

HURRICANE KIM

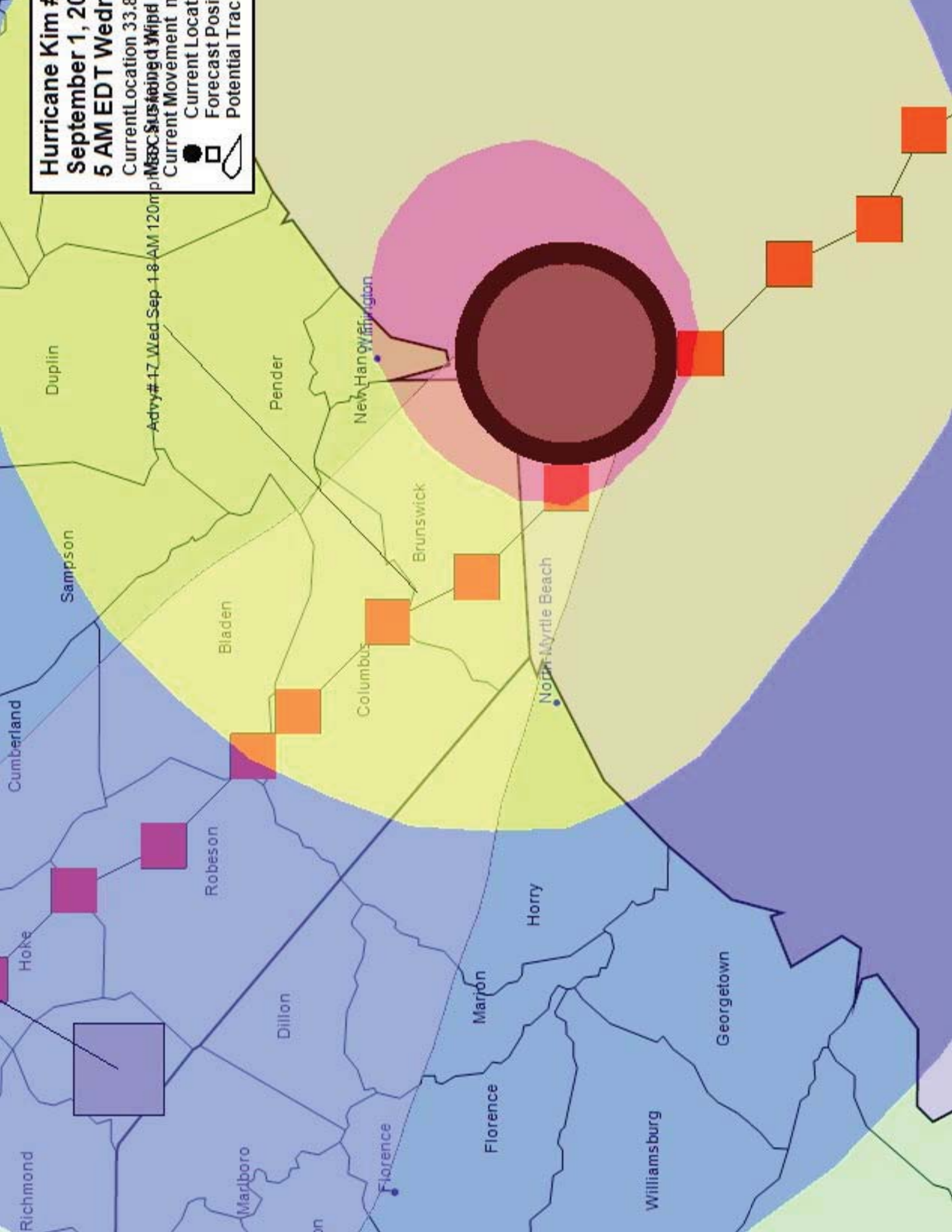
09/03/15

3rd OPERATIONAL PERIOD

COLUMBUS COUNTY, NC



Hurricane Kim #
September 1, 200
5 AM EDT Wed
 Current Location 33.8
 Sustained Wind 120
 Current Movement n
 Current Location
 Forecast Position
 Potential Track



INCIDENT OBJECTIVES (ICS 202)

| | | |
|---|---|-----------------------------------|
| 1. Incident Name: HURRICANE KIM | 2. Operational Period: Date From: 9/3/15 Time From: 18:00 | Date To: 9/4/15 Time To: 06:00 |
|---|---|-----------------------------------|

3. Objective(s):

1. Provide for the life safety and security of all response personnel and the public.
2. Continue to stabilize the incident throughout the operational period.
3. Protect and limit damage to property as much as possible.
4. Respond promptly and compassionately to the emergency needs of the public.
5. Identify and prioritize infrastructure and utilities failures and begin restoration as soon as possible.
6. Ensure transportation and evacuation routes are clear and functional.

4. Operational Period Command Emphasis:

Remnants of Hurricane Kim will continue to affect the area throughout this operational period. Expect an additional 6 inches of rain with sustained winds of 15-20 mph with 35 mph gusts. Temperatures will be a high of 90 F and lows near 72 F. All area rivers and streams are at their flood stage levels. The ICP will update current weather and forecasts every 3 hours.

General Situational Awareness

Follow agency specific safety guidelines. Refer to the General Safety Message for additional information. Currently in Columbus County; flooding, downed power lines, and falling trees are your greatest hazards. Utilize appropriate PPE and PFDs when necessary. Do not drive through flood waters. Consider all power lines to be energized.

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 | Other Attachments: <input checked="" type="checkbox"/> General Safety Message _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> ICS 203 | <input type="checkbox"/> ICS 207 | |
| <input checked="" type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 208 | |
| <input checked="" type="checkbox"/> ICS 205 | <input type="checkbox"/> Map/Chart | |
| <input type="checkbox"/> ICS 205A | <input type="checkbox"/> Weather Forecast/Tides/Currents | |

7. Prepared by: Name: Tim Hamrick Position/Title: Planning Section Chief Signature: _____

8. Approved by Incident Commander: Name: Roland Miller Signature: _____

| | | |
|---------|-------------------|--------------------------------|
| ICS 202 | IAP Page <u>3</u> | Date/Time: <u>9/3/15 15:00</u> |
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ORGANIZATION ASSIGNMENT LIST (ICS 203)

| | | | | | |
|--|--------------------------|--|-------------------------------|--|--|
| 1. Incident Name: Hurricane Kim | | 2. Operational Period: Date From: 9/3/15 Time From: 9/4/15 | | Date To: 18:00 Time To: 06:00 | |
| 3. Incident Commander(s) and Command Staff: | | | 7. Operations Section: | | |
| IC/UCs | Andy Tripp | Chief | D. Hunt | | |
| | | Deputy | | | |
| Deputy | | Staging Area | | | |
| Safety Officer | Kristi Powell | Branch | | | |
| Public Info. Officer | Adam Jones | Branch Director | J. Sponner | | |
| Liaison Officer | Jeff Hancock | Deputy | | | |
| 4. Agency/Organization Representatives: | | Division/Group | R. Carswell | West | |
| Agency/Organization | Name | Division/Group | R. Hancock | Central | |
| | | Division/Group | T.L. Smartt | East | |
| | | Division/Group | | | |
| | | Division/Group | | | |
| | | Branch | | | |
| | | Branch Director | | | |
| | | Deputy | | | |
| 5. Planning Section: | | Division/Group | | | |
| Chief | R. Miller | Division/Group | | | |
| Deputy | | Division/Group | | | |
| Resources Unit | D. James | Division/Group | | | |
| Situation Unit | M. Sawyer | Division/Group | | | |
| Documentation Unit | J. Longo | Branch | | | |
| Demobilization Unit | R. Lambert | Branch Director | | | |
| Technical Specialists | | Deputy | | | |
| | | Division/Group | | | |
| | | Division/Group | | | |
| | | Division/Group | | | |
| 6. Logistics Section: | | Division/Group | | | |
| Chief | R. Logan | Division/Group | | | |
| Deputy | | Air Operations Branch | | | |
| Support Branch | | Air Ops Branch Dir. | J. Tate (NCNG) | | |
| Director | C. Kerr | Helo Coordinator | T. Rogers | | |
| Supply Unit | | | | | |
| Facilities Unit | | 8. Finance/Administration Section: | | | |
| Ground Support Unit | | Chief | B. Rowland | | |
| Service Branch | | Deputy | | | |
| Director | T. Jones | Time Unit | L. Reel | | |
| Communications Unit | A. Thomas | Procurement Unit | R. Hicks | | |
| Medical Unit | B. Browning | Comp/Claims Unit | | | |
| Food Unit | T. Houston | Cost Unit | | | |
| 9. Prepared by: Name: <u>Tim Hamrick</u> Position/Title: <u>Planning Section Chief</u> Signature: _____ | | | | | |
| ICS 203 | IAP Page <u>4</u> | Date/Time: <u>9/3/15 15:00</u> | | | |

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

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|---|--|---|
| 1. Incident Name: Hurricane Kim | 2. Date/Time Prepared: Date: 9/3/15 Time: 15:00 | 3. Operational Period: Date From: 9/3/15 Time From: 9/4/15 Date To: 18:00 Time To: 06:00 |
|---|--|---|

| 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 |
| SE | | Primary | State Event DELTA 1 | Columbus Co. EOC | | | | | D | Command |
| SE | | Primary | State Event DELTA 2 | Branch I | | | | | D | Non-Emergency Communications |
| SE | | Primary | State Event DELTA 3 | EAST DIV EMS Ops | | | | | D | Emergency Operations |
| SE | | Primary | State Event DELTA 4 | EAST DIV USAR OPS | | | | | D | Emergency Operations |
| | | Backup | VHF State Rescue | County Wide EMS OPS | 155.280 | CSQ | 155.280 | 192.8 | A | |
| | | Backup | VHF State Fire | County Wide USAR OPS | 154.280 | CSQ | 154.280 | 192.8 | A | |
| 8TC | | Backup | 8TAC91 | County Wide Branch Mgrs | 851.5125 | 156.7 | 806.5125 | 156.7 | A | |
| 8TC | | Backup | 8CALL90 | Columbus Co. EOC | 851.0125 | 156.7 | 806.0125 | 156.7 | A | |

5. Special Instructions:

| | |
|--|------------------|
| 6. Prepared by (Communications Unit Leader): Name: T. Annis | Signature: _____ |
| Date/Time: 9/3/15 15:00 | |
| ICS 205 | |

MEDICAL PLAN (ICS 206)

| | | |
|---|---|-----------------------------------|
| 1. Incident Name: Hurricane Kim | 2. Operational Period: Date From: 9/3/15 Time From: 18:00 | Date To: 9/4/15 Time To: 06:00 |
|---|---|-----------------------------------|

| 3. Medical Aid Stations: | | | |
|--------------------------|----------------------------|-----------------------------|---|
| Name | Location | Contact Number(s)/Frequency | Paramedics on Site? |
| Columbus West | Base - US74 @ 701 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Whiteville FD | Main Street, Whiteville | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 130 East | Columbus Elementary School | | <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 |
| Columbus County EMS | Columbus County Admin | 911 | <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS |
| Bladen County EMS | 201 Kinlaw Street | 911 | <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS |
| Incident Resources | Branch I - EAST DIV | VIPER SE DELTA 3 | <input checked="" type="checkbox"/> ALS <input checked="" 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 | | | |
| Columbus General | 200 Hospital Drive | | 30 min | 60 min | <input type="checkbox"/> Yes Level: _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| New Hanover Regional | Wilmington, NC | | 30 min | 60 min | <input checked="" type="checkbox"/> Yes Level: 2 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" 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:
 All responder emergencies must be reported to the EOC. Contact your DIVS as soon as possible.

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

7. Prepared by (Medical Unit Leader): Name: B. Browning Signature: _____

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

| | | |
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SAFETY MESSAGE/PLAN (ICS 208)

| | | |
|---|---|---|
| 1. Incident Name: Hurricane Kim | 2. Operational Period: Date From: 9/3/15 Time From: 18:00 | Date To: 9/4/15 Time To: 06:00 |
|---|---|---|

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

Major Hazards and Risks:

- 1) Flooded Roadways
- 2) Debris/Trees Down
- 3) Power Lines Down
- 4) Environmental Injuries

Please review your safety briefing notes.

All personnel must have their required PPE to function in any hazard areas.

USAR PPE required for all rescue operations.

PFDs required for anyone within 10 feet of standing or moving flood waters.

Report all responder injuries and accidents to the DIVS and Safety Officer.

Document all injuries and accidents on your ICS214

4. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: Roland Miller Position/Title: Incident Commander Signature: _____

ICS 208

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Date/Time: 9/3/15 15:00

