” questionnaire. See reverse side of this card.
- If available, travel with PPE to prevent Covid-19 exposure (disposable gloves, facemask, eye protection, sanitizing wipes, and solutions). Minimum of two sets of fireline PPE.
- Sanitize all vehicle surfaces daily. Travel two personnel per vehicle, four personnel per vehicle designed for six or more passengers. (i.e. 2 per pick-up 4 in a crew cab) When possible assign personnel to same vehicle for duration of assignment.
- Limit exposure, through social distancing, to general public when fueling, eating, and taking rest stops. Wash hands and sanitize prior to and post fueling or any situation where exposure was possible.
- When possible travel to be self-sustaining for three days. (food, water, supplementals.)
- Assume everyone you are exposed to could be a carrier.

## On Incident:

- Obtain briefings virtually and avoid congregating in large groups. (tablets, cell phone, personal computers.) Use virtual check-in and other virtual documents when and where possible.
- Have all personnel review “Am I Fit” questionnaire at the start and end of shift. Obtain digital thermometer and monitor all assigned personnel temperatures prior to start of shift.
- When possible initiate module-of-one protocol. Have separate lodging (i.e. hotel room, tent.)
- Limit exposure when obtaining meals. Rely on known sources of supply and avoid purchases of consumables outside of IMT recommendations.
- Limit public exposure through social distancing.
- Employee same social distancing measures with resources assigned to module/division/unit when possible.
- Manage personnel smoke and dust exposure to the extent possible. Use time/exposure limits, mechanical means (i.e. face mask/coverings), or use closed cab heavy equipment.
- Review and adhere to travel guidelines above. Sanitize equipment and vehicles.
- Report all instances of personnel feeling ill to medical personnel immediately.
- AAR end of shift with all personnel and review Covid-19 issues (i.e. smoke, close quarters working environment.)
- List resources and personnel assigned to unit or division as to be able to track should someone become infected.
- Assume everyone you are exposed to could be a carrier

## Off incident:

- Review “Am I Fit” questionnaire and assess personnel for physical health issues. Report any issues or concerns to division/unit leader.
- Limit exposure by remaining in or at individual lodging facilities. (i.e. hotel room, tent)
- Shower and wear clean PPE for next shift. If unable to launder or exchange PPE hang in open environment allow to air over night.
- Limit exposure when obtaining meals. Rely on known sources of supply. Avoid purchases of consumables outside of IMT recommendations.
- Avoid exposure and rest as much as possible.

- Limit public interaction to the extent possible. (i.e. hotel employees, camp crews, other resources).
- Assign minimum number individuals to obtain equipment and supplies needed for next shift.
- Assume everyone you are exposed to could be a carrier.

### **Demobilization:**

- Report any medical issues prior to starting demobilization.
- Discuss travel restrictions, self-quarantine requirements, and any Covid-19 related issues that may have arisen with division/unit leader.
- Obtain any Covid-19 documentation needed (i.e. hall pass, CA-1, medical release forms)
- Review “Am I Fit” questionnaire.
- Follow travel guidelines.
- Sanitize and wash all gear and equipment prior to storing or returning to home or home unit.
- If possible, upon return to home unit self-quarantine. If not possible limit exposure to the extent possible.
- Should you be diagnosed with Covid-19 within 14 days of your return notify your division/unit leader.

### **Am I Fit? Check list**

1. Do I have a fever, cough, or difficulty breathing?
2. Have I been exposed to anyone that has test positive for Covid-19 or has exhibited fever, cough, or difficulty breathing?
3. Do I have any underlying health or other issues that may place me in a high-risk category?
4. Have I over the last 14 days, traveled to countries or regions:
  - a. Which are federal, state, tribal, or local government acknowledged widespread community outbreak of Covid-19 or
  - b. To areas or countries which the federal government has issued an active travel restriction or advisory? E.g. reconsider travel to, travel not recommended, only essential travel, or do not travel to.
5. If either 1,2,3, or 4 is true report to your supervisor/COR prior to leaving and await their direction. Employees with high-risk exposures to Covid-19 (defined as exposure to a sick household member, intimate partner, or providing care in a household to a person with a confirmed case of Covid-19) may also need to be excluded from work until no longer at risk for becoming infectious to fellow employees or contractors.

**Covid-19 is an evolving and dynamic issue. These are just basic guidelines. CDC, IMT medical personnel, and local health departments can provide up-to-date and important information and how it pertains to Covid-19. It has been proven that limiting exposure is the safest way to prevent infection. Best and safest practice is if you feel sick do not accept an assignment, report any illness's you may be exposed to, and wash/sanitize/avoid as much as possible.**

## INCIDENT SAFETY ANALYSIS 215a

Virtual Assignment - Sunday, April 19, 2020

| 8. Location   | 9. Hazard                                      | 6. Control or Abatement Action (Engineering, Administrative, PPE, Avoidance, Education, etc)   |
|---|--|--|
| Staffing<br>Initial Attack<br>Suppression<br>Mop up | Air Operations                                 | <ul style="list-style-type: none"> <li>~ Ensure positive communication with all air resources.</li> <li>~ Don't plan on air resources for medical transport or resupply.</li> <li>~ Follow "Aviation Watch-Out Situations" IRPG Pg 46.</li> <li>~ Refer to "Directing Bucket or Retardant Drops" IRPG Pg 58 .</li> <li>~ Refer to "Aerial Retardant Safety" IRPG Pg57.</li> <li>~ Refer to "Aircraft Mishap Response Procedure" IRPG Pg 62.</li> </ul>   |
| ICP,<br>Staging ,<br>Fire Ops,<br>Motel             | Surface exposure from<br>equipment and offices | <ul style="list-style-type: none"> <li>~Do not share tools, disinfect tool handles before use.</li> <li>~Deep clean and disinfect office if exposure to COVID19 has occurred or is suspected; use CDC approved disinfectants.</li> <li>~Establish a facility log for all administrative facilities to identify personnel entering, leaving, dates and times.</li> <li>~Daily disinfect equipment subject to common use - dozers, mowers, tractors, etc and attach use log to identify persons, date, time and cleanings.</li> <li>~If cleaning date/status of furniture, tools, etc. is unknown, treat it as contaminated and disinfect before use.</li> </ul> |
| ICP,<br>Fire Operations                             | Communications                                 | <ul style="list-style-type: none"> <li>~Before leaving home or base, employee and supervisor establish checkin/out plan and check radio communication with dispatch.</li> <li>~Use SPOT or cell phone for backup plan.</li> <li>~Update situational awareness of potential hazards and long responses since few employees are in the field.</li> <li>~Utilize human repeaters when working in dead spots.</li> </ul>   |
| Travel in<br>vehicles                               | Travel precautions from<br>COVID-19            | <ul style="list-style-type: none"> <li>~Maintain personal spacing of 6 feet.</li> <li>~Wear face mask.</li> <li>~Daily clean vehicle surfaces at beginning and end of shift with approved sanitizers.</li> <li>~Assign same personnel to vehicles each shift.</li> <li>~Follow approved CDC COVID-19 mitigations.</li> </ul>   |
| Staffing<br>Initial Attack<br>Suppression<br>Mop up | Chain Saw Operations                           | <ul style="list-style-type: none"> <li>~ Follow "Hazard Tree Safety" guidelines, IRPG Pg 22</li> <li>~ Follow "Procedural Felling Operations" IRPG Pg 85.</li> <li>~ Look up, Look down, Look around for hazard tree indicators.</li> <li>~ Only fell and buck trees within your expertise, and training.</li> <li>~ Do not fall trees during high wind events.</li> <li>~ Ensure proper use of all required PPE.</li> </ul>   |
| ICP,<br>Staging,<br>Fire<br>Operations,<br>Motel    | Injury & Medical<br>Emergency                  | <ul style="list-style-type: none"> <li>~Supervisor and employee plan for medical emergencies daily.</li> <li>~Pratice COVID-19 procedures outlined by CDC.</li> <li>~Consult IRPG "Planning for Medical Care" page 2.</li> <li>~Ensure radio communications are acceptable before leaving home or base each day.</li> <li>~Follow "Emergency Medical Care" IRPG pages 105-119.</li> <li>~Verify first aid kit to meet project hazards is present.</li> </ul>   |
| Staffing<br>Initial Attack<br>Suppression<br>Mop up | Firefighter & Public<br>Smoke Exposure         | <ul style="list-style-type: none"> <li>~ Refer to "Smoke Hazards and Mitigation" IRPG Pg 30</li> <li>~ Use warning lights and provide traffic control on roadways during smoky and night operations.</li> <li>~ Rotate crews out of smoky areas during firing and mop-up operations.</li> <li>~ Contact Communications when firing operations are initiated.</li> </ul>  |



## INCIDENT SAFETY ANALYSIS 215a

|   |   |  |
|---|---|--|
| <p style="text-align: center;">ICP,<br/>Staging<br/>Fire line<br/>Operations,<br/>Motel</p> | <p style="text-align: center;">Driving &amp; Traffic</p>  | <ul style="list-style-type: none"> <li>~ Practice "Defensive Driving" techniques traveling on all roads and city streets.</li> <li>~ Use spotters &amp; Honk horn to alert personnel when backing.</li> <li>~ Follow Driving LCES (Lights, Chock blocks, Emergency brake, Seat belts).</li> <li>~ Always use headlights.</li> <li>~ Yield to pedestrians and bicycles.</li> <li>~ Observe posted speed limits.</li> <li>~ Use the 3 second rule for following distance when driving.</li> <li>~ Use chock blocks, turn wheels into hill.</li> <li>~ Avoid distractions (eating, cell phones, radio).</li> <li>~ Ensure that windshields are kept clean of dust and bugs.</li> <li>~ Refer to "Smoke and Transportation Safety" IRPG Pg 31</li> <li>~ Refer to "Roadside Response Safety" IRPG Pg 26</li> </ul> |
| <p style="text-align: center;">Breifings,<br/>Incident<br/>Operations,<br/>Travel</p>       | <p style="text-align: center;">Person to person contact<br/>with visitors, contractors,<br/>partners &amp; others</p> | <ul style="list-style-type: none"> <li>~Be prepared with COVID PPE - gloves, mask, glasses, disinfectant - put them on before approaching or talking to anyone.</li> <li>~Maintain social distance of 6 feet or more.</li> <li>~No handshake or hug - wave.</li> <li>~Keep a daily log of who you encountered, where and when.</li> <li>~Wash your hands with soap &amp; water or germicide, especially after touching handles, tools, pumps &amp; knobs.</li> </ul>   |
| <p style="text-align: center;">IWI</p>  | <p style="text-align: center;">Responder exposure to<br/>COVID-19</p>   | <ul style="list-style-type: none"> <li>~Responders wear COVID-19 protective PPE and sanaitize all surfaces.</li> <li>~Place soiled clothing in plastic bags for cleaning or decontamination.</li> <li>~Limit exposure to essential personnel only.</li> <li>~Follow all curent CDC mitigations.</li> </ul>   |
| <p style="text-align: center;">Gatherings<br/>spaces</p>                                    | <p style="text-align: center;">Human to human contact<br/>and exposure to COVID-<br/>19</p>                           | <ul style="list-style-type: none"> <li>~Prartice social distancing and group gatherings to meet current CDC guidelines.</li> <li>~Avoid working in groups when possible.</li> <li>~Stage for IA at desginated areas that minimize grouping:ie home or motel.</li> <li>~ Wear CDC recommended PPE.</li> </ul>   |
| <p style="text-align: center;">ICP,<br/>Staging,<br/>Fireline<br/>Operations<br/>Motel</p>  | <p style="text-align: center;">Transmission of COVID-<br/>19 between employees</p>                                    | <ul style="list-style-type: none"> <li>~Closed camps/ICP.</li> <li>~Limit access to essential personnel.</li> <li>~No sharing of hotel rooms.</li> <li>~Clean and sanitize all shared work areas daily.</li> <li>~Provide sanitation supplies to all personnel.</li> <li>~Consider virtual or remote work.</li> <li>~"Am I fit" checklist before every shift, Southern Area WFRP</li> </ul>  |
| <p style="text-align: center;">ICP, Staging,<br/>Fire Ops,</p>                              | <p style="text-align: center;">Lack of or Incorrect Use<br/>of PPE</p>  | <ul style="list-style-type: none"> <li>~ Always wear appropriate project PPE for operation.</li> <li>~ COVID PPE - nitrile or latex gloves, masks, glasses, disinfectant..</li> <li>~If COVID or project PPE is not present, avoid hazards or stop work.</li> </ul>  |
| <p style="text-align: center;">ICP, Staging<br/>Fire<br/>operations,<br/>Motel</p>          | <p style="text-align: center;">Employee showing<br/>symptoms of illness</p>   | <ul style="list-style-type: none"> <li>~Immediately isolate employee.</li> <li>~Check temperature.</li> <li>~Use "Am I Fit" checklist in Southern Area WFRP.</li> <li>~Document all personnel that had came into contact with employee.</li> <li>~Evaluate with medical unit for further action.</li> <li>~Protect responders from possible COVID-19</li> </ul>  |
| <p style="text-align: center;">ICP,<br/>Staging,<br/>Fire<br/>Operations,</p>               | <p style="text-align: center;">Bees, Ticks, Mosquitoes</p>  | <ul style="list-style-type: none"> <li>~ Canvas crew members for those with known allergic reactions to stings.</li> <li>~ Ensure crew members have medication pens if needed.</li> <li>~ Perform daily self inspection.</li> <li>~ Use repellent as necessary.</li> <li>~ Advanced Life Support, multi-dose epi and airway protection.</li> <li>~ Keep affected area clean and bandaged.</li> <li>~ Be extra careful when eating and/or drinking to avoid stings to mouth and throat.</li> </ul>  |

## MEDICAL PLAN (ICS 206)

| <b>1. Incident Name:</b><br>Virtual Staging GA-R08-000001  |  | <b>2. Operational Period:</b> Date From: 04/19/2020 Date To: 04/19/2020<br>Time From: 0800 Time To: 1830 |   |        |   |  |  |
|--|--|--|---|--------|---|--|--|
| <b>3. Medical Aid Stations:</b>  |  |  |   |        |   |  |  |
| 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                        |        |   |  |  |
| <b>4. Transportation (indicate air or ground):</b>   |  |  |   |        |   |  |  |
| 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                       |        |   |  |  |
| <b>5. Hospitals:</b>   |  |  |   |        |   |  |  |
| 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<br>Level: _____ | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |  |  |   |        | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |  |   |        | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |  |   |        | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |  |  |   |        | <input type="checkbox"/> Yes<br>Level: _____            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
| <b>6. Special Medical Emergency Procedures:</b>  |  |  |   |        |   |  |  |
| <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.  |  |  |   |        |   |  |  |
| <b>7. Prepared by (Medical Unit Leader):</b> Name: <u>Kevin Knight MEDL-T/ John Dunzweiler MEDL</u> Signature: <u>Kevin Knight John Dunzweiler</u>   |  |  |   |        |   |  |  |
| <b>8. Approved by (Safety Officer):</b> Name: <u>Larry Holsomback</u> Signature: <u>Larry P Holsomback</u>   |  |  |   |        |   |  |  |
| ICS 206  | IAP Page _____                           | Date/Time: April 16, 2020  | 1500  |        |   |  |  |

# Supply Unit Leader Message

With the spread of Covid-19 in mind, the Supply Unit will be conducting business a little differently on this incident. Our goal is to limit person to person interaction at the Supply yard while still meeting the needs of the incident.

All orders for supplies, personnel, equipment, etc. should be submitted via e-mail on an electronic ICS-213 (General Message).

Since approvals/signatures are difficult to obtain on electronic copies, all orders will need to come from a designated individual in each section which will represent the approval of that order.

## **Supplies**

Supply orders will go directly to the SPUL/RCDM.

John Dunlap 850-545-8573

[john.p.dunlap@usda.gov](mailto:john.p.dunlap@usda.gov) (incident e-mail would be created in the future)

\*\*\*\*Supply orders should be consolidated for you section and submitted by the Section Chief or Designee.\*\*\*\*

\*\*\*\***Operations supply orders** should be consolidated and submitted by the Section Chief/Designee or a DIVS.\*\*\*\*

Orders should reference NFES numbers when appropriate, date and time needed, and whether items will be picked up at Supply or delivered to a drop point.

## **Overhead/Equipment/Crews/etc.**

These orders will go directly to the Ordering Manger.

Lemuel Cooksey 850-508-9097

[lemuelc@comcast.net](mailto:lemuelc@comcast.net) (incident e-mail would be created in the future)

All orders for O-E-C-etc. will need to be submitted by Section Chiefs or their specified Designee.



\*\*\*\*QR Code to fillable ICS-213 **COMING SOON**\*\*\*\*



7100 Technology Drive  
West Melbourne, FL 32904  
1-800-422-6281

## *Service Bulletin*

BKSB-1058  
Issue Date: 3/19/2020



**Subject:** Cleaning and disinfecting guidelines for BK Technologies radios.

**Affected Models:** All BK Technologies radios.

**Recommended Actions:** Periodically clean radios using the suggested procedures below.

### **Cleaning Instructions:**

1. Remove any accessories and clean the accessory contacts using a clean dry cloth. When the accessory connector is not in use, cover the connector with the protective dust cap to prevent the build-up of dust or water particles.
2. To remove dust and dirt, clean using damp clean cloth (warm water and mild detergent soap).
3. After using mild detergent soap, wipe with a warm, damp clean cloth.
4. Remove the battery and wipe the battery and radio contacts using a soft dry cloth to remove any dirt or grease. This will ensure efficient power transfer from the battery to the radio.
5. Remove any accessories and clean the side connector contacts using a clean dry cloth. Be sure to keep the side connector cover on the radio while accessories are not in use.
6. If the radio is used in a harsh environment (such as driving rain, salt fog, etc.), it may be necessary to periodically dry and clean the battery and radio contacts with a soft dry cloth or soft-bristle non-metallic brush.



7100 Technology Drive  
West Melbourne, FL 32904  
1-800-422-6281

## Service Bulletin

BKSB-1058  
Issue Date: 3/19/2020



### Rigorous Cleaning Instructions:

Do not use chemical cleaners, spray, or petroleum-based products. Use of these can damage the radio and/or battery. We suggest using Calla 1452 or equivalent.

In addition to Calla 1452, the BKT Portable family has been tested with the following disinfectants that will not degrade the radio with normal usage:

- 1) Enviro-Tru-1453
- 2) T36 Disinfex (Viralex)
- 3) Clorox Bleach (1:10 Bleach: Water)
- 4) CaviWipes
- 5) Accel PREvention Wipes

**(Note: Ensure no puddling or pooling of solution is left on product)**

1. Apply cleaning solution to a clean damp cloth and clean the radio. Do not spray cleaning solution directly onto radio. To clean the radio in the speaker and microphone areas, carefully wipe these areas but prevent the cleaning solution from entering the speaker or microphone openings.
2. Wipe off the radio with clean damp cloth using mild warm soapy water.
3. Follow by wiping off the radio with clean, warm damp cloth using water only.
4. Wipe dry with clean cloth.

## Motorola Solutions Technical Notification (MTN)

**TITLE:** Recommended general Motorola Solutions radio, body-worn camera and accessory cleaning and disinfecting guidelines in response to the coronavirus (COVID-19) pandemic

**TECHNOLOGY:** Motorola Solutions Radio, Body-Worn Camera and Accessory

### **SUMMARY:**

In response to the coronavirus (COVID-19) pandemic, Motorola Solutions is providing recommended cleaning and disinfecting guidelines for our radios, body-worn cameras and accessories based on our current and best understanding of radio hygiene. Per global health authorities, removing germs, dirt and impurities from surfaces lowers the risk of spreading infection. Using chemical disinfectants may kill germs that remain on surfaces after cleaning, which further lowers the risk of spreading infection.

Information from the WHO website: [Getting your workplace ready for COVID-19](#)

Information from the US CDC website: [Coronavirus Disease 2019 \(COVID-19\)](#)

### **General Cleaning:**

- Apply **0.5%** detergent-water solution with a cloth, then use a stiff, non-metallic, short-bristled brush to work all loose dirt away from the device. Use a soft, absorbent, lintless cloth or tissue to remove the solution and dry the device.
- Make sure that no solution remains entrapped near any connectors, cracks or crevices.

### **Disinfecting:**

- Devices may be disinfected by wiping them down with over-the-counter isopropyl alcohol (rubbing alcohol) with at least **70%** alcohol concentration.
- When cleaning with isopropyl alcohol, **the alcohol should never be applied directly to the device.** It should be applied to a cloth, which is then used to wipe down the device.
- The effects of certain chemicals and their vapors can have detrimental effects on plastics and the metal platings.

**Do not** use bleach, solvents or cleaning sprays to cleanse or disinfect your device.

### **IMPORTANT:**

Motorola Solutions, Inc. is unable to, and did not, determine whether any particular cleaning product is effective in removing specific foreign substances (including viruses) from the device, nor whether any disinfectant will remove all germs or viruses. However, the above cleaners, disinfectants and processes have been approved for use by Motorola Solutions, Inc. related to their less degrading effect on the physical device. Please consult the chemical manufacturers' documentation for specifics on cleaning product efficacy with regards to foreign substances (such as viruses).

For assistance with this bulletin please contact your MSI Technical Support Center:

In NALA [https://www.motorolasolutions.com/en\\_us/support.html](https://www.motorolasolutions.com/en_us/support.html)

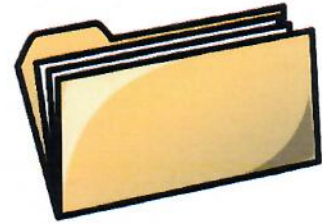
In EMEA [https://www.motorolasolutions.com/en\\_xu/support.html](https://www.motorolasolutions.com/en_xu/support.html)

In Asia [http://www.motorolasolutions.com/en\\_xp/support.html](http://www.motorolasolutions.com/en_xp/support.html)

ANY USE NOT APPROVED BY MOTOROLA SOLUTIONS IS PROHIBITED. This Motorola Technical Notification (MTN) is issued pursuant to Motorola's ongoing review of the quality, effectiveness, and performance of its products. The information provided in this bulletin is intended for use by trained, professional technicians only, who have the expertise to perform the service described in the MTN. Motorola disclaims any and all liability for product quality or performance if the recommendations in this MTN are not implemented, or not implemented in compliance with the instructions provided here. Implementation of these recommendations may be necessary for the product to remain compliant with applicable laws or regulations. Please be advised, that failure to implement these recommendations in the manner instructed may also invalidate applicable warranties, or otherwise impact any potential contractual rights or obligations. MOTOROLA, MOTO, MOTOROLA SOLUTIONS, and the Stylized M Logo are trademarks or registered trademarks of Motorola Trademark Holdings, LLC and are used under license. All other trademarks are the property of their respective owners. ©2020 Motorola Solutions, Inc. All rights reserved."

## DOCUMENTATION UNIT LEADER MESSAGE

Files for the Incident can be found through Teams or on Sharepoint. In the Teams “General” channel is where all the documents are hosted. By clicking on General and the “Files” in the menu to the right, top tab you can see the file structure.



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 of Teams that says “Open in Sharepoint” or through the QR code or ([Sharepoint Link](#)).

There is a virtual Documentation Inbox in the General folder labeled **Documentation INBOX**. Place any administrative records in this folder (think about what you would drop in the Inbox on an incident).

**Save often and back up your files.**

**Mark all final versions as FINAL and save to a pdf**

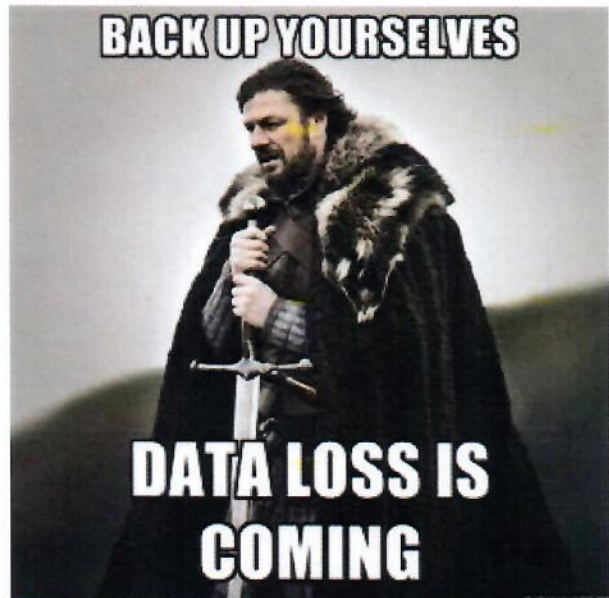
If you have any questions,  
feel free to ask.

Thanks,

*Carrie*

**Carrie Straight, DOCL**

[carrie\\_straight@firenet.gov](mailto: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<br><input type="checkbox"/> Male <input type="checkbox"/> Female | 5. Home telephone |  | 6. Grade as of date of injury<br>Level Step   |  |
| 7. Employee's home mailing address (include street address, city, state, and ZIP code)<br>City ZIP Code |  |   |                   |  | 8. Dependents<br><input type="checkbox"/> Wife, Husband<br><input type="checkbox"/> Children under 18 years<br><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<br>Mo. Day Yr. |  | Time<br><input type="checkbox"/> a.m.<br><input type="checkbox"/> p.m. | 11. Date of this notice<br>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:

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.

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: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | To: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | 21. Regular work schedule | <input type="checkbox"/> Sun. | <input type="checkbox"/> Mon. | <input type="checkbox"/> Tues. | <input type="checkbox"/> Wed. | <input type="checkbox"/> Thurs. | <input type="checkbox"/> Fri. | <input type="checkbox"/> Sat. |
|------------------------|---|---|---------------------------|-------------------------------|-------------------------------|--------------------------------|-------------------------------|---------------------------------|-------------------------------|-------------------------------|

|                                   |   |                                      |   |
|-----------------------------------|---|--------------------------------------|---|
| 22. Date of Injury<br>Mo. Day Yr. | 23. Date notice received<br>Mo. Day Yr. | 24. Date stopped work<br>Mo. Day Yr. | Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
|-----------------------------------|---|--------------------------------------|---|

|                                     |   |  |   |
|-------------------------------------|---|--|---|
| 25. Date pay stopped<br>Mo. Day Yr. | 26. Date 45 day period began<br>Mo. Day Yr. | 27. Date returned to work<br>Mo. Day Yr. | Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
|-------------------------------------|---|--|---|

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?<br><br><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)<br><br>City _____ ZIP Code _____ |
|---|--|

|   |   |
|---|---|
| 32. Name and address of physician first providing medical care (include street address, city, state, ZIP code)<br><br>City _____ ZIP Code _____ | 33. First date medical care received<br>Mo. Day Yr. _____   |
|   | 34. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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<br>Per _____ |
|--|--|

**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:

- The disability was not caused by a traumatic injury.
- The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;
- The employee is not a citizen or a resident of the United States or Canada;
- The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;
- 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;
- The injury was not reported on Form CA-1 within 30 days following the injury;
- Work stoppage first occurred 45 days or more following the injury;
- The employee initially reported the injury after his or her employment was terminated; or
- 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.)

## **TRAINING SPECIALIST MESSAGE**

**The Only Legacy you leave  
is with those you train**

**Thank you to all the trainers who commit to sharing their  
knowledge so that others may one day do the same**

**Trainees - Please fill out a form by scanning the QR code or right clicking on it and then click open link. That way we can start tracking you on this assignment. If you can't access the link please fill out the paper form and email it to the email below.**

**I just want to you to know I'm here to assist with any of your training question and please check in. Please don't wait to check in on Demob day. If you have any question, please call the number below or email.**



**TNSP Dayvson "Boston" Bernardo**

**[Dayvson\\_Bernardo@firenet.gov](mailto:Dayvson_Bernardo@firenet.gov)**

**(314)330-7079**

# TRAINEE DATA FORM

1. TRAINEE'S LAST, FIRST NAME / RESOURCE # / TRAINEE'S POSITION (phone number)

2. Is this your first assignment in this position?

YES

NO

3. First day on in your training assignment?

4. Do you possess a valid Red Card reflecting your current Trainee position?

Yes

No

5. Are you on the National Priority Program?

Yes

No

6. List 3 goals you wish to achieve on this assignment?

7. Home Training Officer Name, E-mail, and Phone Number?

8. Name and Resource # of Trainer on this Incident

## PHONE LIST -VIRTUAL STAGING

| Position                       | Name             | Phone Number | Email                              |
|--------------------------------|------------------|--------------|------------------------------------|
| <b>COMMAND</b>                 |                  |              |                                    |
| 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                 |
| Public Information             | Andrew Gray      | 850-797-4824 | graymatters56@yahoo.com            |
| Public Information             | Cathy Dowd       | 828-412-1521 | cathryn.dowd@usda.gov              |
| Safety Officer                 | Larry Holsomback | 706-280-4716 | lpholsomback@yahoo.com             |
| Safety Officer                 | Keith Suttles    | 828-413-2485 | keith_suttles@bellsouth.net        |
| <b>OPERATIONS</b>              |                  |              |                                    |
| 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                |
| <b>AIR OPERATIONS</b>          |                  |              |                                    |
| Air Operations Branch Director | Pete Kubiak      | 404-661-4819 | pkubiak58@bellsouth.net            |
| Air Attack                     |                  |              |                                    |
| <b>FINANACE</b>                |                  |              |                                    |
| 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**

| <b>Position</b>               | <b>Name</b>            | <b>Phone Number</b> | <b>Email</b>                    |
|-------------------------------|------------------------|---------------------|---------------------------------|
| <b>PLANNING</b>               |                        |                     |                                 |
| 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           | Dave Bernardo          | 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      |
| <b>LOGISTICS</b>              |                        |                     |                                 |
| 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        | john.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 Mananger             | Greg Blanks            | 912-210-3976        | greg_blanks@fws.gov             |

| <b>Location Key</b> |
|---------------------|
| On-Site             |
| Remote              |
| Virtual             |



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

**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.

| UNIT LOG                           |  | 1. Incident Name                   | 2. Date Prepared | 3. Time Prepared      |
|------------------------------------|--|------------------------------------|------------------|-----------------------|
| 4. Unit Name/Designators           |  | 5. Unit Leader (Name and Position) |                  | 6. Operational Period |
| 7. Personnel Roster Assigned       |  |                                    |                  |                       |
| Name                               |  | ICS Position                       |                  | Home Base             |
|                                    |  |                                    |                  |                       |
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| 8. Activity Log                    |  |                                    |                  |                       |
| Time                               |  | Major Events                       |                  |                       |
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| 9. Prepared by (Name and Position) |  |                                    |                  |                       |