

Appendix D: Sample Incident Action Plan

U.S. Fire Administration (USFA)

Type 3 All-Hazards Incident Management Team
(AHIMT) Introduction

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C&C Derailment

Operational Period of
1/22

Operational Period
0600 – 1800 hrs.

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: C&C Derailment	2. Operational Period: Date From: 1/22 Time From: 0600 hrs.	Date To: 1/22 Time To: 1800 hrs.
3. Objective(s):		
<ul style="list-style-type: none"> • Provide for the safety of the public and a safe work environment for responders • Provide for the pre-hospital care and transportation of all injured • Take action to extinguish fires, and eliminate risk of any future fires • Maintain an adequate perimeter around the incident site and deny entry to unauthorized individuals • Identify current and potential hazardous materials releases and impacts to the public and environment by 0600 hrs. on 1/23 • Prepare and initiate a plan to contain and prevent further release of hazardous materials by 1200 hours on 1/23 • Keep the public and affected stakeholders informed on the incident situation and its possible affects to them. • Complete a preliminary damage survey of the incident area by 0800 hours on 1/23 • Initiate hazardous materials cleanup activities with a target completion time of 0600 hours on 1/25 		
4. Operational Period Command Emphasis:		
<p>Work to attain the highest level of situational awareness and communicate to others</p> <p>Conduct all activities following ICS principals and initiate a high level of interagency cooperation.</p> <p>Assist the PIO in getting the correct message to all concerned.</p> <p>Follow local radio use protocols to minimize overloading assigned frequencies.</p>		
<p>General Situational Awareness</p> <p>Fog and low clouds through 1500 hours then clearing. Temperatures 56°F - 63°F.</p> <p>Relative humidity 60%-64%. Light southwest winds 4-8 MPH turning north after 1600 hours.</p> <p>Appropriate Personnel Protective Equipment (PPE) must be worn at all times in the hazard area. PPE can be acquired from the Logistics section.</p>		
5. Site Safety Plan Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Approved Site Safety Plan(s) Located at: ICP -Planning Section		
6. Incident Action Plan (the items checked below are included in this Incident Action Plan):		
<input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A <input checked="" type="checkbox"/> ICS 206	<input type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> Map/Chart <input 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>Steve Lewis</u> Position/Title: <u>Planning Section Chief</u> Signature: <u>Steve Lewis</u>		
8. Approved by Incident Commander: Name: <u>John Harper</u> Signature: <u>John Harper</u>		
ICS 202	IAP Page <u>2</u>	Date/Time: <u>1/22 0300</u>

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: C&C Derailment		2. Operational Period: Date From: 1/22 Time From: 0600		Date To: 1/22 Time To: 1800	
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs	John Harper	Chief		George Cass	
	Susan Gruber	Deputy		Leo Sherer	
Deputy		Staging Area			
Safety Officer	Nathan Dennis	Branch			
Public Info. Officer	Chris King	Branch Director			
Liaison Officer	Norman Scott	Deputy			
4. Agency/Organization Representatives:			Group	Damage Assessment	Lisa Orozco
Agency/Organization	Name	Group	EMS		Brian Myers
Columbia Fish & Game	Rachael Solano	Group	Suppression		Mary Chambers
Liberty County Sheriff	Daniel Dunn	Group	HazMat		Marvin Duncan
CC School District	Paula Puck	Group	Perimeter		Brendan Adams
Columbia State Police	Carl Clifton	Branch			
American Red Cross	James Wilson	Branch Director			
		Deputy			
5. Planning Section:			Division/Group		
Chief	Steve Lewis	Division/Group			
Deputy		Division/Group			
Resources Unit	John Smith	Division/Group			
Situation Unit	Karen Wise	Division/Group			
Documentation Unit		Branch			
Demobilization Unit		Branch Director			
Technical Specialists		Deputy			
		Division/Group			
		Division/Group			
6. Logistics Section:			Division/Group		
Chief	Diane Schneider	Division/Group			
Deputy		Air Operations Branch			
Support Branch		Air Ops Branch Dir.			
Director					
Supply Unit	William George				
Facilities Unit		8. Finance/Administration Section:			
Ground Support Unit		Chief	Richard Brindle		
Service Branch		Deputy			
Director		Time Unit			
Communications Unit	Michael Atlas	Procurement Unit			
Medical Unit	Brad Cole	Comp/Claims Unit			
Food Unit		Cost Unit			
9. Prepared by: Name: <u>John Smith</u> Position/Title: <u>RESL</u> Signature: <u><i>John Smith</i></u>					
ICS 203	IAP Page <u>3</u>	Date/Time: <u>1/22 0320</u>			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: C&C Derailment		2. Operational Period: Date From: 1/22 Date To: 1/22 Time From: 0600 Time To: 1800		3. Branch:
4. Operations Personnel: Name _____ Contact Number(s) _____ Operations Section Chief: <u>George Cass cell 454-555-8787</u> Branch Director: _____ Group Supervisor: <u>Marvin Duncan cell 454-555-0711</u>				Division: Group: HazMat Staging Area:
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.)
CCFD Engine 22	Tory Roberts	4		530-555-1286
CCFD Engine 6	Joe Williams	4		530-555-2976
CCFD HazMat 6	Clair Haskell	6		530-555-4661
CCFD Ladder 6	Richard Woods	4		530-555-1992
Liberty Co. HazMat 1	Regina May	8		530-555-9776
Small Boat Taskforce # 1	John Maza	9		492-918-3834
RR HazMat Tech Specialist	Bart Codd	1		862-213-8262
Asst. SOF	Will Rodgers	1		530-555-9901
6. Work Assignments:				
<ul style="list-style-type: none"> Continue identification of train and individual tank car contents. Coordinate actions with the Suppression Group. Contain spill around leaking rail cars and divert spilled product from entering the Roaring River. Deploy boom to contain spilled product in the Roaring River. Provide decontamination for all responders. 				
7. Special Instructions:				
<ul style="list-style-type: none"> Maintain distance and shielding to protect from radiant heat threat. Always be aware of your surroundings. Establish escape routes. Constantly monitor conditions, and anticipate hazards Bag and isolate all contaminated equipment 				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Name _____ /Function _____		Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____		
Liberty County 800 /Command		800 Trk. Red 1		
Liberty County 800 /Tactical		800 Trk. Red Tac 5		
Liberty County 800 /Support (Logistics)		800 Trk. Brown 1 _____		
_____ / _____		_____		
9. Prepared by: Name: John Smith _____ Position/Title: RESL _____ Signature: <i>John Smith</i> _____				
ICS 204	IAP Page <u>7</u>	Date/Time: <u>1/22 0330</u>		

Incident Radio Communications Plan (ICS 205)

1. Incident Name: C&C Derailment	2. Date/Time Prepared: Date: 1/22 Time: 0200	3. Operational Period: Date From: 1/22 Date To: 1/22 Time From: 0600 Time To: 1800
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4. Basic Radio Channel Use:

Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
	1	Command	800 Trk. Red 1						M	
	2	Tactical	800 Trk. Red Tac 2	Damage Assessment					M	
	3	Tactical	800 Trk. Red Tac 3	EMS					M	
	4	Tactical	800 Trk. Red Tac 4	Suppression					M	
	5	Tactical	800 Trk. Red Tac 5	HazMat					M	
	6	Tactical	800 Trk. Red Tac 6	Perimeter					M	
	7	Logistics	800 Trk. Brown 1	Support					M	

5. Special Instructions: Perform a radio check prior to leaving the ICP. Take extra batteries with you. Advise the Communications Unit of any radio issues.

6. Prepared by (Communications Unit Leader): Name: Michael Atlas Signature: Mike Atlas

MEDICAL PLAN (ICS 206)

1. Incident Name: C&C Derailment	2. Operational Period: Date From: 1/22 Time From: 0600	Date To: 1/22 Time To: 1800
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
Southside Park Aid Station	Southside Park (30 St. entrance)	347 484-0922	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ICP Aid Station	ICP (K St. and 23 rd St.)	654-905-4632	<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

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
CC Fire Department	21 Street and B Street	347-234-7688	<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
			<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			
Central City Hospital	107 31 St Central City	347-373-1003		6	<input checked="" type="checkbox"/> Yes Level: __1__	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Faith Hospital	1109 14 th Central City	555-435-2012		7	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Noble General	247 1 St Central City	555-635-3726		12	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Columbia Veterans	460 7 St Central City	555-736-8902		8	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures: <ul style="list-style-type: none"> Ensure EMS personnel with your Division/Group are notified and respond Declare an emergency. Notify the Medical Unit on the Support Channel (Brown 1) (state nature of the injury/illness and if it is life threatening) If life threatening request frequency be cleared – (emergency traffic). Identify the on scene Point of Contact (resource and name) Identify nature of incident, number injured, patient assessment(s) and location ID on-scene medical personnel (position and name) ID preferred method of transportation Request additional resources/equipment Document all information received/transmitted on radio/phone As they occur the POC identifies changes (on-scene POC or medical personnel, patient status, situation) Notify next level of command <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>Brad Cole</u> Signature: <u>Brad Cole</u>

8. Approved by (Safety Officer): Name: <u>Nathan Dennis</u> Signature: <u>Nathan Dennis</u>
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ICS 206	IAP Page <u>10</u>	Date/Time: 1/22 0130
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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: C&C Derailment	2. Operational Period:	Date From: 1/22 Time From: 0600	Date To: 1/22 Time To: 1800
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3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

- Review the ICS-206, Medical Plan, and make sure everyone is aware of the correct procedures
- Constantly update your situational awareness – look and anticipate
- Ensure everyone is using the appropriate Personnel Protective Equipment for the particular hazard
- Continually maintain accountability of your personnel
- Use Personal Accountability Reports (PAR) every 30 minutes for responder in the hazard area to complete accountability

Use: Lookouts, Communication, Escape Routes and Safety Zones

4. Site Safety Plan Required? Yes No

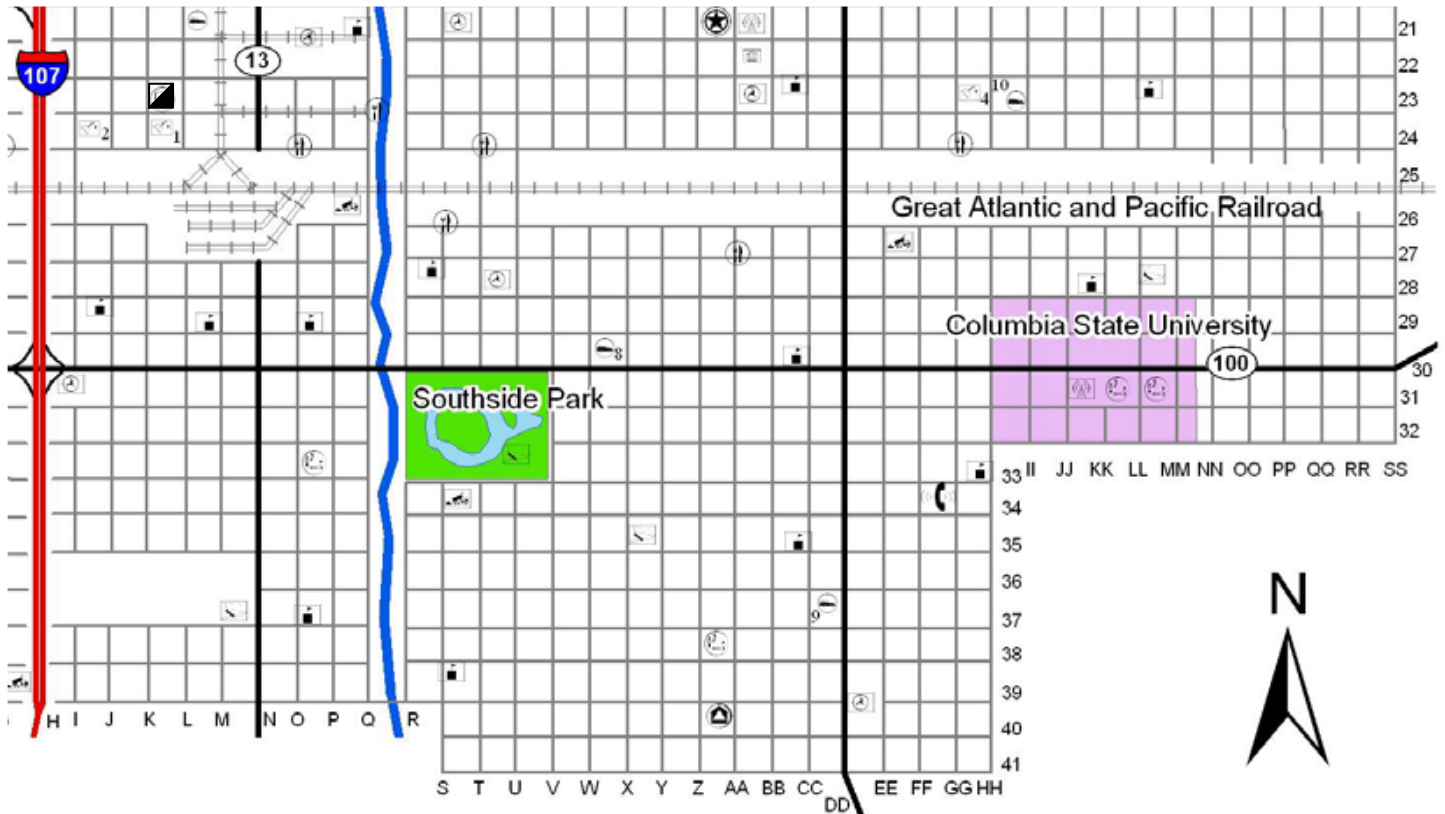
Approved Site Safety Plan(s) Located At: ICP- Planning Section

5. Prepared by: Name: Nathan Dennis Position/Title: SOF Signature: *Nathan Dennis*

ICS 208

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Date/Time: 1/22 0220



Legend

- ICP
- ☺ Relocation Centers
- ☠ National Guard Facilities
- ☺ Hospitals
- ☺ Food Storage Warehouses
- ☺ County Courthouse
- ☠ Nelson Center
- ☠ Interstates
- ☠ Heavy Equipment Areas
- ☺ Fuel Storage Tanks (1-5 tanks)
- ☺ City Transportation Centers
- ☠ Emergency Management Center
- ☠ City Hall
- ☠ Schools
- ☠ State Routes
- ☺ Reservoirs
- ☠ Radio & TV Stations
- Park
- Golf Course
- University
- Local Roads
- ++++ Railroads

Scale: 10.5 Blocks = 1 mi

Karen Wise SITL
 prepared 1/22 0315 hours
Karen Wise