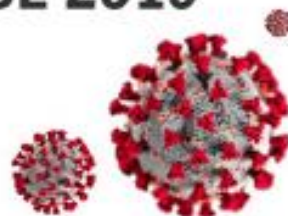


Mono County COVID-19 Incident Incident Action Plan



CORONAVIRUS DISEASE 2019 **COVID-19**



August 5, 2021 – September 6, 2021

1700 - 1700

Incident # 080184

EOC Phone # (760) 932-5650

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Mono COVID-19	2. Operational Period: Date From: 08/05/2021 Date To: 09/06/2021 Time From: 1700 Time To: 1700															
3. Objective(s): <ol style="list-style-type: none"> 1. Provide for public and response workforce safety. 2. Mitigate the speed of COVID-19 spread (flatten the curve). 3. Deliver Timely, Accurate and Transparent information about COVID-19 spread and how it is being managed. 4. Mitigate phobia with facts. 5. Conduct economic recovery based on epidemiologic risk such that future infection rates do not require Public Health mitigation which would halt or reverse economic recovery. 																
Operational Period Command Emphasis <ol style="list-style-type: none"> 1. Continue with vaccinations and testing. 2. Continue to monitor. 3. Continue public education campaigns. 4. Review current plan for local pediatric surge. 																
General Situational Awareness: <ol style="list-style-type: none"> 1. Promote healthy habits and personal hygiene. 2. Maintain social distancing if possible. 3. Wear face coverings or masks in accordance with Public Health Officer order. 4. Continue an open and accurate information exchange. 																
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%;">X ICS 203</td> <td style="width: 33%;">X ICS 207</td> <td style="width: 34%;">Other Attachments:</td> </tr> <tr> <td>X ICS 204</td> <td>X Map/Chart</td> <td></td> </tr> <tr> <td>X ICS 205A</td> <td>Weather Forecast/Tides/Currents</td> <td></td> </tr> <tr> <td>X ICS 206</td> <td>X Meeting Schedule</td> <td></td> </tr> <tr> <td>X ICS 208</td> <td></td> <td></td> </tr> </table>		X ICS 203	X ICS 207	Other Attachments:	X ICS 204	X Map/Chart		X ICS 205A	Weather Forecast/Tides/Currents		X ICS 206	X Meeting Schedule		X ICS 208		
X ICS 203	X ICS 207	Other Attachments:														
X ICS 204	X Map/Chart															
X ICS 205A	Weather Forecast/Tides/Currents															
X ICS 206	X Meeting Schedule															
X ICS 208																
7. Prepared by: Name: Dustlyne Beavers Position/Title: Planning Section Chief Signature: _____																
8. Approved by Incident Commander: Name: Chief Chris Mokracek Signature: _____																
ICS 202	IAP Page _____															
Date/Time: 08/05/2021 1400																

ORGANIZATION ASSIGNMENT LIST (ICS 203)

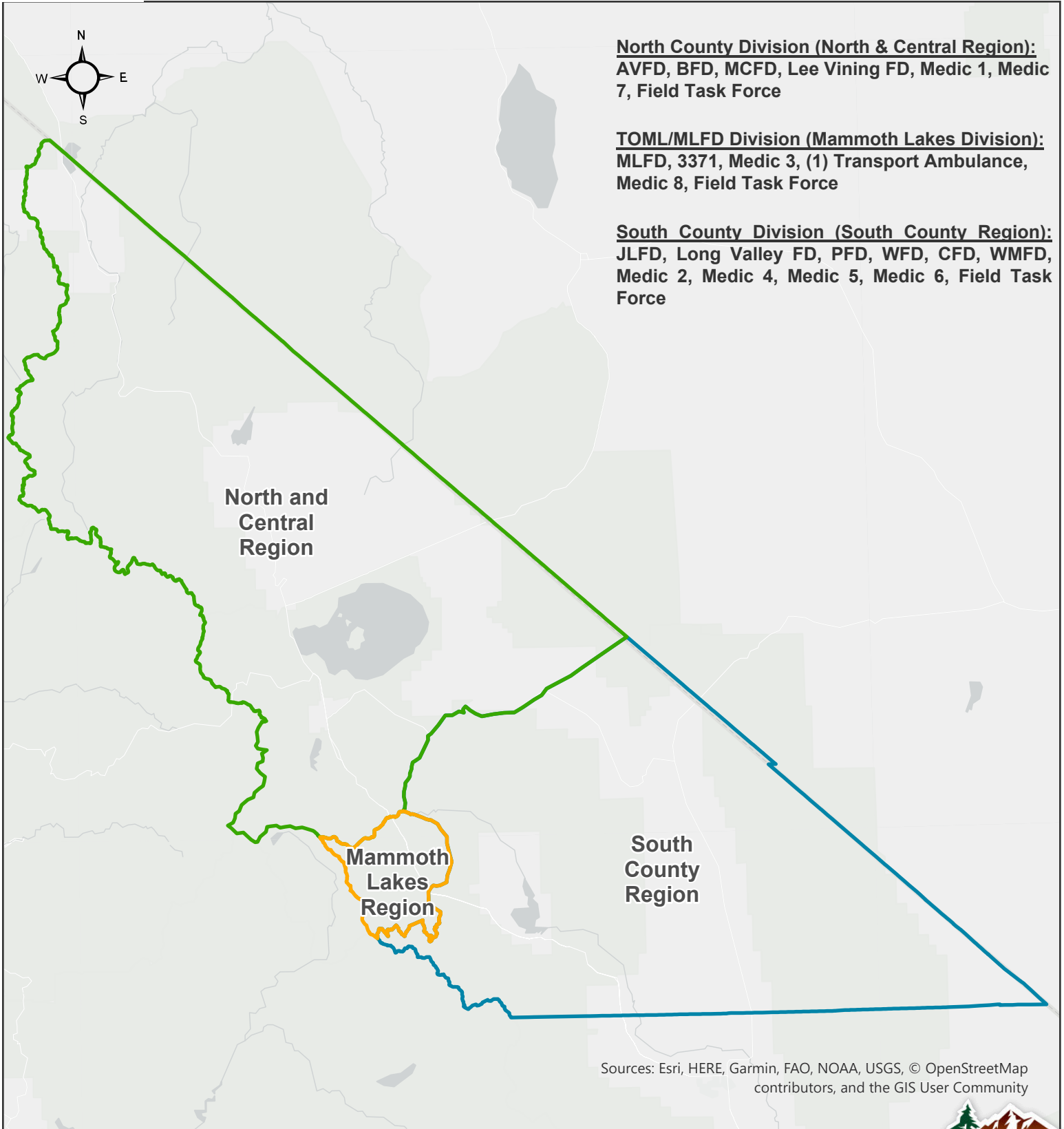
1. Incident Name: Mono COVID-19		2. Operational Period: Date From: 08/05/2021 Date To: 09/06/2021 Time From: 1700 Time To: 1700		
3. Incident Commander(s) and Command Staff:		7. Operations Section:		
IC/UCs	Robert Lawton, CAO	EOC Ops Chief	Chief Chris Mokracek	EMS
	Dan Holler, Town of Mammoth Lakes	Public Health Ops Chief	Bryan Wheeler	Public Health
EOC Director	Chief Chris Mokracek			
Public Info. Officer	Justin Caporusso	PH OPS Section	Public Health Operations Section	
Legal Counsel	Stacey Simon	PH Ops Chief	Bryan Wheeler	
		Deputy	Jennifer Burrows	
		Division/Group	Jennifer Burrows	IZ/Testing
4. Agency/Organization Representatives:		Division/Group	Emily Janoff	EPI/CICT
Agency/Organization	Name	Division/Group		
Mammoth Hospital	Dr. Craig Burrows	Division/Group		
Mammoth Mountain	Eric Clark, Casey McCoy	Division/Group		
June Mountain	Julie Brown	EOC Ops Branch	Community Support	
Business Community	Alicia Vennos	Branch Director		
		Deputy		
5. Planning Section:		Division/Group		
Chief	Dustlyne Beavers	Division/Group		
Deputy		Division/Group		
Resources/IT Unit	Gina Montecallo	Division/Group		
Situation Unit		Division/Group		
Documentation Unit		EOC Ops Branch		
Demobilization Unit		Branch Director		
Technical Specialists		Deputy		
IT Technical Specialist		Division/Group		
		Branch Director		
6. Logistics Section:		Deputy		
Chief	Shaun Troy	Division/Group		
Deputy		Branch		
Support Branch		Branch Director		
Director		Division/Group		
Supply Unit		Division/Group		
Facilities Unit		8. Finance/Administration Section:		
Ground Support Unit		Chief	Jessica Workman	
Service Branch		Deputy		
Director		Time Unit		
Communications Unit		Procurement Unit		
Medical Unit		Comp/Claims Unit		
Food Unit		Cost Unit		
9. Prepared by: Name: Dustlyne Beavers _____ Position/Title: Plans _____ Signature: _____				
ICS 203	IAP Page _____	Date/Time: 08/05/2021 1600		






Mono County Coronavirus Response

Regional Boundaries

Mono COVID-19
08/05/2021 to 09/06/2021
1700 to 1700



Regional Boundaries

-  South County Region
-  North and Central Region
-  Mammoth Lakes Region

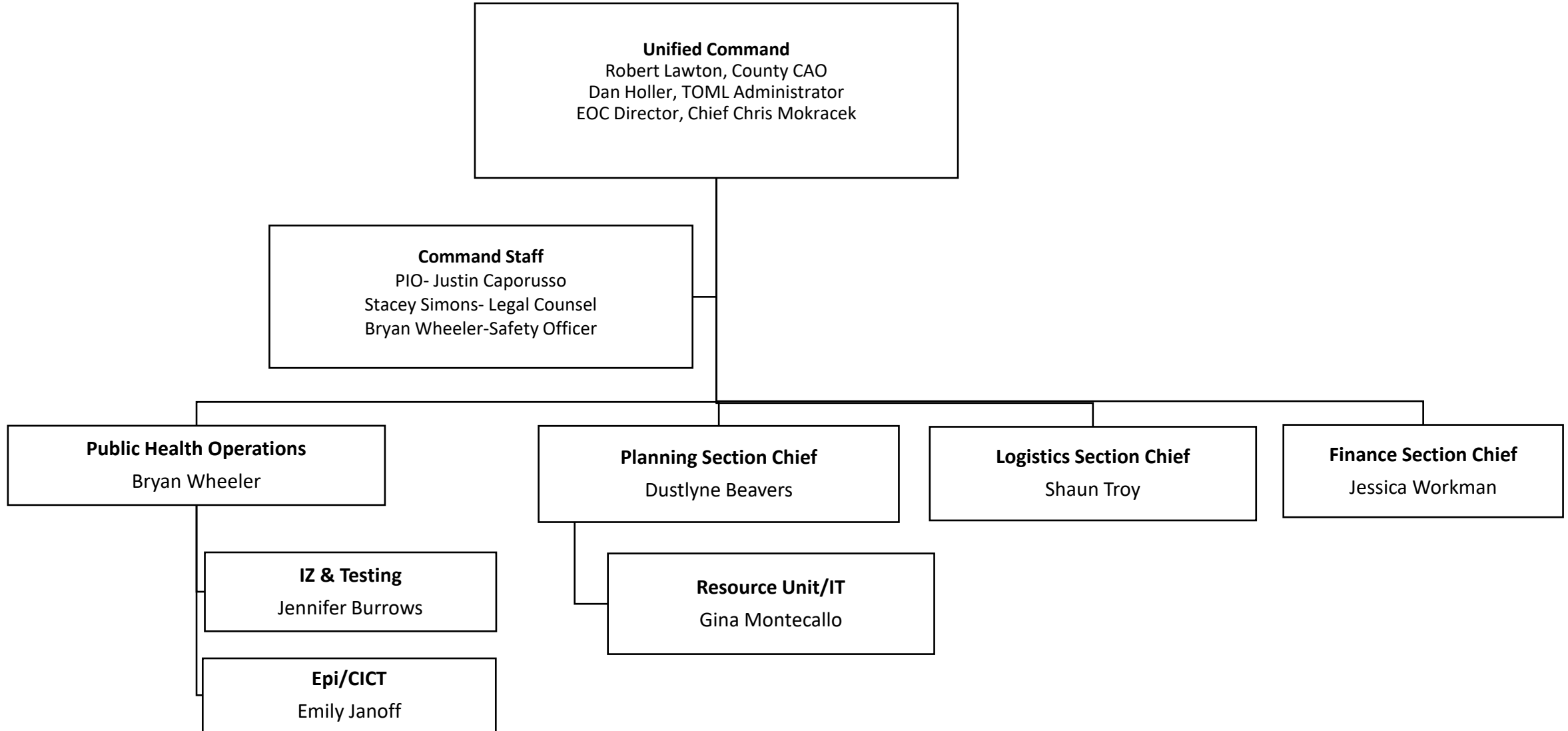
0 3.3 6.5 13 Miles

Production date: 4/17/2020 4:27 PM



EOC Organization Chart (ICS 202)

Mono COVID-19
Operation Period
08/05/2021 to 09/06/2021
1700 to 1700



COMMUNICATIONS LIST (ICS 205A)

1. Incident Name: Mono COVID-19	2. Operational Period: Date From: 08/05/2021 Date To: 09/06/2021 Time From: 1700 Time To: 1700
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3. Basic Local Communications Information:		
Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)
See EOC Phone List	EOC Main Line	(760) 932-5650 (automated)
Push to Talk System (BeOn PTT)		
Jabber		

4. Prepared by: Name: Chris Mokracek Position/Title: OPS Signature:

ICS 205A **IAP Page** _____ Date/Time: 08/05/2021 1600

ASSIGNMENT LIST (ICS 204)

1. Incident Name: MONO COVID 19		2. Operational Period: Date From: 08/05/2021 Date To: 09/06/2021 Time From: 1700 Time To: 1700		3. Branch: Public Health Division: EPI/CICT Staging Area: N/A
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> PH Operations Section Chief: <u>Bryan Wheeler</u> Branch Director: <u>Jennifer Burrows</u> Division/Group Supervisor: <u>Emily Janoff</u>				
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader			
PHI	Emily Janoff			
Epidemiologist	Emily Janoff			
Language Line				
6. Work Assignments: 1. Conduct contact tracing in a timely manner. 2. Ensure documentation is completed in Quick Base. 3. Provide current reports to EOC Director and Plans.				
7. Special Instructions: 1. Maintain confidentiality. Consider use of translators if needed.				
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>Chris Mokracek</u> Position/Title: <u>OPS</u> Signature: _____				
ICS 204	IAP Page _____	Date/Time: <u>08/05/2021 1600</u>		

ASSIGNMENT LIST (ICS 204)

1. Incident Name: MONO COVID 19	2. Operational Period: Date From: 08/05/2021 Date To: 09/06/2021 Time From: 1700 Time To: 1700	3. Branch: Public Health Division: Group: Testing/IZ Staging Area: Countywide	
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ PH Operations Section Chief: <u>Bryan Wheeler</u> _____ Branch Director: <u>Jennifer Burrows</u> _____ Division/Group Supervisor: <u>Jennifer Burrows</u> _____			
5. Resources Assigned:	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader		
Testing	Scott Calvert		Mobile: Countywide
Community Support	Scott Calvert		
6. Work Assignments:			
1. Continue current testing operations. 2. Continue current IZ operations. 3. Communicate with PIO in a timely manner regarding changes/cancellations.			
7. Special Instructions:			
1. Ensure for the safety of staff by providing proper PPE, monitor for proper donning and doffing. 2. Ensure the safety of the public by enforcing social distancing, use of facemask/face cover, and provide traffic safety at the testing site.			
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>Chris Mokracek</u> _____ Position/Title: <u>OPS</u> _____ Signature: _____			
ICS 204	IAP Page _____	Date/Time: _____ 08/05/2021 1600	

MEDICAL PLAN (ICS 206)

1. Incident Name: Mono COVID-19	2. Operational Period: Date From: 08/05/2021 Time From: 1700	Date To: 09/05/2021 Time To: 1700
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3. Clinics and Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
Toiyabe Clinic	73 Camp Antelope Road, Coleville, CA	530-495-2100	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
MWTC (Federal Fire)	MWTC Stanislaus St, Bldg 3005, Hwy 108, CA	760-932-1617	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridgeport Clinic	Not operational at this time		<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

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
Medic 3	3150 Main Street, Mammoth Lakes, CA	760-934-3049;	<input type="checkbox"/> ALS <input type="checkbox"/> BLS
Medic 2	2380 Hwy 158, June Lake, CA	760-648-7234;	<input type="checkbox"/> ALS <input type="checkbox"/> BLS
Medic 7	193 Twin Lakes Rd, Bridgeport, CA	760-932-9813;	<input type="checkbox"/> ALS <input type="checkbox"/> BLS
Medic 1	466 Mule Deer Road, Coleville, CA	530-495-2112;	<input type="checkbox"/> ALS <input type="checkbox"/> BLS
Medic 4	25474 US-6 Benton, CA	760-933-2252	<input type="checkbox"/> ALS <input type="checkbox"/> BLS
Medic 5	215 Valley Rd., Chalfant Valley, CA	760-873-5402	<input type="checkbox"/> ALS <input type="checkbox"/> BLS
Medic 6 (Backup)	2328 Hwy 158 June Lake, CA	760-648-7234	<input type="checkbox"/> ALS <input type="checkbox"/> BLS
3371	3150 Main Street, Mammoth Lakes, CA	760-934-2300;	<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			
Mammoth Hospital	85 Sierra Park Road Mammoth Lake, CA 93546	760-934-3311			<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Northern Inyo Hospital	150 Pioneer Lane, Bishop, CA 93414	760-873-5811			<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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: Medical Air Assets are required through Mono County Dispatch. Medical EMS Local Rx Frequency: 154.0250; Tx Frequency: 154.0250 See ICS 205 Incident Radio Communications Plan <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: _____	Signature: _____
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8. Approved by (Safety Officer): Name: _____	Signature: _____
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ICS 206	IAP Page _____	Date/Time: _____
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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Mono COVID-19	2. Operational Period: Date From: 08/05/2021 Date To: 09/06/2021 Time From: 1700 Time To: 1700
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan: Mono County and the Town of Mammoth Lakes are working closely with guidance from the Centers for Disease Control (CDC), state, and local agencies to monitor and respond to COVID-19 and its potential impacts on Mono County. The CDC and Mono County Public Health remain the best resources for current information about COVID-19 and safety tips. We encourage the public to stay informed with reliable, timely information from Mono County Public Health and the CDC by visiting www.cdc.gov . In order to limit exposure, implement the following activities: <ol style="list-style-type: none">1. Steps to prevent the spread of COVID-19 - cover your cough and sneeze, wash hands frequently.2. Masks are required.3. Under all circumstance, stop touching your face, eyes, nose or mouth with your unwashed hands.4. Stop shaking hands.5. Social Distancing (minimum of 6 feet) - increase the amount of remote working or teleworking to the extent possible, especially for those who appear at higher risk for developing disease.6. If you are not feeling well or are experiencing cold, flu, or other symptoms, contact your primary care provider and stay home from work.7. Workspace should provide hand sanitizer and cleaning supplies. Wipe down all workstations prior to use and after use.8. Limit meetings to essential personnel, not to exceed 5 persons.9. Personnel entering EOC or meeting places shall go through a screening process to include a questionnaire or temperature reading.10. All personnel shall sign-in to the facility for each meeting/facility and shall follow posted protocol. EOC FOOD POLICY <ol style="list-style-type: none">1. No Communal Dishes such as casseroles that would be served family-style.2. Hand sanitizer to be available and used before touching any food or utensils.3. Prewrapped, individual foods are preferred.4. No Finger foods.5. Utensils must be used to serve all foods. Disinfect your hands after serving yourself food items.6. Disinfect counter spaces before the arrival of the food and at the time of clean up.7. No uncovered food and food should not be left out for more than 2 hours.8. Properly dispose of all food trash daily.9. Bring individual, personal lunches to avoid exposure to unknown preparation and handling process. RESIDENT FOOD DELIVERY/ENCOUNTER FIELD POLICY <ol style="list-style-type: none">1. Wash or disinfect your hands before encounters with any individual in the community.2. If possible, remain 6 feet from any community member who is receiving service.3. Ask the individual about any symptoms such as fever, dry cough, or difficulty breathing. If so, report to 760-709-6741 as soon as possible. Bryan Wheeler Health Department. If the individual has any symptoms collect contact information. Name, phone number, and address.4. If delivering food or medications, place the item down and move back 6 feet, then allow the individual to pick up the items delivered.5. Wash or disinfect your hands after your community encounter.	
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located At:	
5. Prepared by: Name: Bryan Wheeler _____ Position/Title: Safety Officer _____ Signature: _____	
ICS 208	IAP Page _____ Date/Time: 08/05/2020 1600

Mono County COVID-19 Meeting Schedule

Every Other Thur
0900- 1000

Command & General Staff: Assigned EOC Virtual Mtg Space
Attendees: EOC Director, Operations Section Chief, Planning
Section Chief, Logistics Section Chief, and Finance Section Chief)

Mondays
1100-1230

UC General Planning Meeting: Assigned EOC Virtual Mtg Space
Attendees: Unified Commanders, EOC Director, Command Staff (PIO, Liaison, Safety
Officer, Economic Recovery), General Staff- Operations & Planning, Mammoth
Hospital, County Counsel