

## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> March Severe Wx	<b>2. Operational Period:</b> Date From: 03/03/18      Date To: 03/04/18 Time From: 0700      Time To: 0659																
<b>3. Objective(s):</b> 1. Ensure responder safety. 2. Provide veterinary assistance, including triage, care and shelter, for Payne County Emergency Management. 3. Assign roles of the members and volunteers. 4. Set up and operate large animal and small animal shelters using available resources. 5. Practice hand off between incident management teams across operational periods. 6. Develop and implement biosecurity measures in shelters and field operations. 7. Practice safe handling of large and small animals. 8. Establish field operations and deploy strike teams safely. 9. Develop effective lines of communication between shelter operations and field operations.																	
<b>4. Operational Period Command Emphasis:</b> Be aware of ground hazards. Report new hazards to your supervisor and/or appropriate authorities. Access to affected areas may be restricted, and local authorities will determine how and when you can access restricted areas. Monitor changing hazards and weather conditions.																	
General Situational Awareness Maintain confidentiality. Operational information will be released through the public information officer. One long whistle is the warning for a loose animal.																	
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>																	
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">X ICS 203</td> <td style="width: 33%;">X ICS 207</td> <td style="width: 34%;"><u>Other Attachments:</u></td> </tr> <tr> <td>X ICS 204</td> <td>X ICS 208</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>X ICS 205</td> <td>X Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>X ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>X ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table>			X ICS 203	X ICS 207	<u>Other Attachments:</u>	X ICS 204	X ICS 208	<input type="checkbox"/> _____	X ICS 205	X Map/Chart	<input type="checkbox"/> _____	X ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	X ICS 206		<input type="checkbox"/> _____
X ICS 203	X ICS 207	<u>Other Attachments:</u>															
X ICS 204	X ICS 208	<input type="checkbox"/> _____															
X ICS 205	X Map/Chart	<input type="checkbox"/> _____															
X ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____															
X ICS 206		<input type="checkbox"/> _____															
<b>7. Prepared by:</b> Name: Emily Snow _____ Position/Title: Planning Chief _____ Signature: _____																	
<b>8. Approved by Incident Commander:</b> Name: Dan Burba _____ Signature: _____																	
ICS 202	IAP Page 01	Date/Time: 03/02/18 1600 _____															

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> March Severe Wx		<b>2. Operational Period:</b> Date From: 03/03/18 Time From: 0700		<b>Date To:</b> 03/04/18 <b>Time To:</b> 0659	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operations Section:</b>		
IC/UCs	Dan Burba	Chief	Raid Al-Zaher		
		Deputy	Leslie Cole		
Deputy		Staging Area	Susan Grammer	Troy Choplin	
Safety Officer	Sharon McBride	<b>Shelter Ops</b>			
Public Info. Officer	Elisabeth Giedt	Branch Director	Patti Manness		
Liaison Officer	Brittani Kirkland	Deputy			
<b>4. Agency/Organization Representatives:</b>		Veterinary Team	Todd Jackson		
Agency/Organization	Name	Small Animal	Lisa Staubus		
OK St Dept of Health	Jennifer Rand	Large Animal	Kevin Trimmell		
OK Dept of Emgy Mgmt	Traci Naile	Intake	Sandra Doan		
Payne Co Emgy Mgmt	Jeff Kuhn	<b>Field Ops</b>			
TAMU V.E.T.	Wesley Bissett	Branch Director	Jill Murray		
OK Dept of Agriculture	Rod Hall	Deputy			
		Triage/Tx TF	Todd Jackson		
<b>5. Planning Section:</b>		LA SAR TF1	Jos Mottershead		
Chief	Emily Snow	LA SAR TF2	Sharon Marshall		
Deputy	Traci Naile	SA SAR TF1	Monica Lewis		
Resources Unit		SA SAR TF2	Jill Murray		
Situation Unit		SA SAR TF3	Stephanie Herrera		
Documentation Unit		<b>Branch</b>			
Demobilization Unit	Jennifer Rand	Branch Director			
Technical Specialists		Deputy			
		Division/Group			
		Division/Group			
		Division/Group			
<b>6. Logistics Section:</b>		Division/Group			
Chief	Stacy Mason	Division/Group			
Deputy		<b>Air Operations Branch</b>			
<b>Support Branch</b>		Air Ops Branch Dir.			
Director					
Supply Unit					
Facilities Unit	Alicia Gorczyca-Southerland	<b>8. Finance/Administration Section:</b>			
Ground Support Unit		Chief	Emily Snow		
<b>Service Branch</b>		Deputy			
Director		Time Unit			
Communications Unit	Doug Swanson	Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
<b>9. Prepared by:</b> Name: Emily Snow _____ Position/Title: Planning Chief _____ Signature: _____					
<b>ICS 203</b>		<b>IAP Page 02</b> _____		Date/Time: 03/02/18 1800 _____	

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> March Severe Wx		<b>2. Operational Period:</b> Date From: 03/03/18      Date To: 03/04/18 Time From: 0700      Time To: 0659		<b>3.</b> <b>Branch:</b> Animal Service  <b>Division:</b>  <b>Group:</b> LA Shelter TF <b>Staging Area:</b> FST West																																											
<b>4. Operations Personnel:</b> <u>Name</u> <span style="float: right;"><u>Contact Number(s)</u></span> Operations Section Chief: Raid Al-Zaher (405-762-2588) _____  Branch Director: _____  Division/Group Supervisor: _____				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information  OLAFR trailer; shelter set-up kit (PCART trailer)																																											
<b>5. Resources Assigned:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Resource Identifier</th> <th style="width: 20%;">Leader</th> <th style="width: 10%;"># of Persons</th> <th style="width: 50%;">Contact (e.g., phone, pager, radio frequency, etc.)</th> </tr> </thead> <tbody> <tr> <td>LA Shelter TF</td> <td>Kevin Trimmell</td> <td>10</td> <td>405-630-5762</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	LA Shelter TF	Kevin Trimmell	10	405-630-5762																																		
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LA Shelter TF	Kevin Trimmell	10	405-630-5762																																												
<b>6. Work Assignments:</b> * Establish and manage large animal shelter. * Establish site security. * Report shelter census at the end of every operational period.																																															
<b>7. Special Instructions:</b>																																															
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%;"> <tr> <td style="width: 35%;">Name/Function _____</td> <td style="width: 65%;">Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____</td> </tr> <tr> <td>_____ / _____</td> <td>_____</td> </tr> <tr> <td>_____ / _____</td> <td>_____</td> </tr> <tr> <td>_____ / _____</td> <td>_____</td> </tr> <tr> <td>_____ / _____</td> <td>_____</td> </tr> </table>						Name/Function _____	Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____	_____ / _____	_____	_____ / _____	_____	_____ / _____	_____	_____ / _____	_____																																
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<b>9. Prepared by:</b> Name: Raid Al-Zaher _____ Position/Title: Operations Chief _____ Signature: _____																																															
ICS 204		IAP Page 03 _____		Date/Time: 03/02/18 1800 _____																																											

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> March Severe Wx		<b>2. Operational Period:</b> Date From: 03/03/18 Time From: 0700		Date To: 03/04/18 Time To: 0659	<b>3.</b>  <b>Branch:</b> Animal Service  <b>Division:</b>  <b>Group:</b> SA Shelter TF <b>Staging Area:</b> FST West
<b>4. Operations Personnel:</b> <u>Name</u> _____ <u>Contact Number(s)</u> _____  Operations Section Chief: Raid Al-Zaher (405-762-2588) _____  Branch Director: _____  Division/Group Supervisor: _____					
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader				
SA Shelter TF	Patti Maness	16	405-651-5005	PCART trailer	
<b>6. Work Assignments:</b> * Establish and manage small animal shelter. * Ensure appropriate medical and (????) of sheltered animals (vaccinations, parasite control, nutrition). * Ensure all intake and other paperwork is complete and legible. * Ensure shelter facility is secure. * Report shelter census at the end of each operational period.					
<b>7. Special Instructions:</b> * Report all bites and injuries immediately to your supervisor and the safety officer. * Wear required personal protective equipment.					
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): Name/Function _____ Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____ _____/_____ _____ _____/_____ _____ _____/_____ _____ _____/_____ _____					
<b>9. Prepared by:</b> Name: Raid Al-Zaher _____ Position/Title: Operations Chief ____ Signature: _____					
ICS 204	IAP Page 04 _____	Date/Time: 03/02/18 1800 _____			

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> March Severe Wx		<b>2. Operational Period:</b> Date From: 03/03/18      Date To: 03/04/18 Time From: 0700      Time To: 0659		<b>3.</b> <b>Branch:</b> Animal Service  <b>Division:</b>  <b>Group:</b> Vet Triage/Tx TF <b>Staging Area:</b> FST West	
<b>4. Operations Personnel:</b> <u>Name</u> <span style="float: right;"><u>Contact Number(s)</u></span> Operations Section Chief: Raid Al-Zaher (405-762-2588) _____  Branch Director: _____  Division/Group Supervisor: _____					
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader				
Vet Triage/Tx TF	Todd Jackson	8	405-564-4504	Universal microchip reader; veterinary triage equipment and drugs; simple suture kits; local anesthetic; topical/injectible antibiotics; exam gloves; vaccines; bandage material	
<b>6. Work Assignments:</b> * Supervise animal intake during search and rescue. * Triage and refer animals with medical and surgical needs to OSU CVHS. * Place healthy animals in companion/large animal shelters. * Provide simple medical care and preventive medical measures as needed. * Collect all available data identification.					
<b>7. Special Instructions:</b> * Report all bites and injuries immediately to your supervisor and the safety officer. * Manage all controlled substances with lock box and sign-out log. * Ensure complete execution of all forms, and provide legible documentation.					
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): Name/Function _____ Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____ _____ / _____ _____ / _____ _____ / _____ _____ / _____					
<b>9. Prepared by:</b> Name: Raid Al-Zaher _____ Position/Title: Operations Chief _____ Signature: _____					
<b>ICS 204</b>		<b>IAP Page 05</b>		Date/Time: 03/02/18 1800 _____	

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> March Severe Wx		<b>2. Operational Period:</b> Date From: 03/03/18 Time From: 0700		Date To: 03/04/18 Time To: 0659		<b>3.</b> <b>Branch:</b> Animal Service <b>Division:</b> <b>Group:</b> LA SAR TF1 <b>Staging Area:</b> FST West
<b>4. Operations Personnel:</b> <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: Raid Al-Zaher (405-762-2588) Branch Director: Division/Group Supervisor:						
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information		
Resource Identifier	Leader			OLAFR SAR/triage supply kit		
LA SAR TF1	Jos Mottershead	3	303-748-3663			
<b>6. Work Assignments:</b> * Work with emergency response SAR, if entering flooded or hazardous areas. * Capture and transport large animals to staging for triage, further transport or shelter. * Provide emergency treatment as needed to enable transport. * Provide justified euthanasia and collect location and all identification.						
<b>7. Special Instructions:</b> * Report all bites and injuries immediately to your supervisor and the safety officer. * Avoid contact with flood waters. * Wear all assigned personal protective equipment. * Manage all controlled substances with lock box and sign-out log.						
<b>8. Communications</b> (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> / / / /						
<b>9. Prepared by:</b> Name: Raid Al-Zaher Position/Title: Operations Chief Signature: <b>ICS 204</b> <b>IAP Page 06</b> Date/Time: 03/02/18 1800						

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> March Severe Wx		<b>2. Operational Period:</b> Date From: 03/03/18      Date To: 03/04/18 Time From: 0700      Time To: 0659		<b>3.</b> <b>Branch:</b> Animal Service  <b>Division:</b>  <b>Group:</b> LA SAR TF2 <b>Staging Area:</b> FST West	
<b>4. Operations Personnel:</b> <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: Raid Al-Zaher (405-762-2588) _____  Branch Director: _____  Division/Group Supervisor: _____					
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader				
LA SAR TF2	Sharon Marshall	3	405-590-1147	OLAFR SAR/triage supply kit	
<b>6. Work Assignments:</b> * Work with emergency response SAR, if entering flooded or hazardous areas. * Capture and transport large animals to staging for triage, further transport or shelter. * Provide emergency treatment as needed to enable transport. * Provide justified euthanasia and collect location and all identification.					
<b>7. Special Instructions:</b> * Report all bites and injuries immediately to your supervisor and the safety officer. * Avoid contact with flood waters. * Wear all assigned personal protective equipment. * Manage all controlled substances with lock box and sign-out log.					
<b>8. Communications</b> (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> _____ / _____ _____ / _____ _____ / _____ _____ / _____					
<b>9. Prepared by:</b> Name: Raid Al-Zaher      Position/Title: Operations Chief      Signature: _____					
ICS 204	IAP Page 07	Date/Time: 03/02/18 1800			

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> March Severe Wx		<b>2. Operational Period:</b> Date From: 03/03/18      Date To: 03/04/18 Time From: 0700      Time To: 0659		<b>3.</b> <b>Branch:</b> Animal Service  <b>Division:</b>  <b>Group:</b> SA SAR TF1 <b>Staging Area:</b> FST West	
<b>4. Operations Personnel:</b> <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: Raid Al-Zaher (405-762-2588) _____ Branch Director: _____ Division/Group Supervisor: _____					
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader				
SA SAR TF1	Monica Lewis	3	918-607-5156	6 large cages, 1 4x4 pickup truck	
<b>6. Work Assignments:</b> * Capture stray companion animals and return them to triage for treatment. * Task force will be assigned to an emergency response SAR unit for safety. * Report all injuries and bites to your supervisor and the safety officer immediately.					
<b>7. Special Instructions:</b> * Wear all assigned personal protective equipment. * Avoid contact with flood waters.					
<b>8. Communications</b> (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> _____ / _____ _____ / _____ _____ / _____ _____ / _____					
<b>9. Prepared by:</b> Name: Raid Al-Zaher      Position/Title: Operations Chief      Signature: _____					
ICS 204	IAP Page 08	Date/Time: 03/02/18 1800			



## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> March Severe Wx		<b>2. Operational Period:</b> Date From: 03/03/18      Date To: 03/04/18 Time From: 0700      Time To: 0659		<b>3.</b> <b>Branch:</b> Animal Service  <b>Division:</b>  <b>Group:</b> SA SAR TF2 <b>Staging Area:</b> FST West	
<b>4. Operations Personnel:</b> <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: Raid Al-Zaher (405-762-2588) _____  Branch Director: _____  Division/Group Supervisor: _____					
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader				
SA SAR TF2	Jill Murray	3	405-880-1711	6 large cages, 1 4x4 pickup truck	

**6. Work Assignments:**  
 \* Capture stray companion animals and return them to triage for treatment.  
 \* Task force will be assigned to an emergency response SAR unit for safety.  
 \* Report all injuries and bites to your supervisor and the safety officer immediately.

**7. Special Instructions:**  
 \* Wear all assigned personal protective equipment.  
 \* Avoid contact with flood waters.

**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: Raid Al-Zaher      Position/Title: Operations Chief      Signature: \_\_\_\_\_

ICS 204	IAP Page 09	Date/Time: 03/02/18 1800
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## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> March Severe Wx		<b>2. Operational Period:</b> Date From: 03/03/18      Date To: 03/04/18 Time From: 0700      Time To: 0659		<b>3.</b> <b>Branch:</b> Animal Service  <b>Division:</b>  <b>Group:</b> SA SAR TF3 <b>Staging Area:</b> FST West	
<b>4. Operations Personnel:</b> <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: Raid Al-Zaher (405-762-2588) _____  Branch Director: _____  Division/Group Supervisor: _____					
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader				
SA SAR TF3	Stephanie Herrera	3	406-303-3809	6 large cages, 1 4x4 pickup truck	

**6. Work Assignments:**  
 \* Capture stray companion animals and return them to triage for treatment.  
 \* Task force will be assigned to an emergency response SAR unit for safety.  
 \* Report all injuries and bites to your supervisor and the safety officer immediately.

**7. Special Instructions:**  
 \* Wear all assigned personal protective equipment.  
 \* Avoid contact with flood waters.

**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: Raid Al-Zaher      Position/Title: Operations Chief      Signature: \_\_\_\_\_

ICS 204	IAP Page 10	Date/Time: 03/02/18 1800
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# INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

<b>1. Incident Name:</b> March Severe Wx		<b>2. Date/Time Prepared:</b> Date: 03/02/18 Time: 1800		<b>3. Operational Period:</b> Date From: 03/03/18 Time From: 0700		Date To: 03/04/18 Time To: 0659				
<b>4. Basic Radio Channel Use:</b>										
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			TAMU VET 1		000151 .50500 00 N					
2			TAMU VET 2		000151 .51250 000 N					
3			TAMU VET 3		000151 .62500 00 N					
4			TAMU VET 4		000158 .40000 0 N					
5			TAMU VET 5		000158 .40750 00 N					
<b>5. Special Instructions:</b>										
<b>6. Prepared by (Communications Unit Leader):</b> Name: Doug Swanson Signature: _____										
ICS 205			IAP Page 11		Date/Time: 03/02/18 1800					

## COMMUNICATIONS LIST (ICS 205A)

<b>1. Incident Name:</b> March Severe Wx	<b>2. Operational Period:</b>	Date From: 3/3/2018      Date To: 3/4/2018 Time From: 0700          Time To: 0659
<b>3. Basic Local Communications Information:</b>		
Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)
Operations Chief	Raid Al-Zaher	405-762-2588
TAMU V.E.T.	Wesley Bissett	wbissett@cvm.tamu.edu
Incident Commander	Dan Burba	225-716-3097
Operations Deputy Chief	Leslie Cole	405-301-4049
Shelter Intake	Sandra Doan	405-249-9318
Public Information Officer	Elisabeth Giedt	440-667-5003
Facilities Unit Leader	Alicia Gorczyca-Southerland	405-255-4039
Staging Area Manager	Susan Grammer	269-271-0805
OK Dept of Agriculture	Rod Hall	rod.hall@ag.ok.gov
Sm Anim SAR TF1	Stephanie Herrera	406-303-3809
Veterinary Team, Triage/Tx TF	Todd Jackson	405-564-4504
Liaison Officer	Brittani Kirkland	352-258-0173
Payne Co Emerg Mgmt	Jeff Kuhn	405-334-7044
Sm Anim SAR TF3	Monica Lewis	918-607-5156
Shelter Operations	Patti Maness	405-651-5005
Lg Anim SAR TF2	Sharon Marshall	405-590-1147
Logistics Chief	Stacy Mason	405-747-6053
Safety Officer	Sharon McBride	405-590-5069
Lg Anim SAR TF1	Jos Mottershead	303-748-3663
Field Ops, Sm Anim SAR TF2	Jill Murray	405-880-1711
Planning Deputy Chief	Traci Naile	405-423-2883
Demobilization Unit Leader	Jennifer Rand	580-231-9818
Planning Chief, Finance Chief	Emily Snow	405-338-8074
Sm Anim Shelter Operations	Lisa Staubus	405-269-7074
Communications Unit Leader	Doug Swanson	405-624-9247
Lg Anim Shelter Operations	Kevin Trimmell	405-630-5762
<b>4. Prepared by:</b> Name: Emily Snow                      Position/Title: Planning Chief                      Signature: _____		
ICS 205A	IAP Page 12	Date/Time: 3/2/2018 6:00 PM

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> March Severe Wx		<b>2. Operational Period:</b> Date From: 03/03/18 Time From: 0700		Date To: 03/04/18 Time To: 0659			
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
FST first aid station	1510 S. Karsten Creek Road	405-747-6053	<input type="checkbox"/> Yes <input checked="" 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				
<b>4. Transportation</b> (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
LifeNet	2201 N. Boomer Road	405-707-0007	X ALS <input type="checkbox"/> BLS				
Life Flight			X ALS <input type="checkbox"/> BLS				
Air Evac			X ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Stillwater Medical Center	1323 W. 6th St., Stillwater, OK 74075	405-372-1480		20 min	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
Perry Hospital	501 N. 14th St., Perry, OK 73077	580-336-3541		20 min	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cushing Reg. Hospital	1027 E. Cherry St., Cushing, OK 74023	918-225-2915		35 min	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mercy Hospital Logan County	200 Academy Road, Guthrie, OK 73044	405-282-6700		35 min	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OU Medical Center	1700 N.E. 13th St., OKC, OK 73104	405-271-4700		1 hr	X Yes Level: __1__	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
<b>6. Special Medical Emergency Procedures:</b> Pediatric care available at OU Children's Hospital, 1200 Children's Ave., OKC, OK 73104 (1 hour ground travel time)							
X Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
<b>7. Prepared by</b> (Medical Unit Leader): Name: Stacy Mason _____ Signature: _____							
<b>8. Approved by</b> (Safety Officer): Name: Sharon McBride _____ Signature: _____							
<b>ICS 206</b>		<b>IAP Page 13</b>		Date/Time: 03/02/18 1800 _____			

## SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b> March Severe Wx	<b>2. Operational Period:</b> Date From: 03/03/18      Date To: 03/04/18 Time From: 0700                      Time To: 0659	
<b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b>		
<ul style="list-style-type: none"> <li>* Human life safety is always your first priority at all times.</li> <li>* Be aware of hazards, including debris, flooding, downed power lines, gas leaks and disturbed wildlife. Snakes are prevalent in the area and may be common in flooded areas.</li> <li>* Wear appropriate clothing (long pants, close-toed shoes, etc.) and personal protective equipment (gloves, eye protection, hard hat, reflective vest, etc.).</li> <li>* Follow vehicle regulations and safety practices at all times.</li> <li>* Use safe animal handling practices at all times.</li> <li>* Carry your credentials (e.g., OKMRC badge) with you at all times.</li> <li>* Follow your mission assignment. Report additional needs or requests to your supervisor for assignment to correct resources.</li> <li>* Do not drive over power lines.</li> <li>* Do not drive into water. Water is covering many roads. Do not drive into water if you cannot see the roadway.</li> <li>* Standing water may be contaminated. Do not enter standing water without appropriate personal protective equipment.</li> <li>* Do not enter restricted areas without permission and/or escorts from appropriate authorities.</li> <li>* Do not ride on boats.</li> <li>* Maintain accountability at all times. Know where you are. Tell your supervisor and your team where you are.</li> <li>* Mobile phone reception may be poor. Find alternate methods for communicating and set up a communication schedule with your team.</li> <li>* Maintain situational awareness at all times. Attend briefings, read the incident action plan, and communicate with your team.</li> <li>* Common landmarks may look different or may no longer be in place. Use alternate methods for determining and recording your location.</li> <li>* Take care of yourself. Stay hydrated and regularly. Take breaks when needed and do not work yourself into fatigue. Request help or someone to replace you if you are fatigued or ill.</li> <li>* Know where first aid supplies are located. Refer to the medical plan when medical assistance is needed.</li> <li>* Watch for changing hazards and weather conditions.</li> </ul>		
<b>4. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>Approved Site Safety Plan(s) Located At:</b>		
<b>5. Prepared by:</b> Name: Sharon McBride_____ Position/Title: Safety Officer_____ Signature: _____		
<b>ICS 208</b>	<b>IAP Page 14</b>	Date/Time: 03/02/18 1800_____

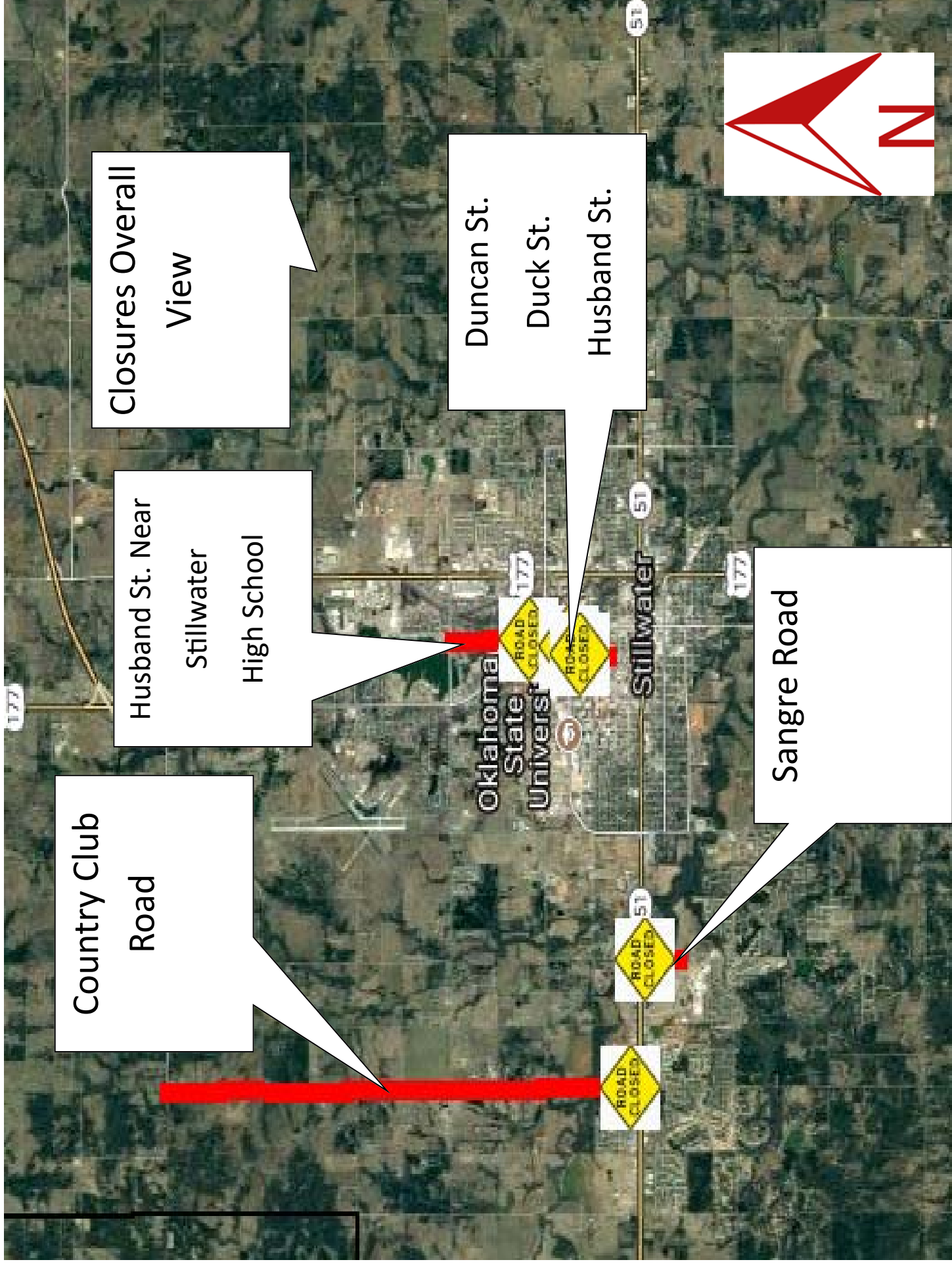
Country Club  
Road

Closures Overall  
View

Husband St. Near  
Stillwater  
High School

Duncan St.  
Duck St.  
Husband St.

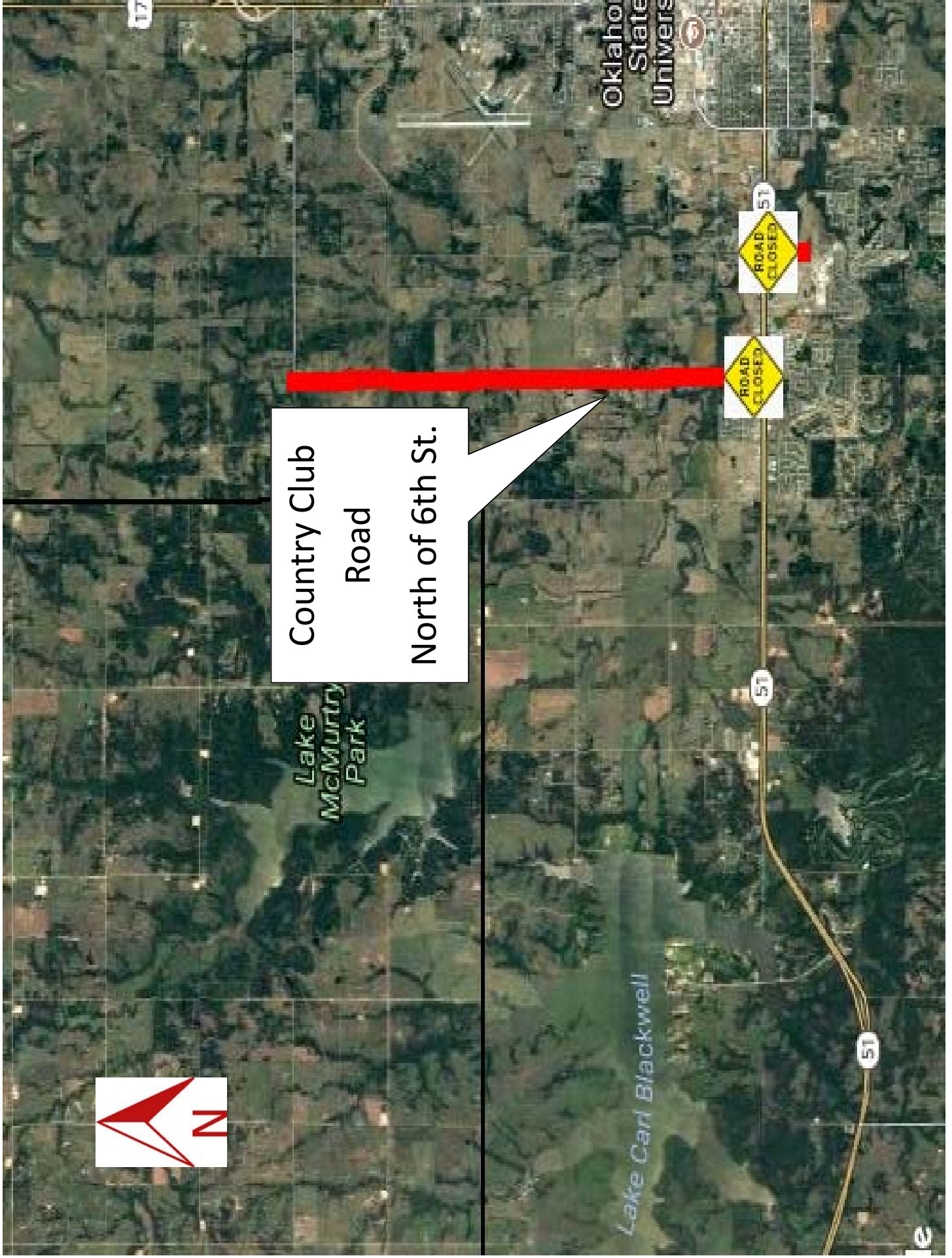
Sangre Road





Country Club  
Road

North of 6th St.







Sangre Road  
South of 6th St.

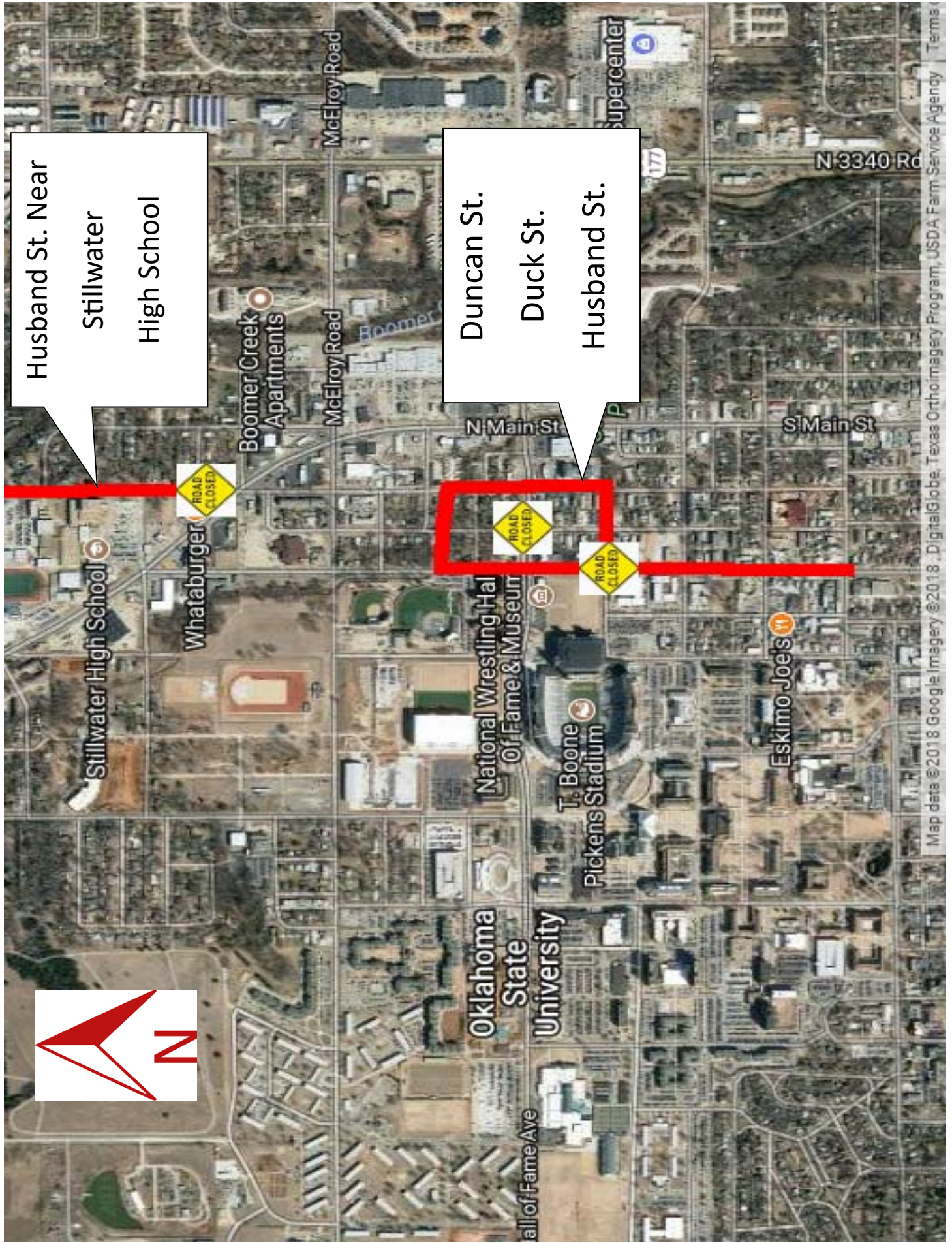




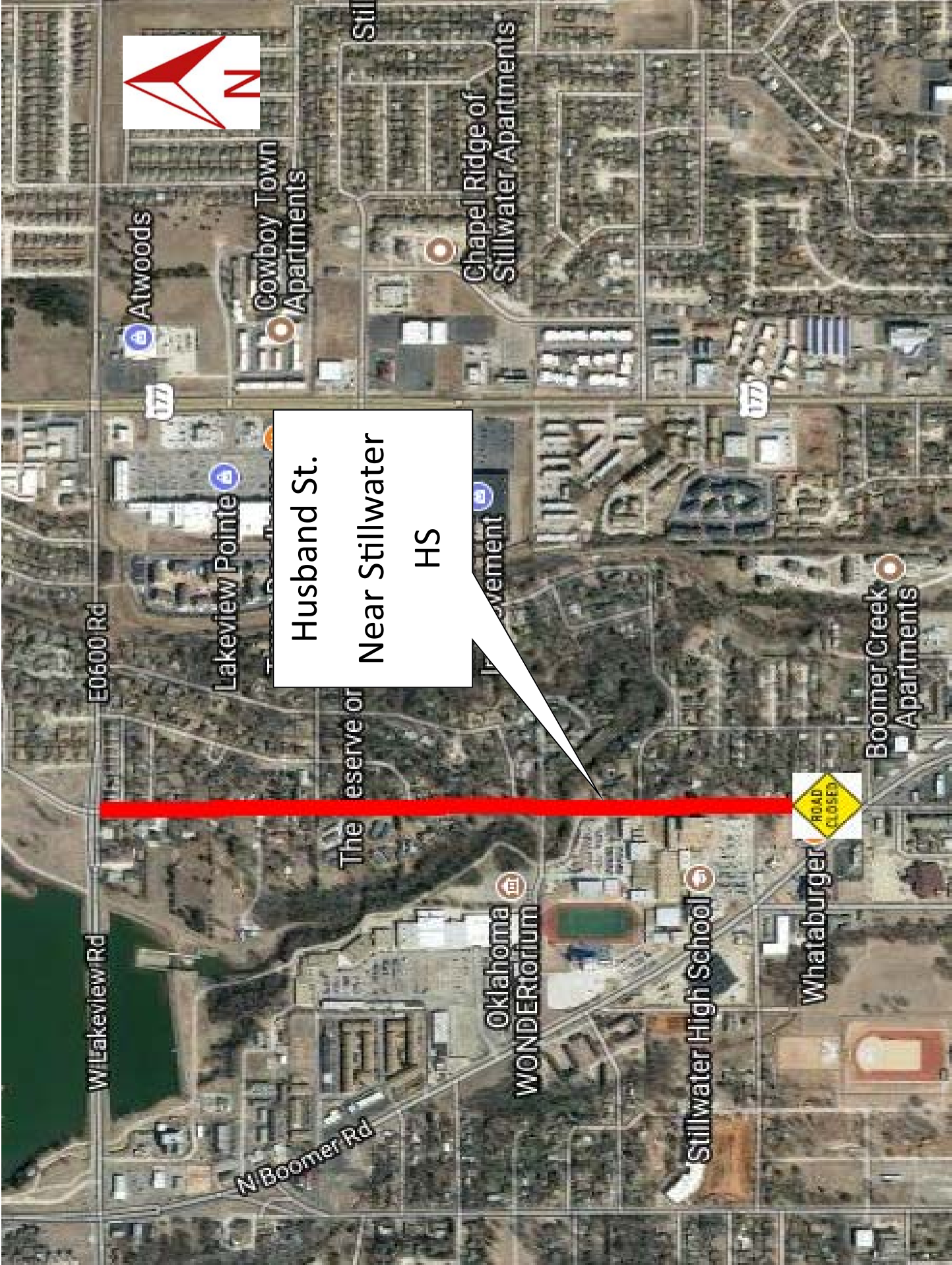


Husband St. Near  
Stillwater  
High School

Duncan St.  
Duck St.  
Husband St.







Husband St.  
Near Stillwater  
HS