



INCIDENT ACTION PLAN

EMSA Department Operation Center

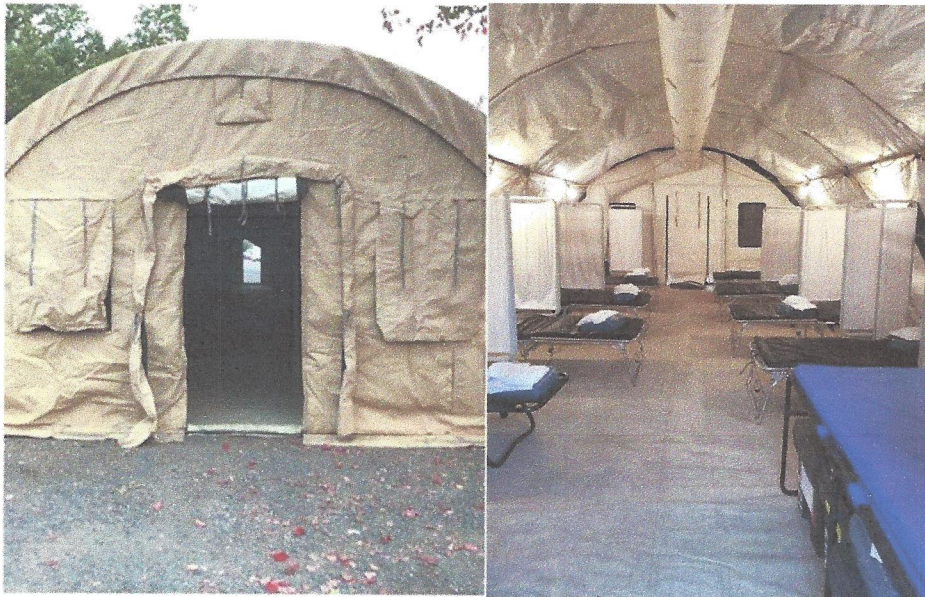
10161 Croydon Rd

Sacramento, CA 95827

IAP # 13

Operational Period

0645 PST 12-4-18 to 1545 PST 12-4-18



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

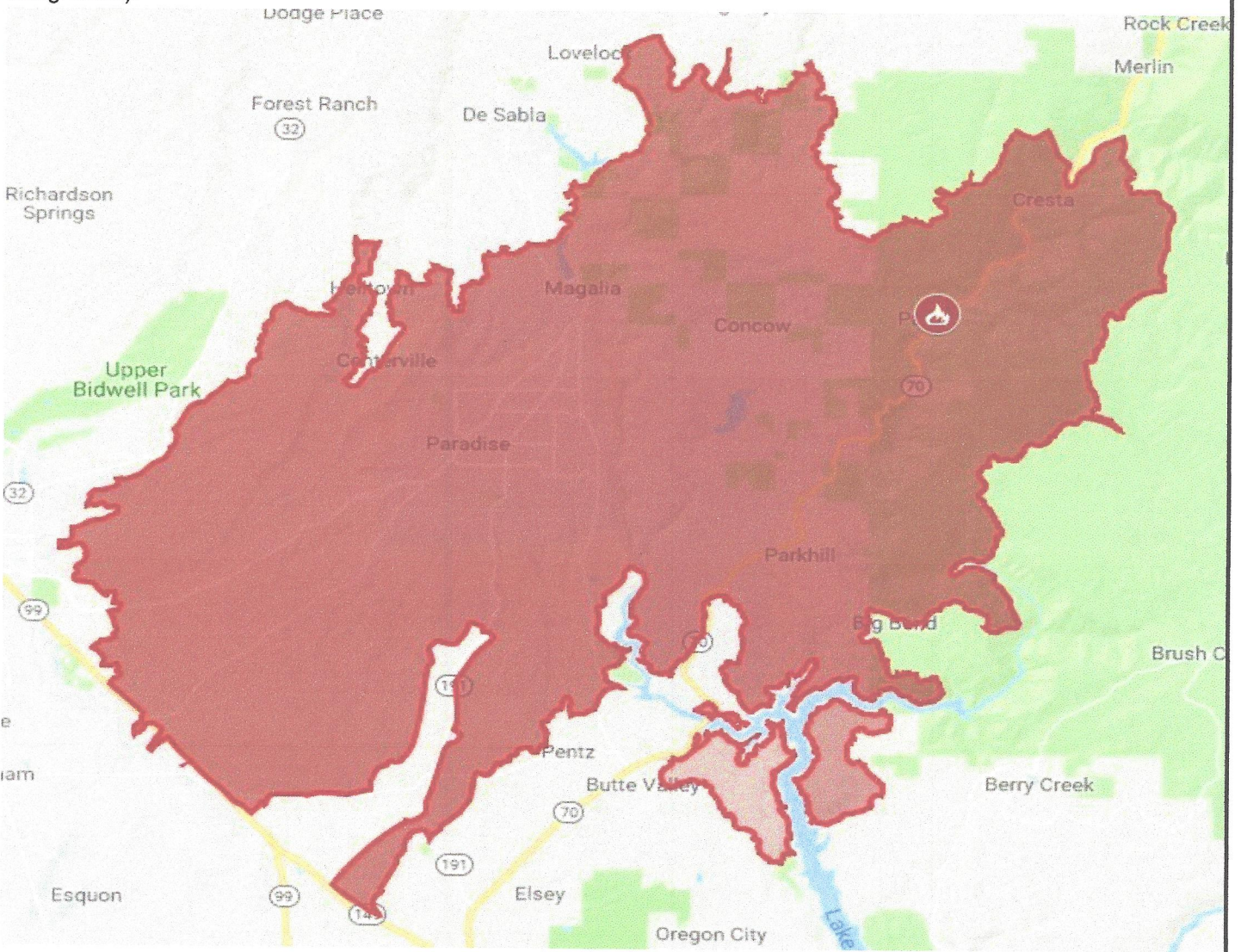
2. Incident Number:

FEMA-4407-DR

3. Date/Time Initiated:

Date: 12/4/18 Time: 1300

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 61%
Wind Speed N 8 MPH
Barometer 30.07 in
Dewpoint 32°F (0°C)
Visibility 40.00 mi
Wind Chill 41°F (5°C)

6. Prepared by: Mark Olivas

Position/Title: Planning Section Chief

Signature:

ICS 201, Page 1

Date/Time: 12-4-2018

Incident: 2018 November Wildfires

Date: December 4, 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

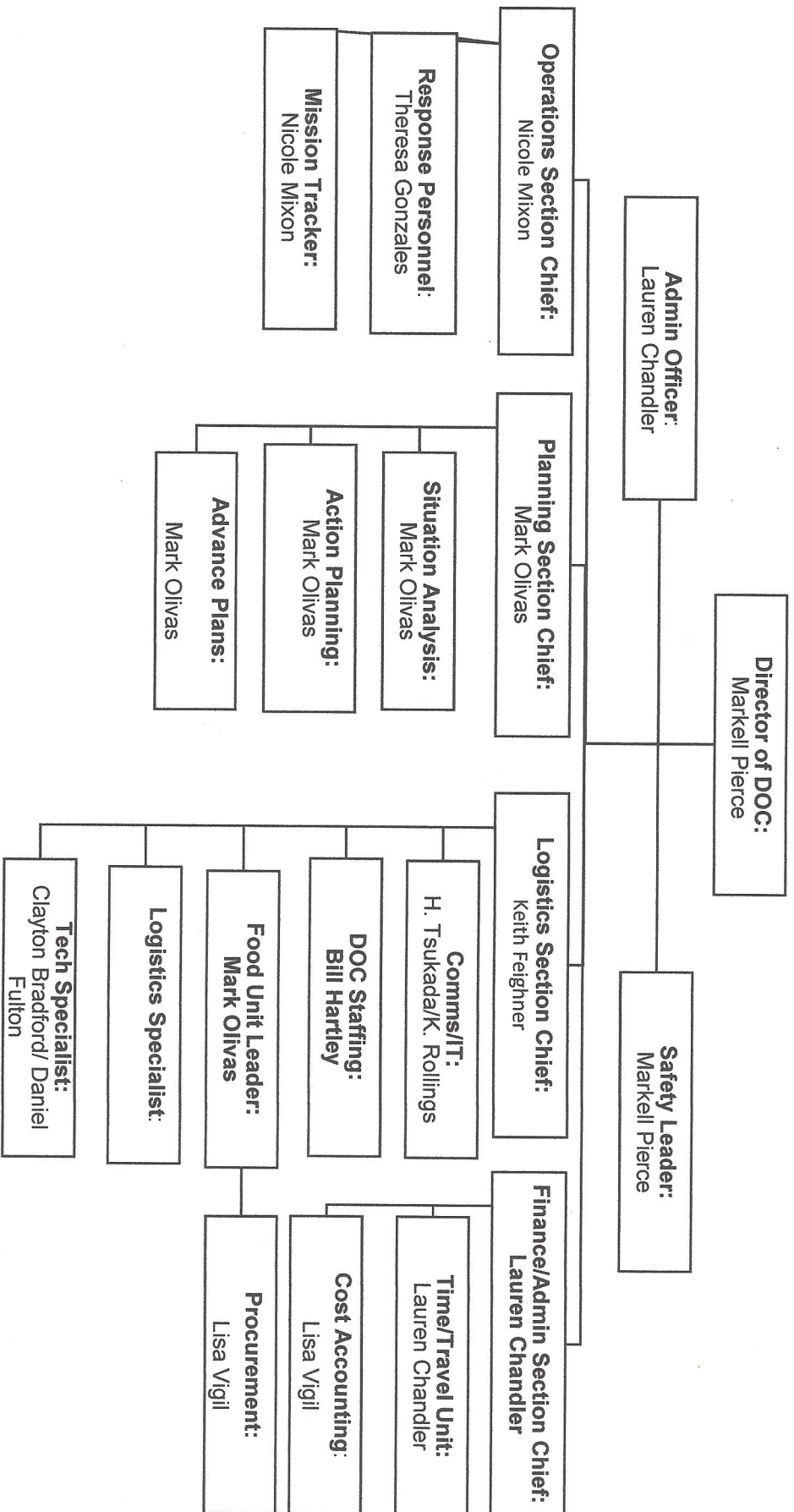
Specific Concerns or Potential Hazards

- 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: 12/4/2018



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: 2018 November Wildfires	2. Operational Period: Date From: 12/4/18 Time From: 0645	Date To: 12/4/18 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 • Develop staffing schedule for DOC thru 12/14/18. 																	
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 																	
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: 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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7. Prepared by: <u>Mark Olivas</u> Position/Title: <u>Planning Section Chief</u> Signature:																	
8. Approved by Incident Commander: Name: <u>Markell Pierce</u> Signature:																	
ICS 202	IAP Page <u>6</u>	Date/Time: <u>12/4/2018</u>															

ORGANIZATION ASSIGNMENT LIST (ICS 203)

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

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:
2018 November Wildfires

2. Date/Time Prepared:
Date: 12/4/18
Time: 1000

3. Operational Period:
Date From: 12/4/18
Date To: 12/4/18
Time From: 0645
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:

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

COMMUNICATIONS LIST (ICS 205A)

12/4/2018 0645-1545		Position Title	Contact Name	Contact Number	Email
EXEC	Director of DOC	Markell Pierce			
	Admin Officer	Lauren Chandler	916-384-1448	command.emsadoc@emsa.ca.gov	
	Safety Leader	Markell Pierce			
OPS	Operations Section Chief	Nicole Mixon			
	Response Personnel	Theresa Gonzales	916-255-1805	operations.emsadoc@emsa.ca.gov	
	Mission Tracker	Mark Olivas			
	Planning Section Chief	Mark Olivas			
PLANS	Situation Analysis	Mark Olivas			
	Advance Planning Lead	Mark Olivas	916-255-1805	planning.emsadoc@emsa.ca.gov	
	Advance Plan Analysis	Mark Olivas			
	Other	(None)			
	Logistics Section Chief	Keith Feighner			
LOGISTICS	Travel Coordinator	Lisa Dattolico			
	Comms/IT	Kevin Rollins			
	DOC Staffing	William Hartley	916-384-1452	logistics.emsadoc@emsaca.gov	
	Procurement	(none)			
	Food Unit Leader	Nicole Mixon			
	Logistics Specialist				
	Tech Specialist	Howard Tsukada			
	Finance/Admin Section Chief	Lauren Chandler			
FISCAL	Travel/Time Unit	Lauren Chandler	916-384-1449	financeadmin.emsadoc@emsa.ca.gov	
	Cost Accounting	Teri Davis			

MEDICAL PLAN (ICS 206)

1. Incident Name: 2018 November Wildfires	2. Operational Period: Date From: 12/4/18 Date To: 12/4/18 Time From: 0645 Time To: 1545
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
CAL-MAT BoO	2357 Fair St., Chico, CA 95928	Teri Martin 661-972-2636	<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	2357 Fair St., Chico, CA 95928	Teri Martin 661-972-2636	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
DOD Ground FLA	2357 Fair St., Chico, CA 95928	Teri Martin 661-972-2636	<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:

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: Markell Pierce Signature: 

8. Approved by (Safety Officer): Name: Markell Pierce Signature: 

ICS 206	IAP Page <u>11</u>	Date/Time: <u>12/4/2018</u>
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