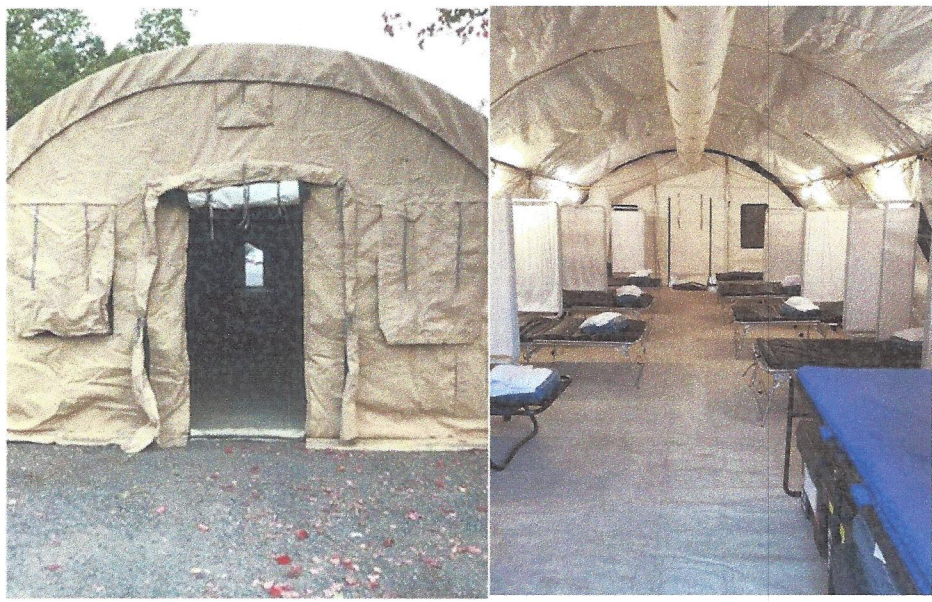





INCIDENT ACTION PLAN

EMSA Department Operation Center 10161
Croydon Rd
Sacramento, CA 95827

IAP #9
Operational Period
0700 PST 11-30-18 to 1900 PST 11-30-18





William Hartley
EMSA Departmental Operations



FOR INTERNAL USE ONLY

Please do not distribute outside participating agencies



Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES



INCIDENT BRIEFING (ICS 201)

1. Incident Name:

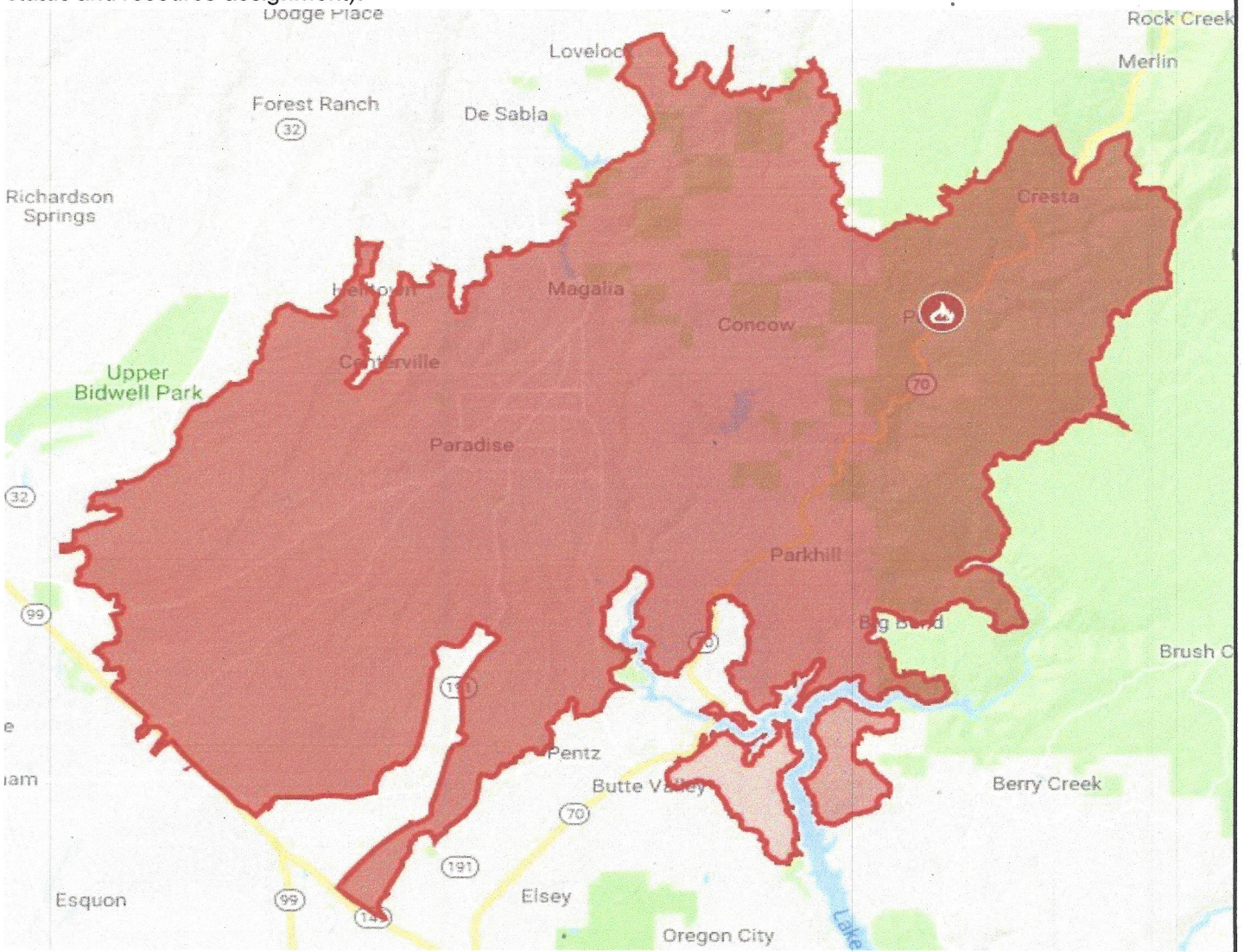
2018 November Wildfires

2. Incident Number:

FEMA-4407-DR

3. Date/Time Initiated:

Date: 11/30/18 Time: 1900

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:

47°F

Humidity 73%

Wind Speed NNW 6 MPH

Barometer NA

Dewpoint 39°F (4°C)

Visibility NA

6. Prepared by: Name: Laura Little Position/Title: Action PlanningSignature: Laura Little

ICS 201, Page 1

Date/Time: 11/30/2018 17:08

Incident: 2018 November Wildfires

Date: November 30, 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

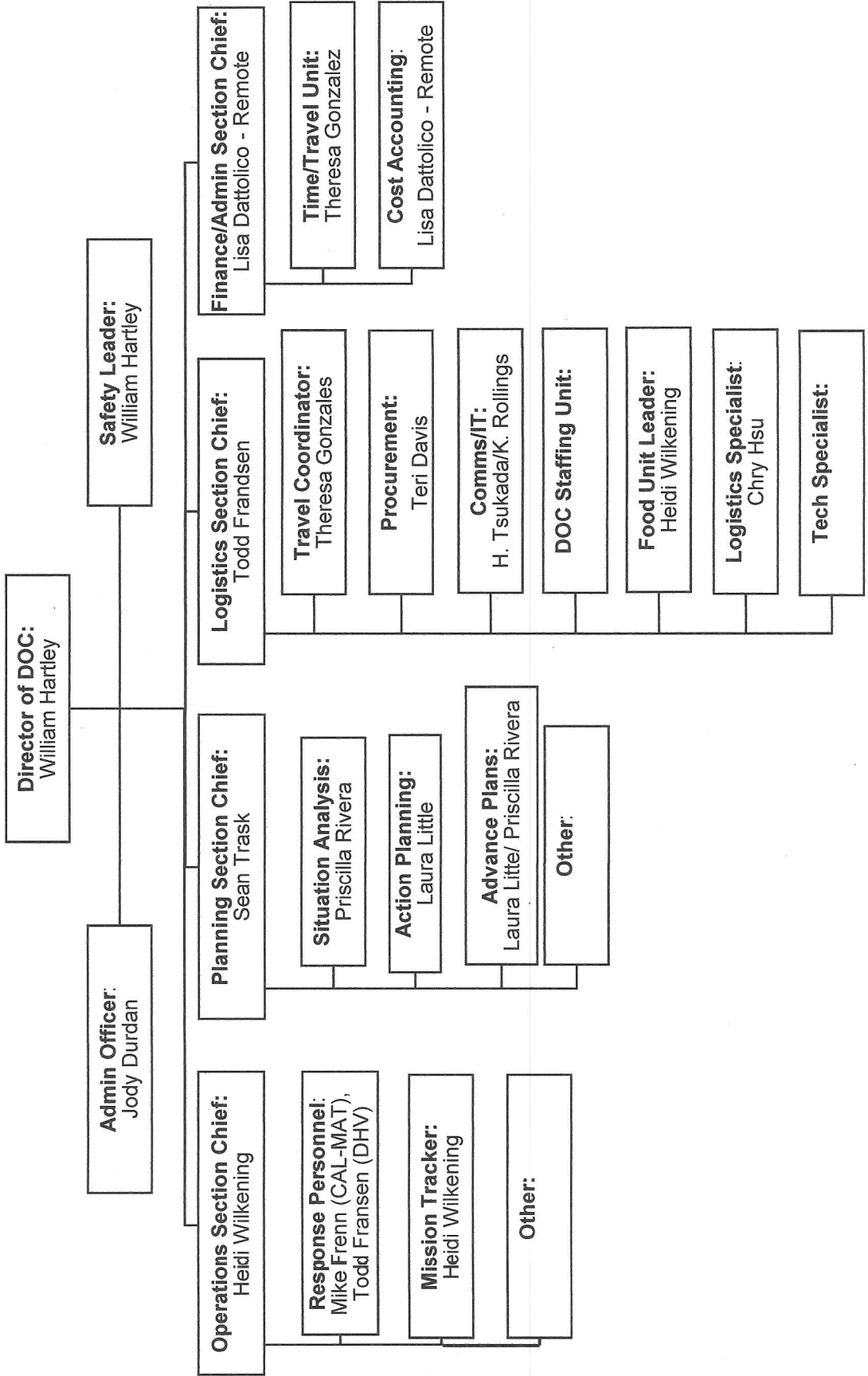
Specific Concerns or Potential Hazards

- 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: 11/30/2018



INCIDENT BRIEFING (ICS 201)

1. Incident Name: 2018 November Wildfires	2. Incident Number: FEMA-4407-DR	3. Date/Time Initiated: Date: 11/30/18 Time: 1900
---	--	--

10. Resource Summary:

Resource	Resource Identifier	Date/Time	ETA	Arrive	Notes (location/assignment/status)
PULSE Tablets		11/25/18	11/25/18	X	in route from EMSA DOC to BOO
Pharmaceutical Resupply Order		11/30/18	12/3/18	X	in route from EMSA DOC to BOO
Return Demobilized Tents to EMSA Station 1		12/1/18	12/1/18	X	Equipment Received
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	
				□	

6. Prepared by: Name: <u>Laura Little</u>	Position/Title: <u>Action Planning</u>	Signature: <u><i>Laura Little</i></u>
ICS 201, Page 5	Date/Time: <u>11/30/2018 17:08</u>	

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: 2018 November Wildfires	2. Operational Period: Date From: 11/30/18 Date To: 11/30/18 Time From: 0700 Time To: 1900												
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"/> <p>Approved Site Safety Plan(s) Located at:</p>													
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; margin-top: 10px;"> <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> </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 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"/> _____											
7. Prepared by: Name: <u>Laura Little</u> Position/Title: <u>Action Planning</u> Signature: <u><i>Laura Little</i></u>													
8. Approved by Incident Commander: Name: <u>Bill Hartley</u> Signature: <u><i>W. Hartley</i></u>													
ICS 202	IAP Page <u>6</u>												
Date/Time: <u>11-30-18 1708</u>													

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: 2018 November Wildfires		2. Operational Period: Date From: 11/30/18 Date To: 11/30/18 Time From: 0700 Time To: 1900		
3. Incident Commander(s) and Command Staff:		7. Operations Section:		
IC/UCs	Bill Hartley	Chief	Nicole Mixon	
		Deputy		
Deputy		Staging Area	DOC	
Safety	Bill Hartley	Branch	Response Personnel	
Public Info.	Jennifer Lim	Branch Director		
Liaison		Deputy	DHV	Todd Frandsen
4. Agency/Organization Representatives:		Division/Group	CAL-MAT	Theresa Gonzales
Agency/Organization	Name	Division/Group	CAL-MAT	Michael Frenn
ASPR		Division/Group		
CAANG	Lt. Col Larry Kohlman	Division/Group		
CAANG	Lt. Col Jim Brinkman	Division/Group		
		Branch		
		Branch Director		
		Deputy		
5. Planning Section:		Division/Group		
Chief	Sean Trask	Division/Group		
Deputy		Division/Group		
Resources		Division/Group		
Situation	Priscilla Rivera	Division/Group		
Documentation		SOC		
Demobilization		Branch Director		
Technical		ESF8	Nirmala Badhan	
Advance Planning	Laura Little	Division/Group		
Advance Plan Analysis	Laura Little/ Priscilla Rivera	Division/Group		
		Division/Group		
6. Logistics Section:		Division/Group		
Chief	Todd Frandsen	Division/Group		
Deputy		Air Operations Branch		
Support		Air Ops Branch		
Director				
Supply				
Facilities		8. Finance/Administration Section:		
Ground Support		Chief	Jody Durdan	
Service		Deputy		
Director		Time Unit	Theresa Gonzalez	
Communications	Howard Tsukada/ Kevin Rollins	Procurement Unit	Teri Davis	
Medical		Comp/Claims		
Food	Heidi Wilkening	Cost Unit	Lisa Dattolico (Remote)	
9. Prepared by: Name: <u>Laura Litte</u> Position/Title: <u>Action Planning</u> Signature: <u>Laura Little</u>				
ICS 203	IAP Page <u>7</u>	Date/Time: <u>11/30/2018 1708</u>		

ASSIGNMENT LIST (ICS 204)

1. Incident Name: 2018 November Wildfires		2. Operational Period: Date From: 11/30/18 Date To: 11/30/18 Time From: 0700 Time To: 1900		3. Branch:
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>William Hartley</u>			DOC 916-384-1448	
Division/Group Supervisor: <u>William Hartley</u>			DOC 916-384-1448	
5. Resources Assigned:				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	
Logistics Section	Todd Frandsen	8	(916) 384-1452	EMSA DOC
Planning Section	Sean Trask	1	(916) 255-1805	EMSA DOC
Finance Section	Lisa Dattolico	2	(916) 384-1448	EMSA DOC
Operations Section	Heid Wilkening	1	(916) 255-1805	EMSA DOC
Admin Officer	Jody Durdan	1	(916) 384-1448 / (714) 847-6000	EMSA DOC
MHCC Representative	Lauren Chandler	1	(916) 210-1515	MHCC
SOC Representative	Nirmala Badhan	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 Setup 3 ISO tents at Silver Dollar Fairgrounds 				
7. Special Instructions:				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
<u>Name/Function</u>		<u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>		
/				
/				
/				
/				
9. Prepared by: Name: <u>Laura Little</u> Position/Title: <u>Action Planning</u> Signature: <u>Laura Little</u>				
ICS 204	IAP Page <u>8</u>	Date/Time: <u>11/30/2018 1703</u>		

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:
CAMP FIRE CAL-MAT

2. Date/Time Prepared:
Date: 11/30/18
Time: 0700

3. Operational Period:
Date From: 11/30/18
Time From: 0700
Date To: 11/30/18
Time To: 1900

4. Basic Radio Channel Use:

Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System	Assignment	RX Freq	RX Tone/NAC	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode (A, D, or A)	Remarks
1	1	Command	MED 3	CALMAT COMMAND	463.0500 N	CSQ	468.0500 N	141.3 T 13	468.0500 N	141.3 T 13	A	COMMAND - REPEATER
1	1	COMMAND TACTICAL	MED 9	CALMAT TAC	462.9050 N	CSQ	467.9500 N	141.3 T 13	467.9500 N	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	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	458.8625	156.7 T6	A	CALOES LOGISTICS STAGING COMMAND

5. Special Instructions:

6. Prepared by (Action Planning): Name: Laura Little

Signature: Laura Little

COMMUNICATIONS LIST (ICS 205A)

11/30/2018 0700-1900	Position Title	Contact Name	Contact Number	Email
EXEC	Director of DOC	Bill Hartley	916-384-1448	command.emsdoc@ems.ca.gov
	Admin Officer	Jody Durdan		
	Safety Leader	Bill Hartley		
OPS	Operations Section Chief	Heidi Wilkening	916-255-1805	operations.emsdoc@ems.ca.gov
	Response Personnel	Michael Frenn/ Todd Frandsen		
	Mission Tracker	Heidi Wilkening		
PLANS	Planning Section Chief	Sean Trask	916-255-1805	planning.emsdoc@ems.ca.gov
	Situation Analysis	Priscilla Rivera		
	Advance Planning Lead	Laura Little		
	Advance Plan Analysis	Laura Little/ Priscilla Rivera		
	Other	(None)		
LOGISTICS	Logistics Section Chief	Todd Frandsen	916-384-452	logistics.emsdoc@ems.ca.gov
	Travel Coordinator	Theresa Gonzales		
	Comms/IT	Howard Tsudaka / Kevin Rollins		
	DOC Staffing			
	Procurement	Teri Davis		
	Food Unit Leader	Heidi Wilkening		
	Logistics Specialist	Cheryl Hsu		
	Tech Specialist			
FISCAL	Finance/Admin Section Chief	Lisa Dattolico (Remote)	916-384-1449	financeadmin.emsdoc@ems.ca.gov
	Travel/Time Unit Cost	Theresa Gonzalez		
	Accounting	Lisa Dattolico (Remote)		

MEDICAL PLAN (ICS 206)

1. Incident Name: 2018 November Wildfires	2. Operational Period: Date From: 11/30/18 Time From: 0700	Date To: 11/30/18 Time To: 1900
---	--	------------------------------------

3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
CAL-MAT BoO	3680-3716 Hicks Lane, 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	3680-3716 Hicks Lane, Chico, CA 95973	Don Wyatt 209-303-2726	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
DOD Ground FLA	3680-3716 Hicks Lane, 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 (Action Planning): Name: <u>Laura Little</u> Signature: <u><i>Laura Little</i></u>
8. Approved by (Safety Officer): Name: <u>William Hartley</u> Signature: <u><i>W Hartley</i></u>
ICS 206 IAP Page <u>11</u> Date/Time: <u>11-30-18 1708</u>