



INCIDENT ACTION PLAN

EMSA Department Operation Center

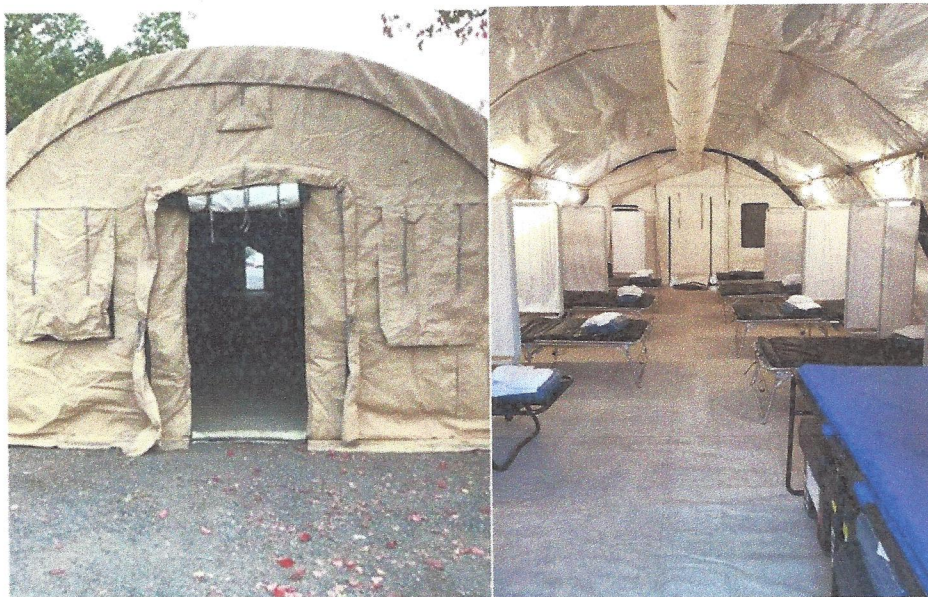
10161 Croydon Rd

Sacramento, CA 95827

IAP #6

Operational Period

0700 PST 11-27-18 to 1900 PST 11-27-18



Markell Pierce
EMSA Departmental Operations



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Please do not distribute outside participating agencies



INCIDENT BRIEFING (ICS 201)

1. Incident Name:

2018 November Wildfires

2. Incident Number:

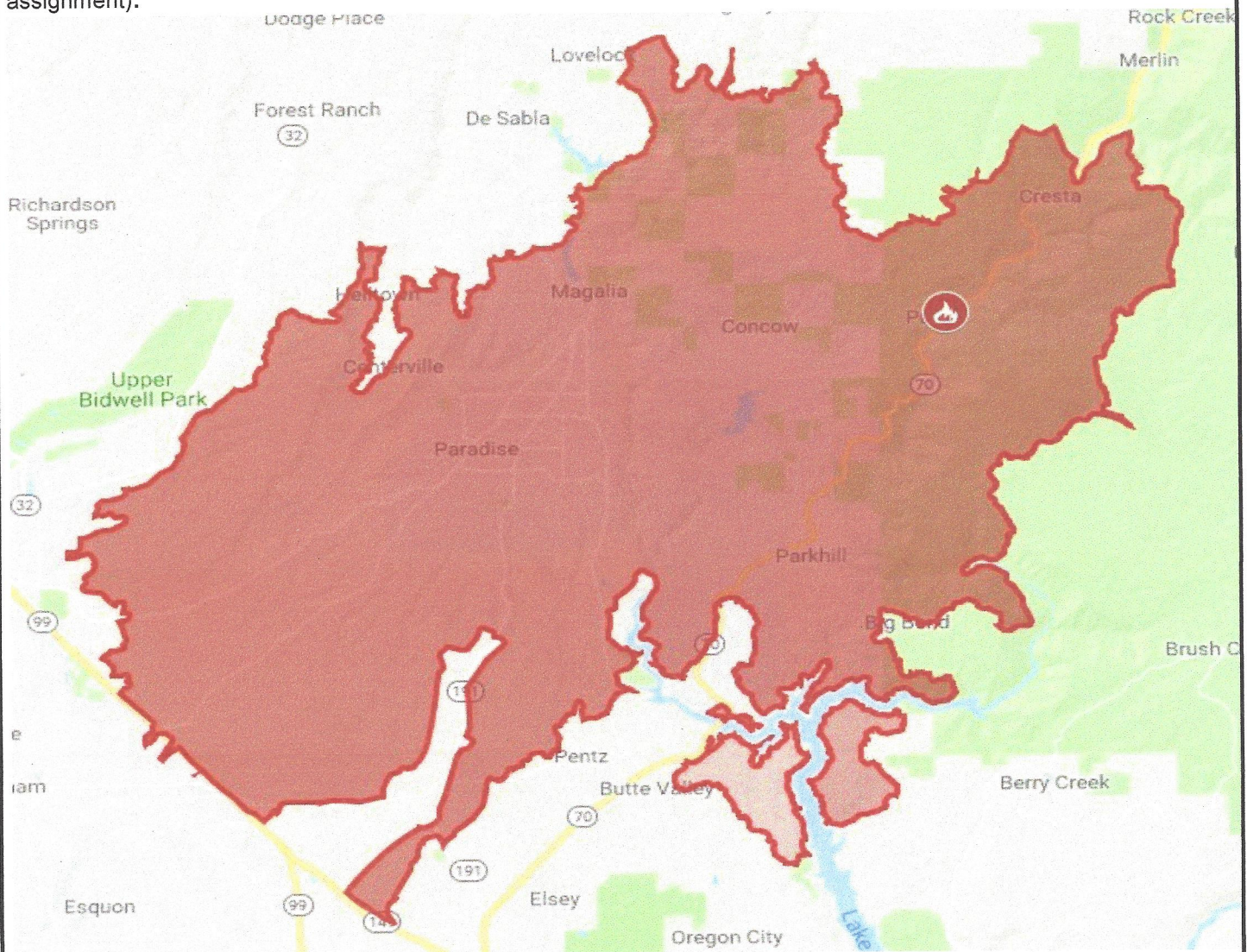
FEMA-4407-DR

3. Date/Time Initiated:

Date: 11/27/18

Time: 1800

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 100%
Wind Speed SE 13 MPH
Barometer 30.02 in
Dewpoint 55°F (13°C)
Visibility 2.00 mi
Last update 27 Nov 3:48 pm PST

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

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

Signature: *Sandra Baker*

Incident: 2018 November Wildfires

Date: November 27, 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

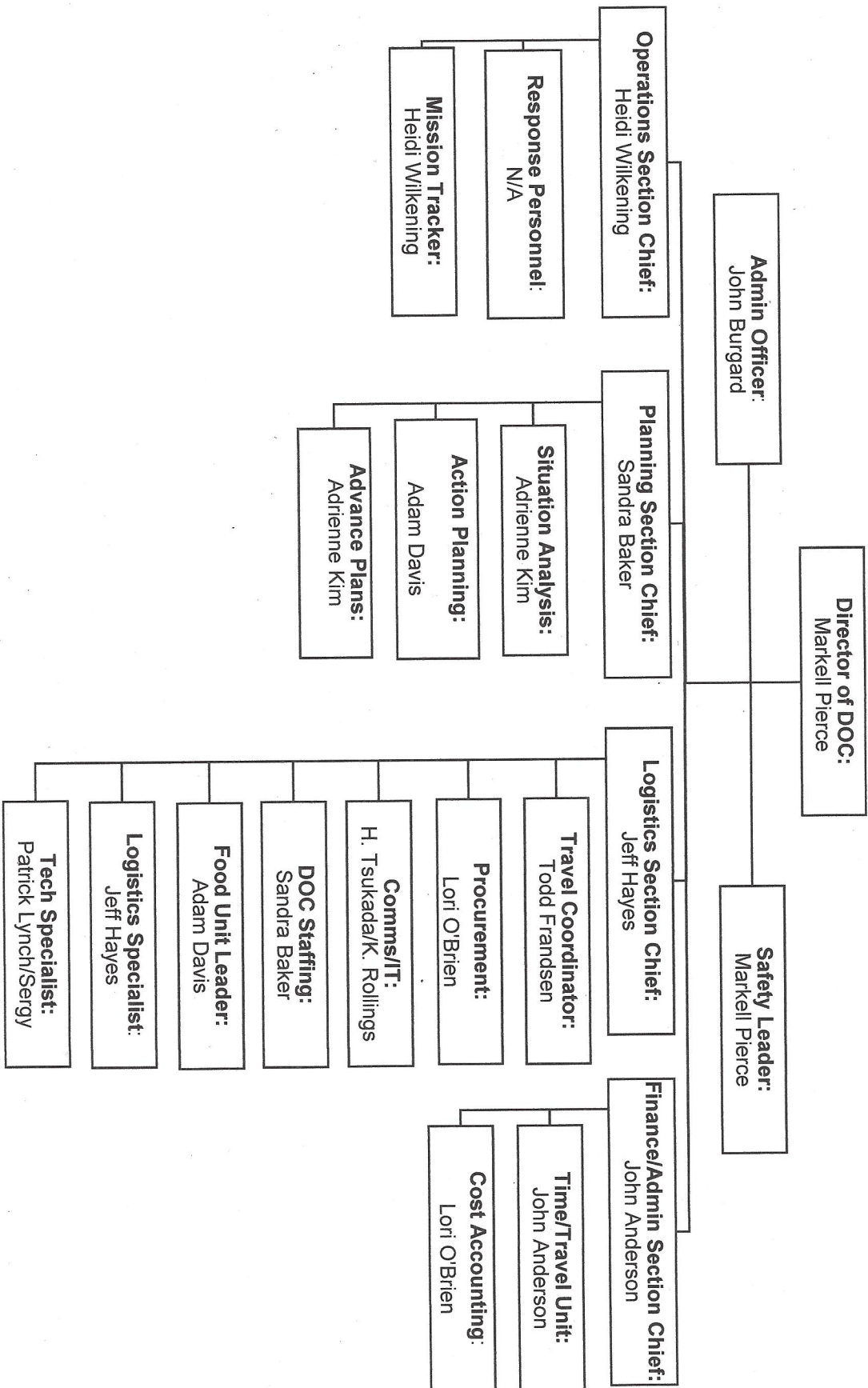
Specific Concerns or Potential Hazards

- 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: 11/27/2018



INCIDENT BRIEFING (ICS 201)

[illegible]

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: 2018 November Wildfires	2. Operational Period: Date From: 11/27/18 Time From: 0700	Date To: 11/27/18 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%; vertical-align: top;"> <input checked="" type="checkbox"/> ICS 202 <input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 205 <input checked="" type="checkbox"/> ICS 205A </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> ICS 206 <input checked="" type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents </td> <td style="width: 33%; vertical-align: top;"> Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </td> </tr> </table>			<input checked="" type="checkbox"/> ICS 202 <input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 205 <input checked="" type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> ICS 206 <input checked="" type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input checked="" type="checkbox"/> ICS 202 <input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 205 <input checked="" type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> ICS 206 <input checked="" type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____			
7. Prepared by: Name: <u>Sandra Baker</u> Position/Title: <u>Planning 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>11/27/2018 1845</u>			

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: 2018 November Wildfires		2. Operational Period: Date From: 11/27/18 Time From: 0700		Date To: 11/27/18 Time To: 1900	
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs		Markell Pierce	Chief	Heidi Wilkening	
		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		
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		Adrienne Kim	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	John Anderson	
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 Section Signature: Sandra Baker					
ICS 203		IAP Page 7		Date/Time: 11/27/18 1845	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: 2018 November Wildfires		2. Operational Period: Date From: 11/27/18 Date To: 11/27/18 Time From: 0700 Time To: 1800		3. Branch: Division: Group: Staging Area:	
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: <u>Heidi Wilkening</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	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	Heidi Wilkening	1	(916) 255-1805	EMSA DOC	
Admin Officer	John Burgard	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:

- 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 Disassembly 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: Sandra Baker Position/Title: Planning Chief Signature: *Sandra Baker*

ICS 204	IAP Page <u>8</u>	Date/Time: <u>11/27/18 1845</u>
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1. Incident Name:
CAMP FIRE CAL-MAT

2. Date/Time Prepared:
Date: 11/27/18
Time: 0700

3. Operational Period:
Date From: 11/27/18
Time From: 0700

Date To: 11/27/18
Time To: 1900

[illegible]

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: Sandra Baker

Signature: _____

Amala K. K.

COMMUNICATIONS LIST (ICS 205A)

11/27/2018 0700-0700		COMMUNICATIONS LIST (ICS 205A)		
	Position Title	Contact Name	Contact Number	Email
EXEC	Director/DOC	Markell Perce	916-384-1448	command.emsadoc@emsa.ca.gov
	Admin Officer	John Burgard		
	Safety Leader	Markell Perce		
	Operations Section Chief	Nirmala Badhan	916-255-1805	operations.emsadoc@emsa.ca.gov
Response Personnel	Theresa Gonzales/Patrick Lynch			
Mission Tracker	Nirmala Badhan			
PLANS	Planning Section Chief	Sandra Baker	916-255-1805	planning.emsadoc@emsa.ca.gov
	Situation Analysis	Adrienne Kim		
	Advance Planning Lead			
	Advance Plan Analysis			
	Other	(None)		
	Logistics Section Chief	Jeff Vimoche		
LOGISTICS	Travel Coordinator	Theresa Gonzales	916-384-1452	logistics.emsadoc@emsaca.gov
	Comms/IT	Howard Tsudaka / Kevin Rollins		
	DOC Staffing	Patrick Lynch		
	Procurement	John Anderson		
	Food Unit leader	Heidi Wilkening		
	Logistics Specialist	Jeff Hayes		
FINANCIAL	Tech Specialist	Rick Spencer	916-384-1449	financeadmin.emsadoc@emsa.ca.gov
	Finance/Admin Section Chief	John Anderson		
	Travel/Time Unit Cost	Theresa Gonzalez		
	Accounting	James Anderson		

MEDICAL PLAN (ICS 206)

1. Incident Name: 2018 November Wildfires		2. Operational Period: Date From: 11/27/18 Time From: 0700		Date To: 11/27/18 Time To: 1800			
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 (Medical 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>Markell Pierce</i></u>			
ICS 206		IAP Page <u>11</u>		Date/Time: <u>11/27/2018</u>			