



# INCIDENT ACTION PLAN

EMSA Department Operation Center

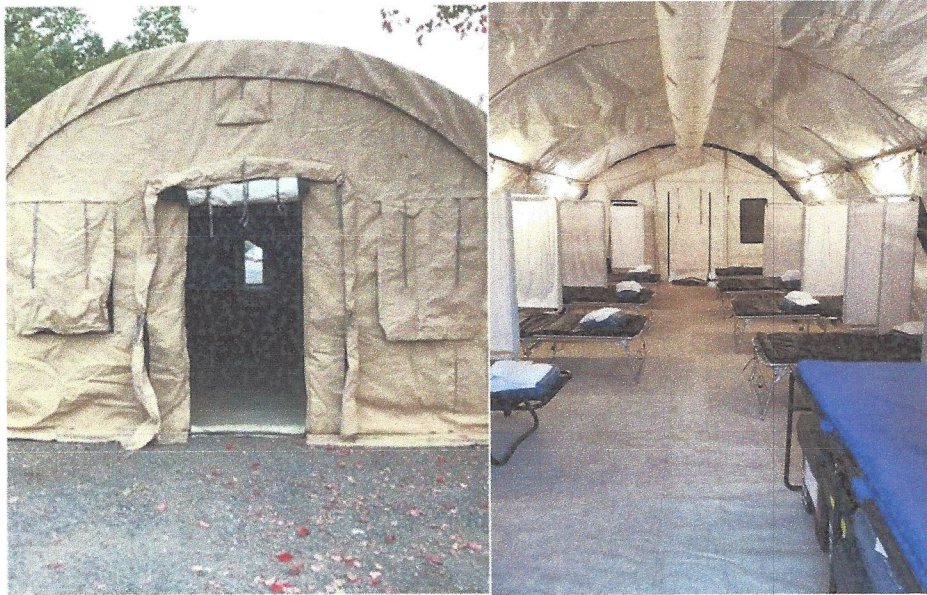
10161 Croydon Rd

Sacramento, CA 95827

IAP # 10

Operational Period

0645 PST 12-1-18 to 1545 PST 12-1-18



Markell Pierce  
EMSA Departmental Operations



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Please do not distribute outside participating agencies

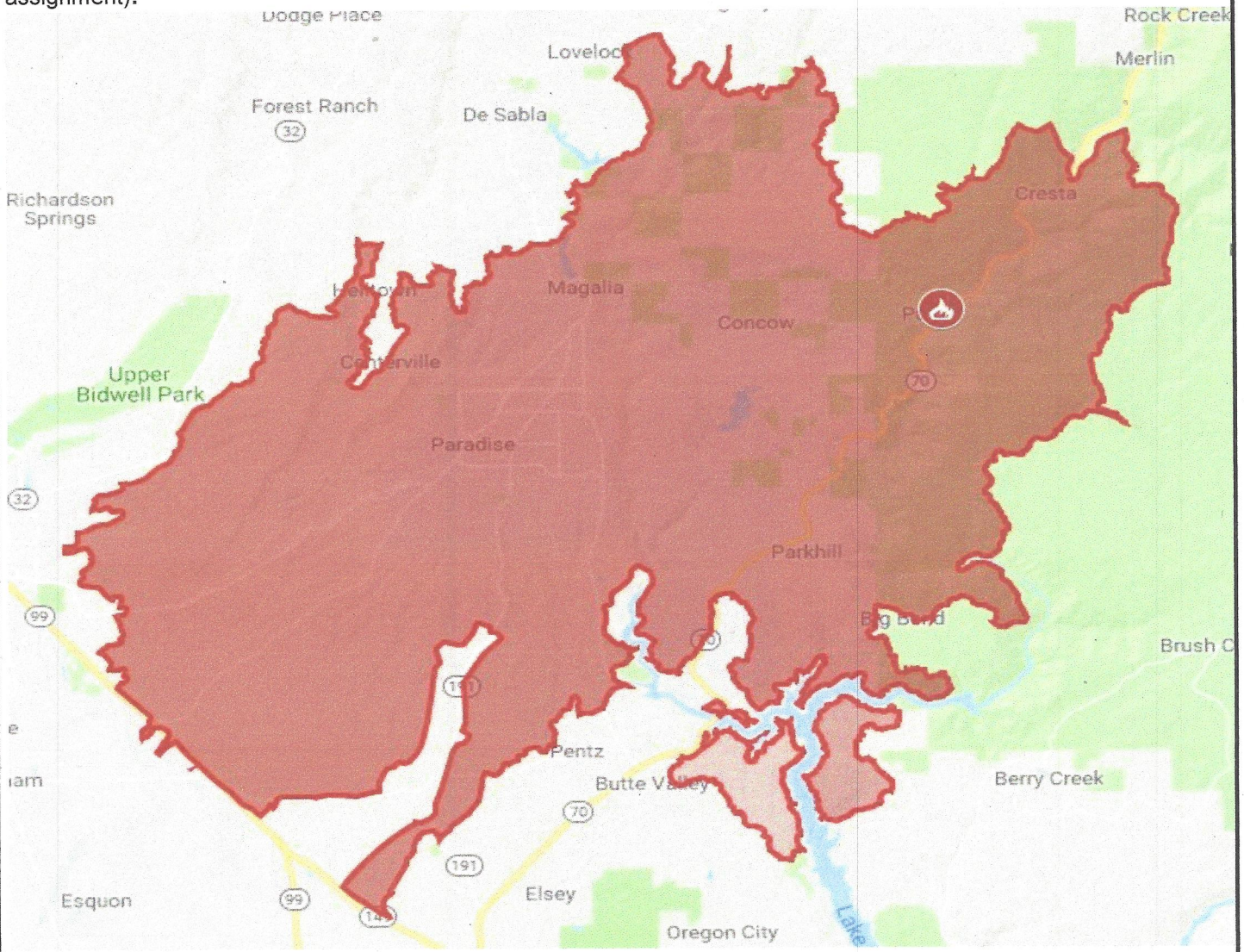




# INCIDENT BRIEFING (ICS 201)

<b>1. Incident Name:</b> 2018 November Wildfires	<b>2. Incident Number:</b> FEMA-4407-DR	<b>3. Date/Time Initiated:</b> Date: 12/1/18 Time: 0645
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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:  
55°F  
Humidity 54%  
Wind Speed SSE 9 MPH  
Barometer 29.91 in  
Dewpoint CF (4°C)  
Visibility 25.00 mi  
Last update 01-Dec 1:47 pm PST

**6. Prepared by:** Name: Jennaya Young Position/Title: Planning Section Chief Signature: *Jennaya Young*

ICS 201, Page 1 Date/Time: 12/1/2018 1545



Incident: 2018 November Wildfires

Date: December 1, 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
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- Be aware of placement and stacking items

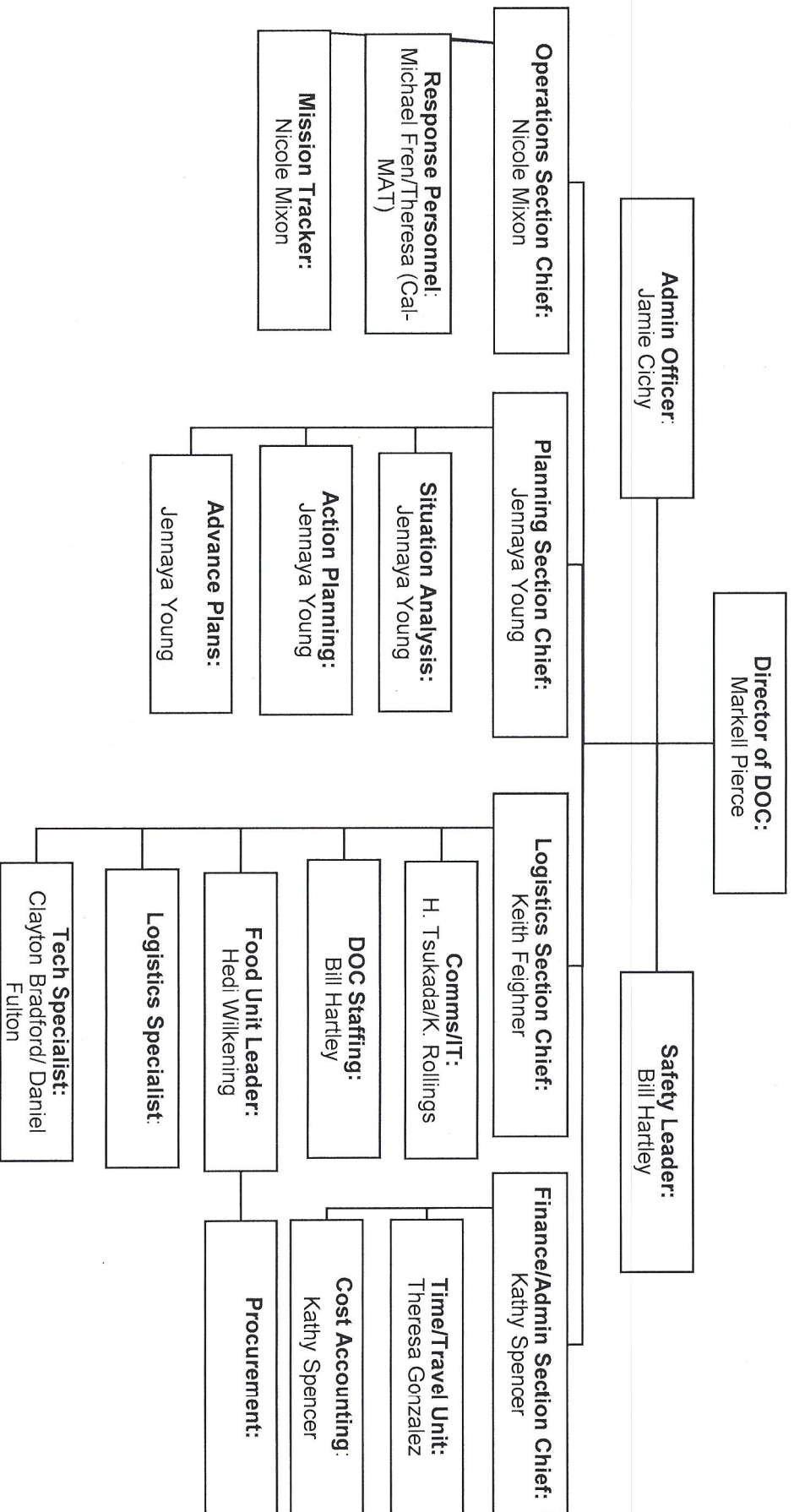
**MST SAFETY OFFICER:** Bill Hartley





# DOC Org Chart

Date: 12/1/2018









## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> 2018 November Wildfires	<b>2. Operational Period:</b> Date From: 12/1/18 Time From: 0645	Date To: 12/1/18 Time To: 1545															
<b>2. Objective(s):</b> <ul style="list-style-type: none"> <li>• Ensure all actions are prioritized for responders and public safety.</li> <li>• Coordinate the strategies and development of individual incident objectives of CAL-MAT Isolation shelter sites within the scope of this unified command team.</li> <li>• Establish area priorities and assign appropriate resources to incidents based on those priorities.</li> <li>• Ensure continuity of operations of CAL-MAT ISO sites by establishing single point ordering for disposable and durable supplies.</li> <li>• Ensure accurate tracking of assigned resources.</li> <li>• Identify operational period that Health Medical Task Force will operate under.</li> <li>• Ensure all treatment sites provide for the health and safety of public and responders.</li> <li>• Establish communications / liaison with local, operational, and regional area.</li> <li>• Develop operational plan based on identified needs.</li> <li>• Label EMSA owned property making it easily identifiable</li> <li>• Modify cone placement for traffic flow @ silver dollar</li> </ul>																	
<b>4. Operational Period Command Emphasis:</b> <ul style="list-style-type: none"> <li>• Coordinate information sharing between agencies.</li> <li>• Establish a recovery framework for Local Assistance Centers and recovery task forces.</li> <li>• Continue consolidation and reduction in staffing</li> <li>• Label EMSA owned cones and modify traffic flow</li> </ul>																	
General Situational Awareness <ul style="list-style-type: none"> <li>• Be aware of potential security risk at all medical tent locations.</li> <li>• Be aware of potential flooding/hazard risks at all medical tent locations.</li> </ul>																	
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at:																	
<b>6. Incident Action Plan</b> (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: 33%;"><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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<b>7. Prepared by:</b> Name: <u>Jennaya Young</u> Position/Title: <u>Planning Section Chief</u> Signature:																	
<b>8. Approved by Incident Commander:</b> Name: <u>Markell Pierce</u> Signature:																	
ICS 202	IAP Page <u>6</u>	Date/Time: <u>12/1/2018</u>															



# ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> 2018 November Wildfires		<b>2. Operational Period:</b> Date From: 12/1/18 Time From: 0645		<b>Date To:</b> 12/1/18 <b>Time To:</b> 1545	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operations Section:</b>		
IC/UCs	Markell Pierce	Chief	Nicole Mixon		
	Jamie Cichy	Deputy			
Deputy		Staging Area	DOC		
Safety Officer	Bill Hartley	<b>Branch</b>	<b>Response Personnel</b>		
Public Info. Officer	Jennifer Lim	Branch Director			
Liaison Officer		Deputy	DHV		Todd Frandsen
<b>4. Agency/Organization Representatives:</b>		Division/Group	CAL-MAT		Mike Frenn
Agency/Organization	Name	Division/Group	CAL-MAT		Sonya Baker
		Division/Group			
		Division/Group			
		Division/Group			
		<b>Branch</b>			
		Branch Director			
		Deputy			
<b>5. Planning Section:</b>		Division/Group			
Chief	Jennaya Young	Division/Group			
Deputy		Division/Group			
Resources Unit		Division/Group			
Situation Unit	Jennaya Young	Division/Group			
Documentation Unit		<b>Branch</b>			
Demobilization Unit		Branch Director			
Technical Specialists		Deputy			
Advance Planning Lead	Jennaya Young	Division/Group			
Advance Plan Analysis	Jennaya Young	Division/Group			
		Division/Group			
<b>6. Logistics Section:</b>		Division/Group			
Chief	Keith Feighner	Division/Group			
Deputy		<b>Air Operations Branch</b>			
<b>Support Branch</b>		Air Ops Branch Dir.			
Director					
Supply Unit					
Facilities Unit		<b>8. Finance/Administration Section:</b>			
Ground Support Unit		Chief	Kathy Spencer		
<b>Service Branch</b>		Deputy			
Director		Time Unit	Theresa Gonzales		
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit	Kathy Spencer		
<b>9. Prepared by:</b> Name: Jennaya Young _____ Position/Title: Planning Section Chief Signature:					
ICS 203		IAP Page 7 _____		Date/Time: 12/1/18 1545	

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> 2018 November Wildfires		<b>2. Operational Period:</b> Date From: 12/1/18      Date To: 12/1/18 Time From: 0645      Time To: 1545		<b>3.</b> Branch:  Division:  Group:  Staging Area:	
<b>4. Operations Personnel:</b>				Contact Number(s)	
Operations Section Chief: Nicole Mixon _____				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	
<b>5. Resources Assigned:</b>			# 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 Feighner	8	916-384-1452	EMSA DOC	
Planning Section	Jennaya Young	1	916-255-1805	EMSA DOC	
Finance Section	Kathy Spencer	1	916-322-4336	EMSA HQ	
Operations Section	Nicole Mixon	1	916-255-1449	EMSA DOC	
Admin Officer	Jamie Cichy	1	916-384-1448	EMSA DOC	
<b>6. Work Assignments:</b> <ul style="list-style-type: none"> <li>Logistics to send trailer locks for generator and CO2/Smoke detector</li> <li>Operations to update CAL-MAT staffing availability.</li> <li>Administrative Officer assist Finance in finalizing orders and acquiring needed information</li> <li>Time/Travel Unit (Finance) update flight plans for demobilization</li> </ul>					
<b>7. Special Instructions:</b>					
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): Name/Function _____ Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____ _____ / _____ _____ / _____ _____ / _____ _____ / _____					
<b>9. Prepared by:</b> Name: Jennaya Young _____ Position/Title: Planning Section Chief Signature: <i>Jennaya Young</i>					
ICS 204	IAP Page 8	Date/Time: <u>12/1/18 1545</u>			



# INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

<b>1. Incident Name:</b> 2018 November Wildfires	<b>2. Date/Time Prepared:</b> Date: 12/1/18 Time: 1000	<b>3. Operational Period:</b> Date From: 12/1/18 Time From: 0645 Date To: 12/1/18 Time To: 1545
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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-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:**

**6. Prepared by (Communications Unit Leader):** Name: \_\_\_\_\_ Signature: \_\_\_\_\_

COMMUNICATIONS LIST (ICS 205A)

11/23/2018 0700-0700		Position Title	Contact Name	Contact Number	Email
EXEC	Director of DOC	Markell Pierce	916-384-1448	command.emsadoc@emsa.ca.gov	
	Admin Officer	Jamie Cinchy			
	Safety Leader	Bill Hartley			
OPS	Operations Section Chief	Nicole Mixon	916-255-1805	operations.emsadoc@emsa.ca.gov	
	Response Personnel	Theresa Gonzales/Patrick Lynch			
	Mission Tracker	Nicole Mixon			
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 Section Chief	Keith Feighner			
	Travel Coordinator	Theresa Gonzales			
LOGISTICS	Comms/IT	Howard Tsudaka / Kevin Rollins	916-384-1452	logistics.emsadoc@emsaca.gov	
	DOC Staffing	Bill Hartley			
	Procurement	(none)			
	Food Unit Leader	Heidi Wilkening			
	Logistics Specialist	Clayton Bradford/ Daniel Fulton			
	Tech Specialist	(None)			
	Finance/Admin Section Chief	Kathy Spencer			
FISCAL	Travel/Time Unit	Theresa Gonzalez	916-384-1449	financeadmin.emsadoc@emsa.ca.gov	
	Cost Accounting	Kathy Spencer			



# MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> 2018 November Wildfires	<b>2. Operational Period:</b> Date From: 12/1/18 Time From: 0700	Date To: 12/1/18 Time To: 1545
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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 type="checkbox"/> BLS
DOD Ground FLA	150 Airport Boulevard, Chico, CA 95973	Don Wyatt 209-303-2726	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
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

<b>6. Special Medical Emergency Procedures:</b>          <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.
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<b>7. Prepared by</b> (Medical Unit Leader): Name: _____ Signature: _____
<b>8. Approved by</b> (Safety Officer): Name: <u>Bill Hartley</u> Signature: <u><i>Bill Hartley</i></u>
ICS 206   IAP Page <u>11</u>   Date/Time: <u>12-1-18 1545</u>