



INCIDENT ACTION PLAN

EMSA Department Operation Center

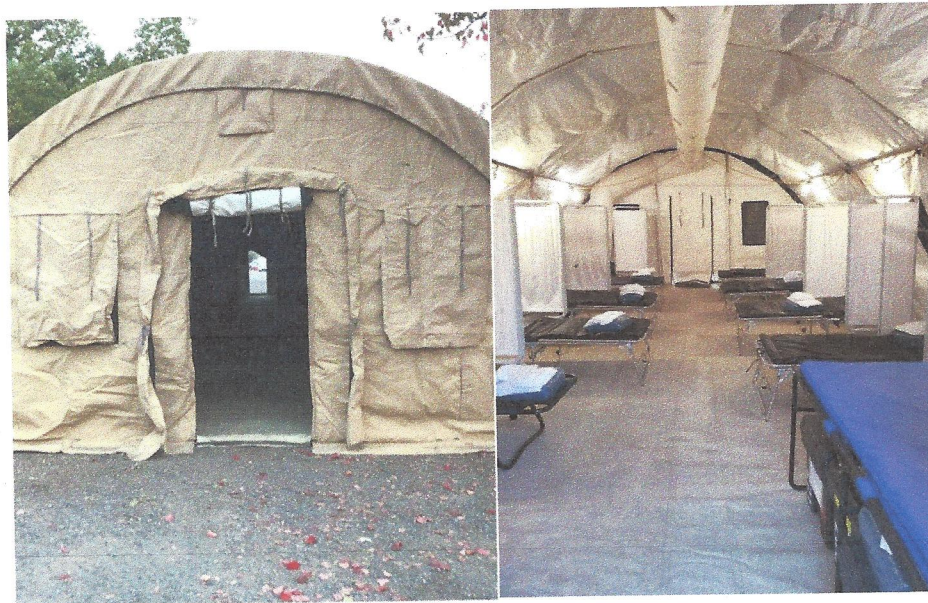
10161 Croydon Rd

Sacramento, CA 95827

IAP #1

Operational Period

0700 PST 11-22-18 to 0700 PST 11-23-18



Markell Pierce
EMSA Departmental Operations



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INCIDENT BRIEFING (ICS 201)

1. Incident Name:

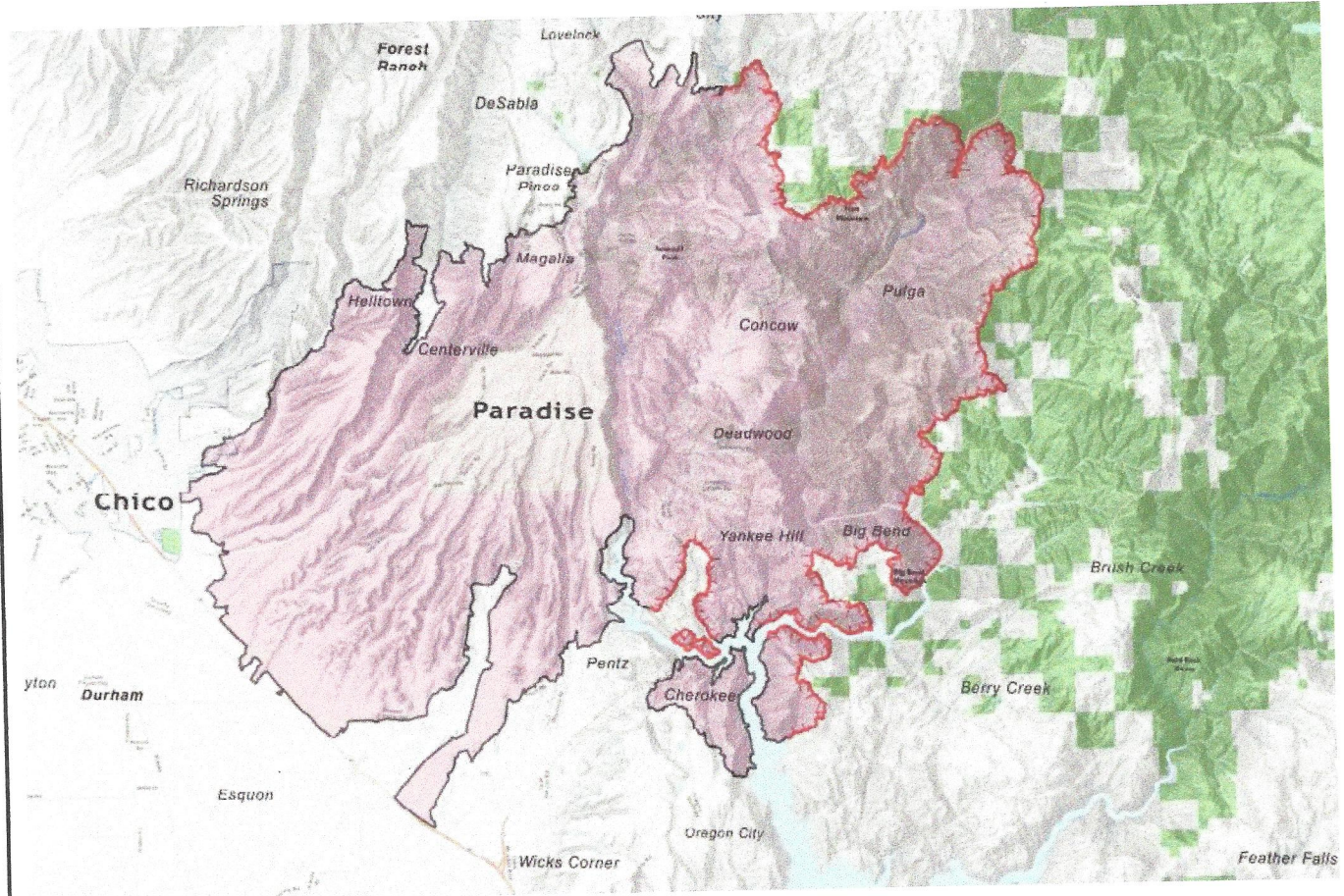
2018 November Wildfires

2. Incident Number:

3. Date/Time Initiated:

Date: 11/22/2018 Time: 0700

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.

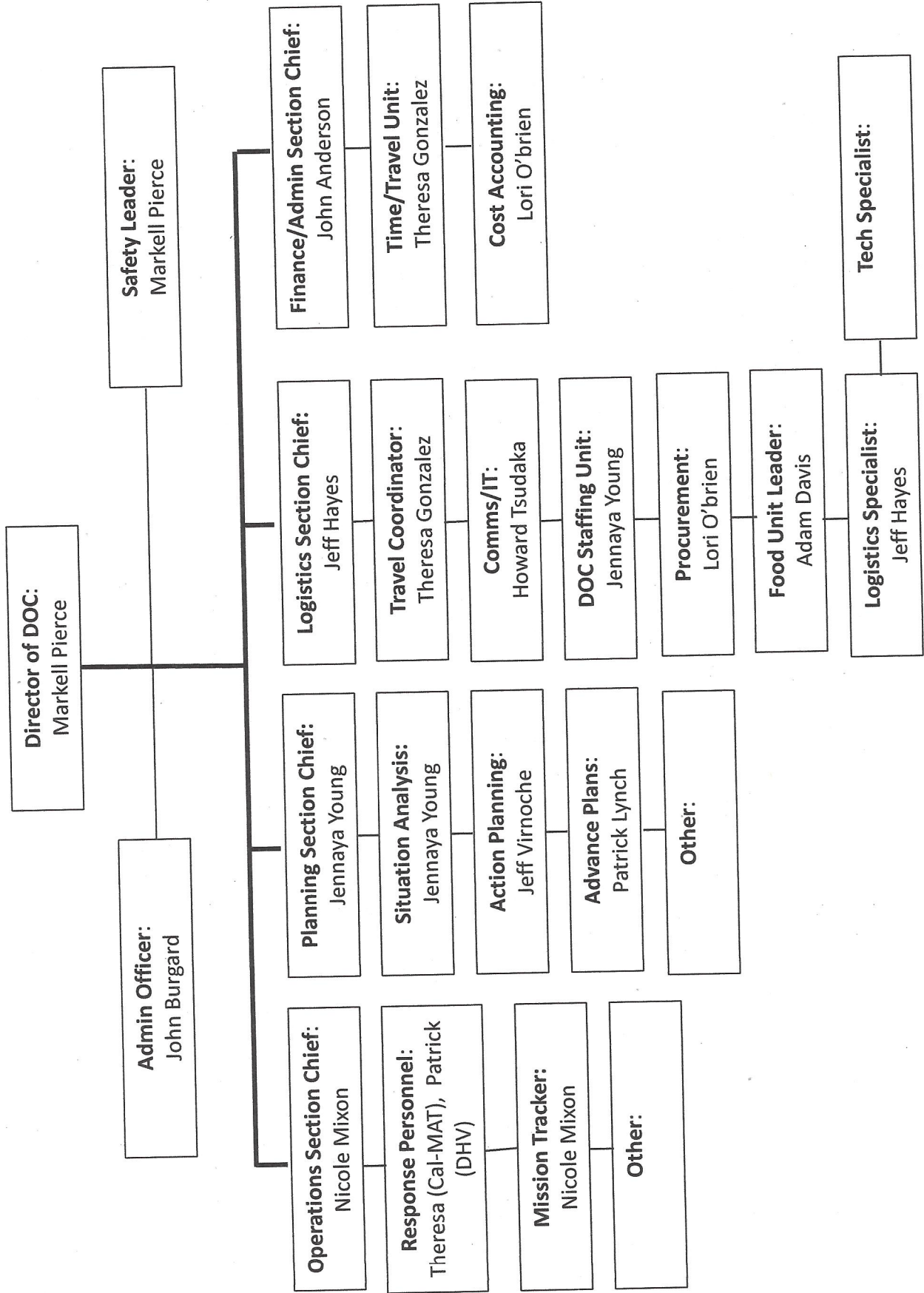
- Debris flow concerns will continue over recent burn scar areas
- Strong winds are expected late Today and Friday across Northern California- Prep evacuation site for conditions
- 50-70 mph gusts of wind expected along the eastern sierra front and 70-100 mph across the Sierra ridges are expected

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

Signature: 

EMSA DOC Organization Chart

Date: 11/22/2018



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: 2018 November Wilfires	2. Operational Period: Date From: 11/22/2018 Time From: 0700	Date To: 11/22/2018 Time To: 1900
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3. Objective(s):

- Maintain situational awareness of operations center, SOC, MHCC, and all HMTF locations
- Continue communication with all local, state, and federal partners
- Develop list of CALMAT, DMAT, medical personnel on standby for scheduling

ADVANCED PLANNING UNIT

- Develop evacuation plans, in the event of flooding, by end of day
- Develop Joint Unified Command Working Group

4. Operational Period Command Emphasis:

- Identify unmet needs for medical tents (pharmacy, facilities, isolation tent needs).
- Be aware of potential security and flooding risks at all medical tent locations

General Situational Awareness

Continuing to monitor number of shelters, maintaining operations at EMSA base of operation, remaining in constant communication with SOC and MHCC as well as local, state and federal response partners.

5. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

<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 type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____

7. Prepared by: Name: Nicole Mixon Position/Title: Operations Section Chief Signature: _____

8. Approved by Incident Commander: Name: Markell Pierce Signature:

ICS 202	IAP Page _____	Date/Time: _____
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ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: 2018 November Wildfires		2. Operational Period: Date From: _____ Time From: _____		Date To: _____ Time To: _____	
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs	Markell Pierce	Chief	Nicole Mixon		
Administrative Officer	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			
4. Agency/Organization Representatives:			Division/Group	DisasterHealthCareVolu.	Patrick Lynch
Agency/Organization	Name	Division/Group	CALMAT		Theresa Gonzales
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Branch Director			
		Deputy			
5. Planning Section:			Division/Group		
Chief	Jennaya Young	Division/Group			
Deputy		Division/Group			
Resources Unit		Division/Group			
Situation Unit	Jennaya Young	Division/Group			
Documentation Unit		Branch			
Demobilization Unit		Branch Director			
Technical Specialists		Deputy			
Action Planning	Jeff Virnoche	Division/Group			
Advance Plans	Patrick Lynch	Division/Group			
		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					
Ground Support Unit					
Service Branch		8. Finance/Administration Section:			
Director		Chief	Lisa Dattolico		
Communications Unit	Howard Tsukada	Deputy			
Medical Unit		Time Unit	Theresa Gonzalez		
Food Unit	Adam Davis	Procurement Unit	Lori O'brien		
		Comp/Claims Unit			
		Cost Unit	Lori O'brien		
9. Prepared by: Name: Nicole Mixon		Position/Title: _____		Signature: <i>Nicole Mixon</i>	
ICS 203	IAP Page _____	Date/Time: _____			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: CAMP	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	3. Branch: EMSA Division: Group: Staging Area: DOC																																																							
4. Operations Personnel: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name</td> <td style="width: 40%;">Contact Number(s)</td> </tr> <tr> <td>Operations Section Chief: Nicole Mixon</td> <td>DOC: 916 - 255 - 1805 Cell : 916 - 759 - 5515</td> </tr> <tr> <td>Branch Director: Markell Pierce</td> <td>DOC: 916 - 384 - 1448</td> </tr> <tr> <td>Division/Group Supervisor: Markell Pierce</td> <td>DOC: 916 - 384 - 1448</td> </tr> </table>		Name	Contact Number(s)	Operations Section Chief: Nicole Mixon	DOC: 916 - 255 - 1805 Cell : 916 - 759 - 5515	Branch Director: Markell Pierce	DOC: 916 - 384 - 1448	Division/Group Supervisor: Markell Pierce	DOC: 916 - 384 - 1448																																																
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5. Resources Assigned: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Resource Identifier</th> <th style="width: 15%;">Leader</th> <th style="width: 10%;"># of Persons</th> <th style="width: 35%;">Contact (e.g., phone, pager, radio frequency, etc.)</th> <th style="width: 20%;">Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information</th> </tr> </thead> <tbody> <tr> <td>Logistics Section</td> <td>Jeff Hayes</td> <td style="text-align: center;">7</td> <td>916-384-1452</td> <td></td> </tr> <tr> <td>Planning Section</td> <td>Jennaya Young</td> <td style="text-align: center;">3</td> <td>916-255-1805</td> <td></td> </tr> <tr> <td>Admin/Finance Section</td> <td>John Anderson</td> <td style="text-align: center;">3</td> <td>916-384-1449</td> <td></td> </tr> <tr> <td>Operations Section</td> <td>Nicole Mixon</td> <td style="text-align: center;">2</td> <td>916-255-1805</td> <td></td> </tr> <tr> <td>Admin Officer</td> <td>John Burgard</td> <td style="text-align: center;">1</td> <td>916-384-1448, 714-847-6000</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Logistics Section	Jeff Hayes	7	916-384-1452		Planning Section	Jennaya Young	3	916-255-1805		Admin/Finance Section	John Anderson	3	916-384-1449		Operations Section	Nicole Mixon	2	916-255-1805		Admin Officer	John Burgard	1	916-384-1448, 714-847-6000																										
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6. Work Assignments: <ul style="list-style-type: none"> Logistics to ensure water tightness of medical tents and determine any needs by end of day. Operations to confirm location and delivery of flu and TDAP vaccinations by end of day. Administrative Officer will confirm availability and location of KP mobile medical van by end of day Time/Travel Unit (Admin/Finance) update flight plan for Richard Fan (demobilizing immediately) 																																																									
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: <u>NICOLE MIXON</u> Position/Title: _____ Signature: <u>Nicole Mixon</u>																																																									
ICS 204	IAP Page _____	Date/Time: _____																																																							

11/22/2018-
11/23/18

COMMUNICATIONS LIST (ICS 205A)

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	John Burgard		
	Safety Leader	Markell Pierce		
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		
	Action Planning	Jeff Virnoche		
	Advance Plans	Patrick Lynch/ Markell Pierce		
	Other	(None)		
LOGISTICS	Logistics Section Chief	Jeff Hayes	916-384-1452	logistics.emsadoc@emsa.ca.gov
	Travel Coordinator	Theresa Gonzales		
	Comms/IT	Howard Tsudaka		
	DOC Staffing	Jennaya Young		
	Procurement	Lori O'brien		
	Food Unit Leader	Adam Davis		
	Logistics Specialist	Jeff Hayes		
	Tech Specialist	(None)		
FISCAL - ADMIN	Finance/Admin Section Chief	Lisa Dattolico-Remote	916-384-1449	financeadmin.emsadoc@emsa.ca.gov
	Travel/Time Unit	Theresa Gonzalez		
	Cost Accounting	Lori O'brien		

MEDICAL PLAN (ICS 206)

1. Incident Name: 2018 November Wildfires	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
CAL-MAT BoO	150 Airpark Blvd, Chico, CA 95973	Susan Erbs 760-522-0025	<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	// "	" "	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
DOD Ground FLA	// "	// "	<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 checked="" 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: _____ Signature: _____

8. Approved by (Safety Officer): Name: _____ Signature: _____

ICS 206	IAP Page _____	Date/Time: _____
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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:

2018 November Wildfires

2. Operational Period: Date From: _____
Time From: _____

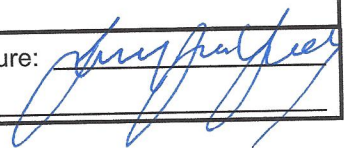
Date To: _____
Time To: _____

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

- Goal is to continue to enforce safe and healthy practices within evacuation sites
- Prepare for potential, additional, weather-related disasters, specifically flooding
- obtain and distribute sandbags in areas where flooding is of concern
- Watch for changes in local air quality, utilize N95 masks or respirators as needed

4. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located At: _____

5. Prepared by: Name: Jennaya Young Position/Title: _____ Signature: 

ICS 208

IAP Page _____

Date/Time: _____