



INCIDENT ACTION PLAN

EMSA Department Operation Center

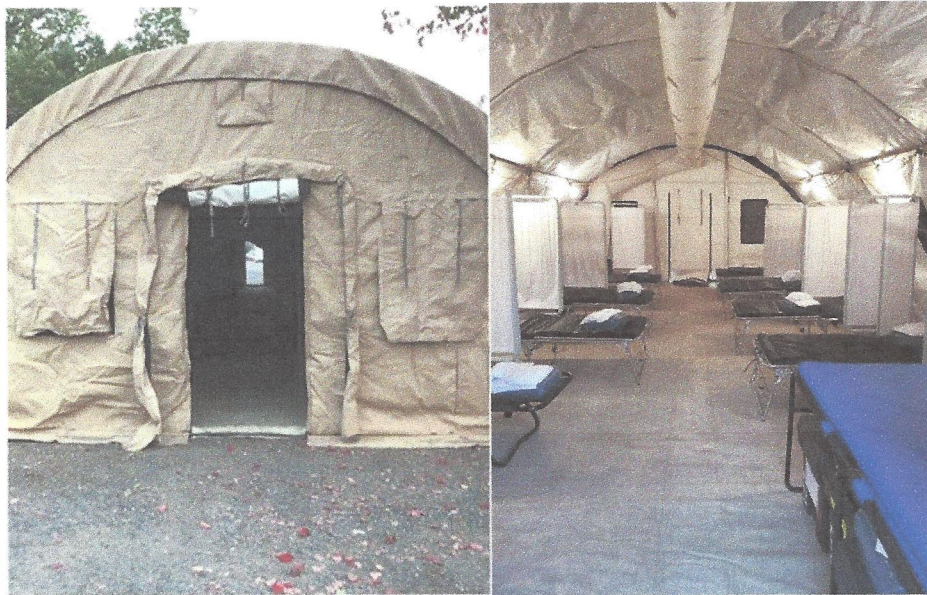
10161 Croydon Rd

Sacramento, CA 95827

IAP # 15

Operational Period

0645 PST 12-7-18 to 1545 PST 12-7-18

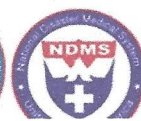


Markell Pierce
EMSA Departmental Operations



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Please do not distribute outside participating agencies



Incident: 2018 November Wildfires

Date: December 7, 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

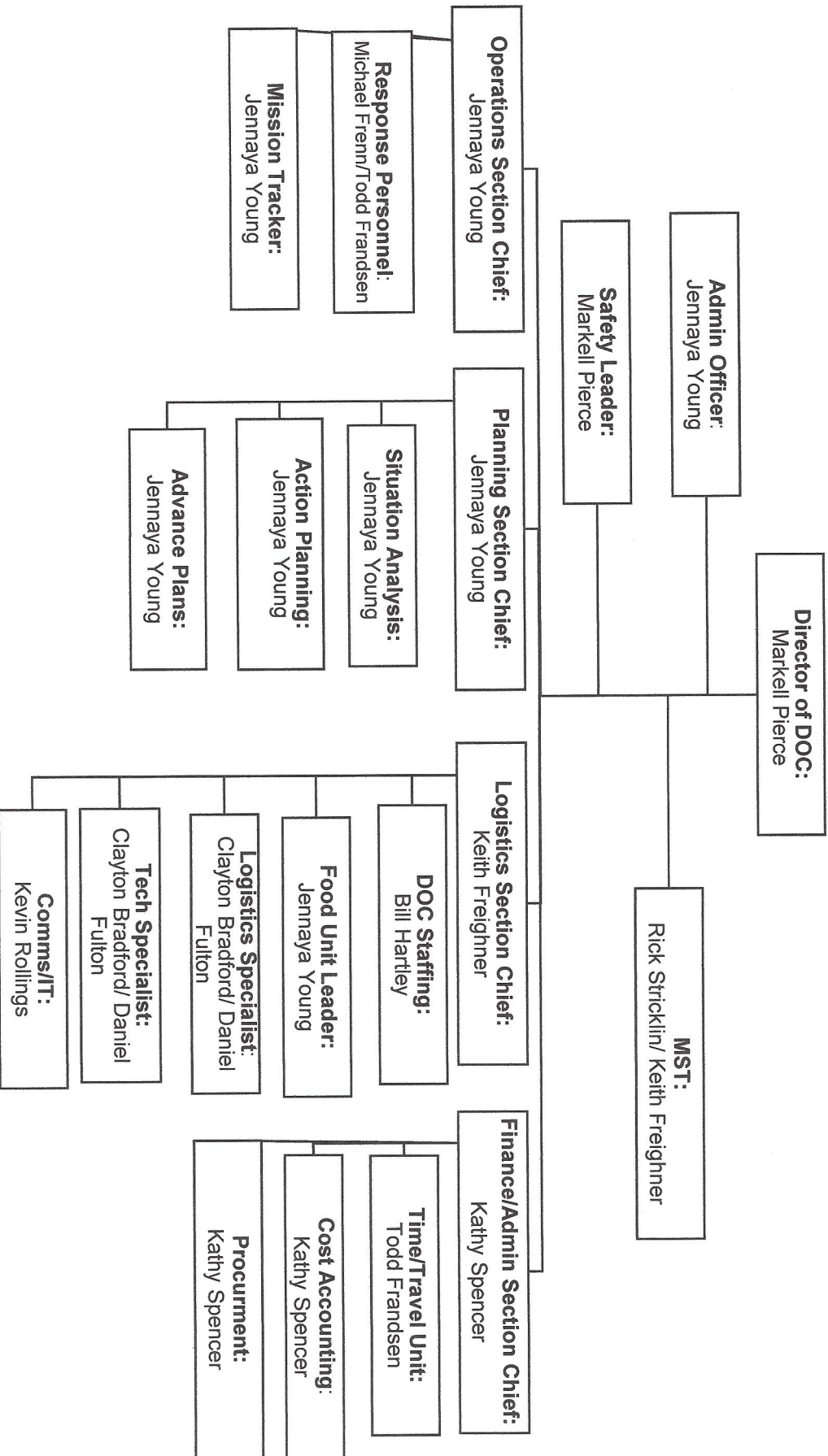
Specific Concerns or Potential Hazards

- 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: 12/5/2018



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: 2018 November Wildfires	2. Operational Period: Date From: 12/7/18 Time From: 0645	Date To: 12/7/18 Time To: 1545															
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. • Support CALMAT property accountability unit • Assess and improve utilization of staff 																	
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. • Continue consolidation and reduction in staffing with backup staffing in mind • Label EMSA owned property • Re-claim Issued Property • Deliver Pharmaceutical and administrative supplies 																	
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/hazard risks at all medical tent locations. • Be aware of potential safety concerns 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%;"><u>Other Attachments:</u></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	<u>Other Attachments:</u>	<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: <u>Jennaya Young</u> Position/Title: <u>Admin Officer</u> Signature:																	
8. Approved by Incident Commander: Name: <u>Markell Pierce</u> Signature:																	
ICS 202	IAP Page <u>6</u>	Date/Time: <u>12/7/2018</u>															

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: 2018 November Wildfires		2. Operational Period: Date From: 12/7/18 Time From: 0645		Date To: 12/7/18 Time To: 1545	
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs	Markell Pierce	Chief	Jennaya Young		
Admin Officer	Jennaya Young	Deputy			
	Rick Stricklin/ Keith Freighner				
Deputy		Staging Area	DOC		
Safety Officer	Markell Pierce	Branch	Response Personnel		
Public Info. Officer	Jennifer Lim	Branch Director			
Liaison Officer		Deputy			
4. Agency/Organization Representatives:		Division/Group	CAL-MAT		Mike Frenn
Agency/Organization	Name	Division/Group	DHV		Todd Frandsen
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Branch Director			
		Deputy			
5. Planning Section:		Division/Group			
Chief	Nicole Mixon	Division/Group			
Deputy		Division/Group			
Resources Unit		Division/Group			
Situation Unit	Nicole Mixon	Division/Group			
Documentation Unit		Branch			
Demobilization Unit		Branch Director			
Technical Specialists		Deputy			
Advance Planning Lead	Nicole Mixon	Division/Group			
Advance Plan Analysis	Nicole Mixon	Division/Group			
		Division/Group			
6. Logistics Section:		Division/Group			
Chief	Keith Freighner	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	Kathy Spencer- Remote		
Service Branch		Deputy			
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
9. Prepared by: Jennaya Young		Position/Title: Admin Officer		Signature:	
ICS 203	IAP Page 7	Date/Time: _____			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: 2018 November Wildfires		2. Operational Period: Date From: 12/7/18 Date To: 12/7/18 Time From: 0645 Time To: 1545		3. Branch: Division: Group: Staging Area:	
4. Operations Personnel:				Contact Number(s)	
Operations Section Chief: <u>Jennaya Young</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	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader				
Logistics Section	Keith Freighner	2		916-384-1452	EMSA DOC
Ops, Plans	Jennaya Young	1		916-255-1449	EMSA DOC
Finance Section	Kathy Spencer	1		916-431-3696	EMSA HQ
6. Work Assignments: <ul style="list-style-type: none"> Operations to update CAL-MAT staffing availability. Administrative Officer assist Finance in finalizing orders and acquiring needed information Time/Travel Unit (Finance) update flight plans for demobilization Logistics provide transportation for personnel and equipment as needed 					
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: <u>Jennaya Young</u> Position/Title: <u>Admin Officer</u> Signature:					
ICS 204	IAP Page 8	Date/Time: _____			

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: 2018 November Wildfires	2. Date/Time Prepared: Date: 12/7/18 Time: 1000
3. Operational Period: Date From: 12/7/18 Time From: 0645	Date To: 12/7/18 Time To: 1545

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-3T13	CALMAT COMMAND	463.05 N	CSQ	468.05 N	141.3 T13	A	COMMAND- REPEATER
1	1	COMMAND TACTICAL	MED 9	CALMAT TAC	462.905 N	CSQ	467.95 N	141.3 T13	A	CALMAT- REPEATER
2	3	OES LOGISTICS CMD	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: Communications link between Med3 Tone 13, Med 9 Tone 5 and JPS VIA APPVACU-M

6. Prepared by (Communications Unit Leader): Name: Markell Pierce Signature: 

COMMUNICATIONS LIST (ICS 205A)

12/6/2018 0645-1545		Position Title	Contact Name	Contact Number	Email
EXEC	Director of DOC	Markell Pierce	916-384-1448	command.emsadoc@emsa.ca.gov	
	Admin Officer	Jennaya Young			
	Safety Leader	Markell Pierce			
OPS	Operations Section Chief	Jennaya Young	916-255-1805	operations.emsadoc@emsa.ca.gov	
	Response Personnel	Mike Frenn			
	Mission Tracker	Jennaya Young			
PLANS	Planning Section Chief	Jennaya Young	916-255-1805	planning.emsadoc@emsa.ca.gov	
	Situation Analysis	Jennaya Young			
	Advance Planning Lead	Jennaya Young			
	Advance Plan Analysis	Jennaya Young			
	Other	(None)			
LOGISTICS	Logistics Section Chief	Keith Freighner	916-384-1452	logistics.emsadoc@emsaca.gov	
	Travel Coordinator	Todd Frandsen			
	Comms/IT	Kevin Rollins			
	DOC Staffing	William Hartley			
	Procurement	(none)			
	Food Unit Leader	Jennaya Young			
FISCAL	Logistics Specialist				
	Tech Specialist	Kevin Rollins			
	Finance/Admin Section Chief	Kathy Spencer	916-384-1449	financeadmin.emsadoc@emsa.ca.gov	
	Travel/Time Unit	Todd Frandsen			
	Cost Accounting	Kathy Spencer			

MEDICAL PLAN (ICS 206)

1. Incident Name: 2018 November Wildfires	2. Operational Period: Date From: 12/7/18 Time From: 0645	Date To: 12/7/18 Time To: 1545
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
CAL-MAT BoO	3680-3716 Hicks Lane Chico, CA	Therese Rhymer 619-742-2690	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Silver Dollar Fairground	2357 Fair Street Chico, CA	Therese Rhymer 619-742-2690	<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	333 Huss Ln, Chico, CA 95928	Therese Rhymer 619-742-2690	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
			<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 (Medical Unit Leader): Name: <u>Markell Pierce</u>	Signature:
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8. Approved by (Safety Officer): Name: <u>Markell Pierce</u>	Signature:
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