



INCIDENT ACTION PLAN

EMSA Department Operation Center

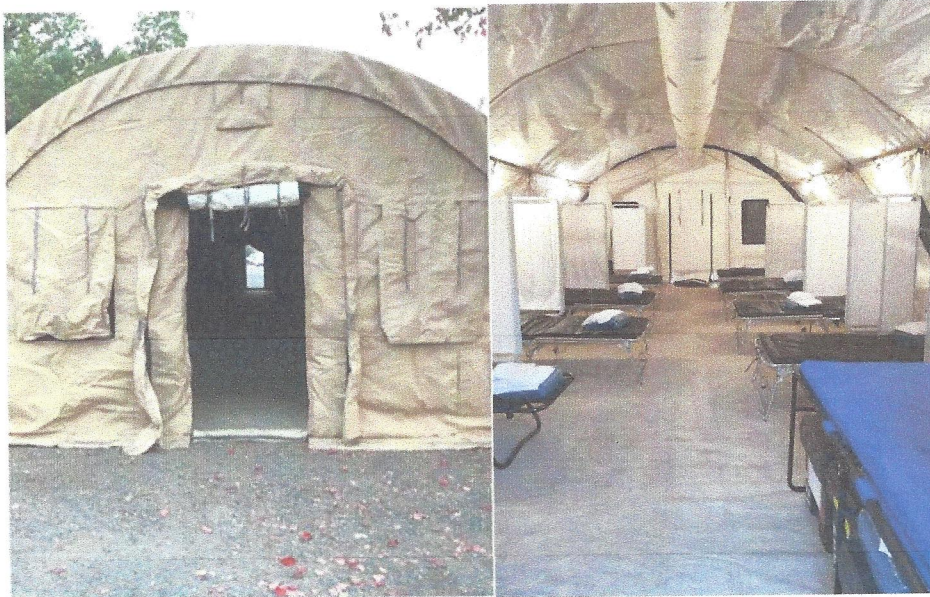
10161 Croydon Rd

Sacramento, CA 95827

IAP #7

Operational Period

0700 PST 11-28-18 to 1900 PST 11-28-18



Markell Pierce
EMSA Departmental Operations



FOR INTERNAL USE ONLY

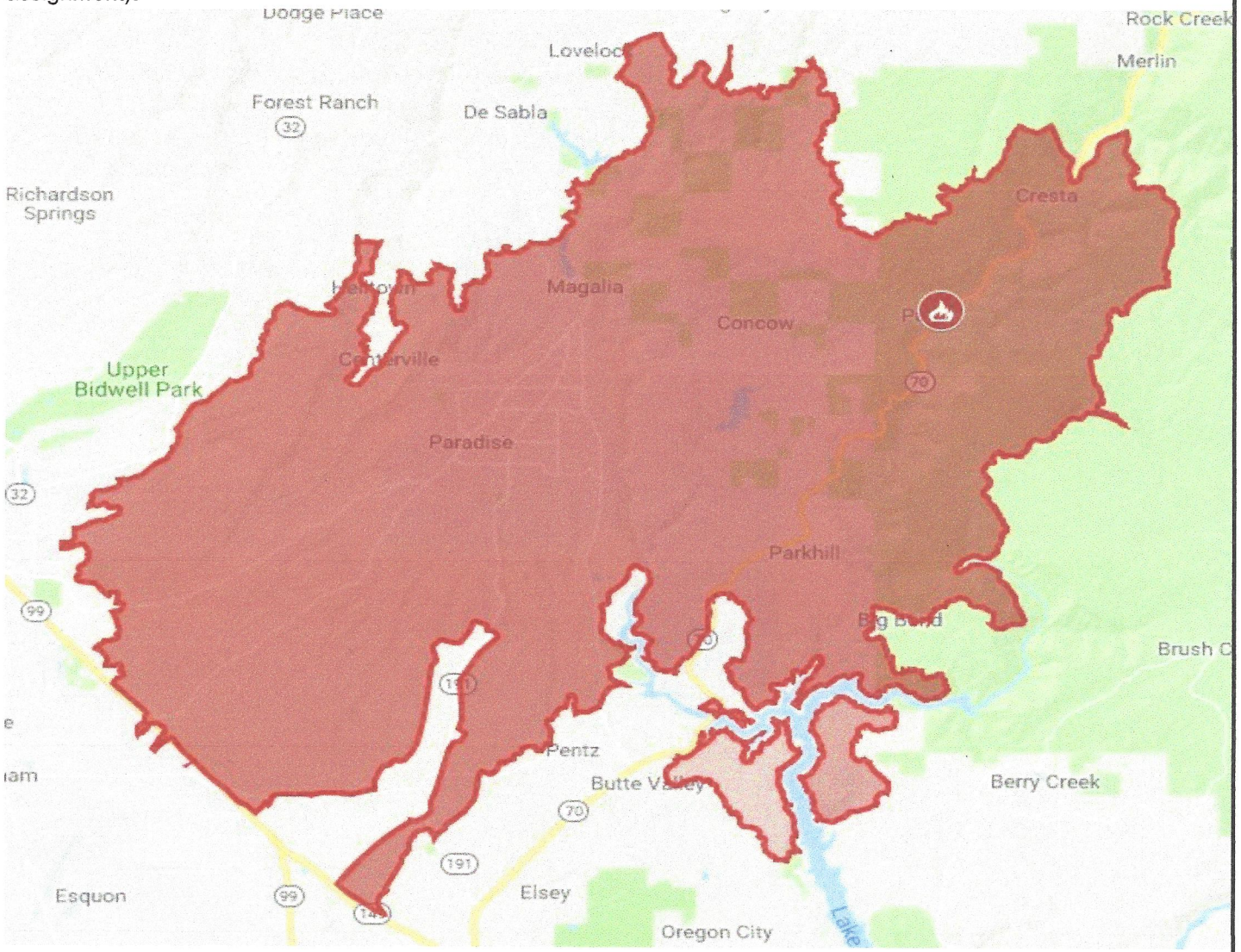
Please do not distribute outside participating agencies



INCIDENT BRIEFING (ICS 201)

1. Incident Name: 2018 November Wildfires	2. Incident Number: FEMA-4407-DR	3. Date/Time Initiated: Date: 11/28/18 Time: 1800
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4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):



5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

- **Current Weather:**

50°F

- Humidity 100%
- Wind Speed NW 2 G 6 MPH
- Barometer NA
- Dewpoint 50°F (10°C)
- Visibility NA
- Last update 28 Nov 5:15 pm PST

- Flash Flood Watch in effect from November 28, 10:00 PM PST until November 29, 10:00 AM PST

- Wind Advisory in effect from November 28, 10:00-0 PST until November 29, 08:00 AM PST

6. Prepared by: Name: Sandra Baker Position/Title: Planning Section Chief Signature: *Sandra Baker*

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Incident: 2018 November Wildfires

Date: November 28, 2018

MST – SAFETY MESSAGE

Weather/Environment

- Cold – stay warm
- Isolated flooding

General Work and Working with Equipment

- Supervisors need to highlight 'area specific' hazard areas in briefings
- Supervisors need to adjust/control operations to limit potential injuries
 - Monitor your personnel
 - Ensure availability to hydrate
 - Rotate personnel as appropriate
- HYDRATE – Before, During, and After – Don't wait until you're thirsty!
- Know your objectives and Plan of Action – or Ask
- Maintain the Chain of Command
- Look out for each other – Awareness
- Use proper lifting and carrying techniques
- Work at a steady pace – No need to rush
- Wear medical or work gloves, goggles, and other safety gear where appropriate
- Ensure practical good housekeeping and cleanliness/use hand sanitizer

Driving and Transportation

- Driving in and around the area will be SLOW at all times
- Follow all speed limits
- Always use a spotter when backing ambulances, trucks, and delivery vehicles
- Evaluate surface conditions and drive with the awareness that there are many people working and walking around the area
- Always look and communicate with loaders/off loaders, etc. before moving vehicles

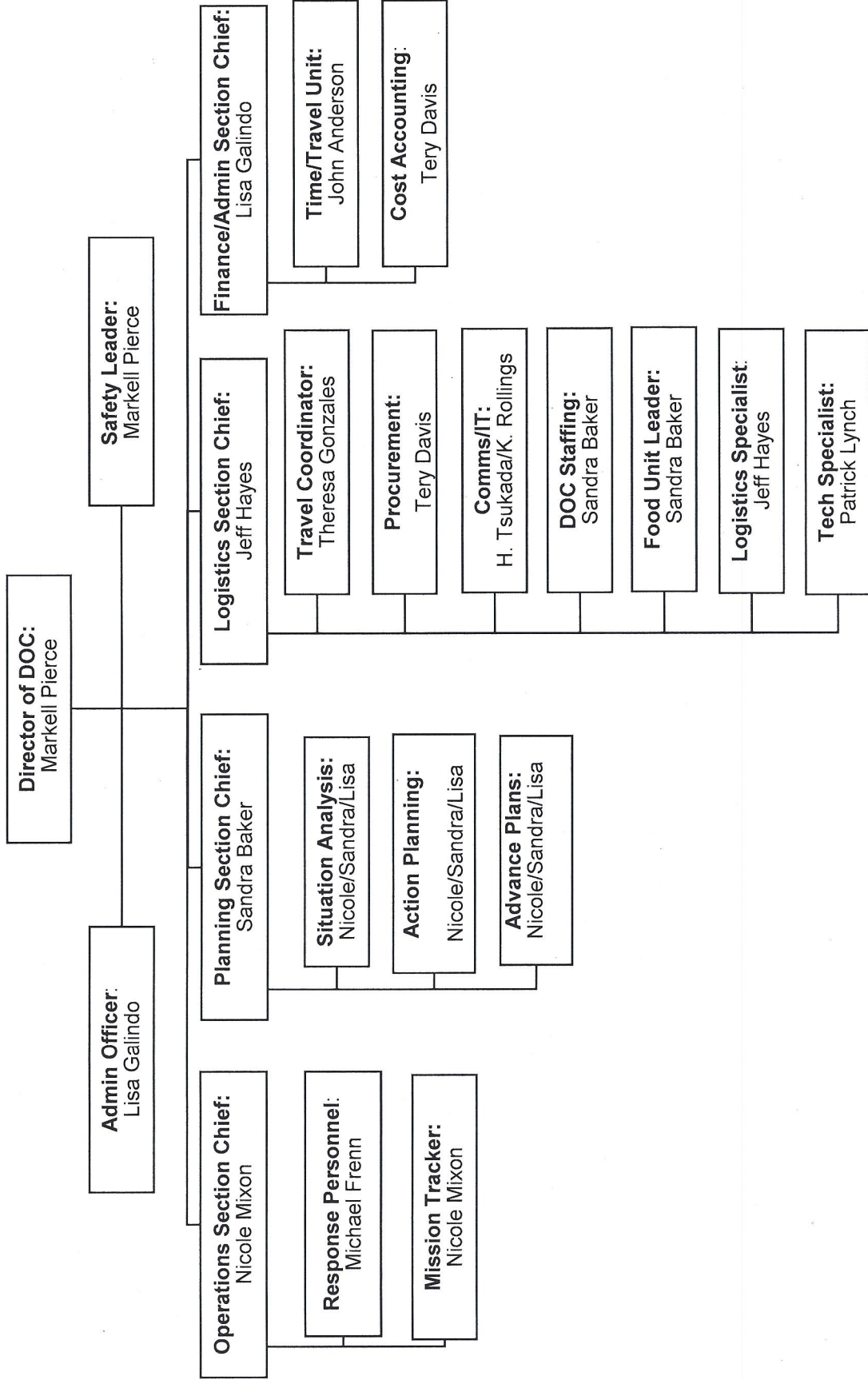
Specific Concerns or Potential Hazards

- Safety is the responsibility of every individual assigned to the Mission
- It is the primary importance and should be a primary consideration throughout all aspects of the operation on or off duty
- Safety in a less controlled environment requires added discipline and consistency
- All injuries shall be reported to the Safety Officer either directly or through the Chain of Command
- All injuries shall be reported to the Safety Officer either directly or through the Chain of Command
- Be aware of placement and stacking items

MST SAFETY OFFICER: Markell Pierce

DOC Org Chart

Date: 11/28/2018



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: 2018 November Wildfires	2. Operational Period: Date From: 11/28/18 Date To: 11/28/18 Time From: 0700 Time To: 1800															
2. Objective(s): <ul style="list-style-type: none"> • Ensure all actions are prioritized for responders and public safety. • Coordinate the strategies and development of individual incident objectives of CAL-MAT Isolation shelter sites within the scope of this unified command team. • Establish area priorities and assign appropriate resources to incidents based on those priorities. • Ensure continuity of operations of CAL-MAT ISO sites by establishing single point ordering for disposable and durable supplies. • Ensure accurate tracking of assigned resources. • Identify operational period that Health Medical Task Force will operate under. • Ensure all treatment sites provide for the health and safety of public and responders. • Establish communications / liaison with local, operational, and regional area. • Develop operational plan based on identified needs. 																
4. Operational Period Command Emphasis: <ul style="list-style-type: none"> • Coordinate information sharing between agencies. • Establish a recovery framework for Local Assistance Centers and recovery task forces. 																
General Situational Awareness <ul style="list-style-type: none"> • Be aware of potential security risk at all medical tent locations. • Be aware of potential flooding risks at all medical tent locations. 																
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at:																
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 202</td> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 206</td> <td style="width: 34%;">Other Attachments:</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input checked="" type="checkbox"/> ICS 207</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> </table>		<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> ICS 206	Other Attachments:	<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 207	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____
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7. Prepared by: Name: <u>Sandra Baker</u> Position/Title: <u>Planning Section Chief</u> Signature: <u><i>Sandra Baker</i></u>																
8. Approved by Incident Commander: Name: <u>Markell Pierce</u> Signature: <u><i>Markell Pierce</i></u>																
ICS 202	IAP Page <u>6</u>															
Date/Time: <u>11/28/2018 1800</u>																

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: 2018 November Wildfires		2. Operational Period: Date From: 11/28/18 Date To: 11/28/18 Time From: 0700 Time To: 1900	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs	Markell Pierce	Chief	Nicole Mixon
	John Burgard	Deputy	
Deputy		Staging Area	DOC
Safety Officer	Markell Pierce	Branch	Response Personnel
Public Info. Officer	Jennifer Lim	Branch Director	
Liaison Officer	Kevin Sheehan	Deputy	DHV Patrick Lynch
4. Agency/Organization Representatives:		Division/Group	CAL-MAT Theresa Gonzales
Agency/Organization	Name	Division/Group	CAL-MAT Michael Frenn
ASPR	Kevin Sheehan	Division/Group	
CAANG	Lt. Col Larry Kohlman	Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief	Sandra Baker	Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit	Sandra/Nicole/Lisa	Division/Group	
Documentation Unit		SOC	
Demobilization Unit		Branch Director	
Technical Specialists		ESF8	Kelly Coleman
Advance Planning Lead		Division/Group	
Advance Plan Analysis		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief	Jeff Hayes	Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	Lisa Galindo
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	John Anderson
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	John Anderson
9. Prepared by: Name: Sandra Baker Position/Title: Planning Chief Section Signature: <i>Sandra Baker</i>			
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ASSIGNMENT LIST (ICS 204)

1. Incident Name: 2018 November Wildfires		2. Operational Period: Date From: 11/28/18 Date To: 11/28/18 Time From: 0700 Time To: 1800		3. Branch: Division: Group: Staging Area:
4. Operations Personnel: Name		Contact Number(s)		
Operations Section Chief: <u>Nicole Mixon</u>		DOC 916-255-1805		
Branch Director: <u>Markell Pierce</u>		DOC 916-384-1448		
Division/Group Supervisor: <u>Markell Pierce</u>		DOC 916-384-1448		
5. Resources Assigned:			# of Persons	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	Contact (e.g., phone, pager, radio frequency, etc.)		
Logistics Section	Jeff Hayes	8	(916) 384-1452	EMSA DOC
Planning Section	Sandra Baker	1	(916) 255-1805	EMSA DOC
Finance Section	John Anderson	2	(916) 384-1448	EMSA DOC
Operations Section	Nicole Mixon	1	(916) 255-1805	EMSA DOC
Admin Officer	Lisa Galindo	1	(916) 384-1448 / (714) 847-6000	EMSA DOC
MHCC Representative	Lauren Chandler	1	(916) 210-1515	MHCC
SOC Representative	Kelly Coleman	1	(916) 539-0363	SOC
6. Work Assignments:				
<ul style="list-style-type: none"> • Logistics to ensure water tightness of medical tents and determine any needs by the end of day. • Time/Travel Unit (Finance) update flight plans for demobilization. • Coordinate with CCC to Disassemble Tents • Ensure tent decontamination & cleaning with SOC Representation 				
7. Special Instructions:				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Name/Function		Primary Contact: indicate cell, pager, or radio (frequency/system/channel)		
/		/		
/		/		
/		/		
/		/		
9. Prepared by: Name: <u>Sandra Baker</u> Position/Title: <u>Planning Section Chief</u> Signature: <i>Sandra Baker</i>				
ICS 204	IAP Page 8	Date/Time: <u>11/28/18 1830</u>		

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: CAMP FIRE CAL-MAT	2. Date/Time Prepared: Date: 11/28/18 Time: 0700	3. Operational Period: Date From: 11/28/18 Time From: 0700 Date To: 11/28/18 Time To: 1900
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4. Basic Radio Channel Use:										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talk Group	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
1	1	Command	MED 3	CALMAT COMMAND	463.0500 N	CSQ	468.0500N	141.3 T 13	A	COMMAND - REPEATER
1	1	COMMAND TACTICAL	MED 9	CALMAT TAC	462.9050 N	CSQ	467.9500N	141.3 T 13	A	CALMAT - REPEATER
2	3	OES LOGISTICS TAC	LOGISTICS TAC	LOGISTICS TAC	453.2125 N	156.7 T6	458.4625	156.7 T6	A	CALOES LOGISTICS STAGING TAC
2	7	OES LOGISTICS CMD	OES LOGISTICS CMD	LOGISTICS CMD	453.8625 N	156.7 T7	458.8625	156.7 T6	A	CALOES LOGISTICS STAGING COMMAND

5. Special Instructions:

6. Prepared by (Planning Section Chief): Name: Sandra Baker	Signature: <i>Sandra Baker</i>
ICS 205	Date/Time: 11/28/18 1830

11/28/2018

0700-0700

COMMUNICATIONS LIST (ICS 205A)

Position Title	Contact Name	Contact Number	Email
Director of DOC	Markell Perce		
Admin Officer	Lisa Galindo	916-384-1448	command.emsadorc@emsa.ca.gov
Safety Leader	Markell Perce		
Operations Section Chief	Nicole Mixon	916-255-1805	operations.emsadorc@emsa.ca.gov
Response Personnel	Theresa Gonzales		
Mission Tracker	Nirmala Badhan		
Planning Section Chief	Sandra Baker	916-255-1805	planning.emsadorc@emsa.ca.gov
Situation Analysis	Sandra Baker/Nicole Mixon/Lisa Galindo		
Advance Planning Lead			
Advance Plan Analysis			
Other	(None)		
Logistics Section Chief	Jeff Hayes		
Travel Coordinator	Theresa Gonzales		
Comms/IT	Howard Tsudaka / Kevin Rollins		
DOC Staffing	Sandra Baker	916-384-1452	logistics.emsadorc@emsaca.gov
Procurement	John Anderson		
Food Unit Leader	Sandra Baker		
Logistics Specialist	Jeff Hayes		
Tech Specialist	Rick Spencer		
Finance/Admin Section Chief	Lisa Galindo		
Travel/Time Unit Cost Accounting	Theresa Gonzalez James Anderson	916-384-1449	financeadmin.emsadorc@emsa.ca.gov

EXEC

OPS

PLANS

LOGISTICS

FISCAL

MEDICAL PLAN (ICS 206)

1. Incident Name: 2018 November Wildfires	2. Operational Period: Date From: 11/28/18 Time From: 0700	Date To: 11/28/18 Time To: 1800
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
CAL-MAT BoO	150 Airport Boulevard, Chico, CA 95973	Don Wyatt 209-303-2726	<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
First Responder	150 Airport Boulevard, Chico, CA 95973	Don Wyatt 209-303-2726	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
DOD Ground FLA	150 Airport Boulevard, Chico, CA 95973	Don Wyatt 209-303-2726	<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

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
ENLOE Hospital	1531 Esplanade, Chico, CA 95926		N/A	N/A	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures: <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Planning Unit Leader): Name: <u>Sandra Baker</u> Signature: <u><i>Sandra Baker</i></u>
8. Approved by (Safety Officer): Name: <u>Markell Pierce</u> Signature: <u><i>M. Pierce</i></u>
ICS 206 IAP Page <u>11</u> Date/Time: <u>11/28/2018 1800</u>