

Incident Action Plan
for

SCHUYLKILL COUNTY - RAIL INCIDENT

Operational Period

Date From:	8/1/15	Date To:	12/31/16
Time From:	0:01	Time To:	23:59

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Incident Briefing (ICS 201)

1. Incident Name: SCHUYLKILL COUNTY - RAIL INCIDENT	2. Incident Number: N/A	3. Date/Time Initiated: Date: _____ Time: _____
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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):

REFERENCE THE MAPS FOR EACH AREA WITHIN SCHUYLKILL IDENTIFIED AS HAVING A SPECIAL RAIL HAZARD:

AUBURN AREA

MAHANOEY YARD

MINERSVILLE AREA

SCHUYLKILL HAVEN / CRESSONA YARD

PORT CARBON / SCHUYLKILL VALLEY AREA

PORT CLINTON AREA

POTTSVILLE AREA

TAMAQUA / WEST PENN TWP AREA

5. Situation Summary (for briefings or transfer of command):

RAIL TANK CARS WITH PLACARDS FOR HAZARDOUS COMMODITIES ARE TRANSPORTED AND STAGED IN AREAS OF SCHUYLKILL COUNTY, POSING A POTENTIAL THREAT TO RESIDENTS, BUSINESS AND INDUSTRY, TRANSPORTATION ROUTES, CRITICAL INFRASTRUCTURE, SPECIAL NEEDS FACILITIES AND THE ENVIRONMENT. THIS IAP WILL SERVE AS THE BASIS FOR AN EMERGENCY RESPONSE TO A RAIL INCIDENT. THOUGH THE PRIMARY FOCUS IS ON KNOWN AREAS WHERE RAIL TANK CARS ARE STAGED, THE IAP WILL ALSO BE USED FOR ANY RAIL INCIDENT WITHIN THE COUNTY REGARDLESS OF LOCATION.

6. Prepared by: JOHN MATZ	Position Title: EMC	Signature: <i>JOHN MATZ</i>
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ICS 201, Page 3	Date/Time: August 1, 2015 0800 hours
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Current and Planned Objectives:

All current and planned objectives for Schuylkill County resources will be focused on life safety.

1. size up, estimate extent of incident, wind direction, possible exposures and report to county 911
2. determine evacuation or shelter in place for those residential and commercial structures within the 3,000 isolation zone by referencing the appropriate map document for the area of incident
3. establish traffic and access control points based on the extent of the situation
4. alert reception center and shelter resources POC
5. determine potential impact to main travel routes and advise county 911
6. deploy atmospheric monitoring to establish a perimeter
7. initiate contact with public officials from the potentially impacted municipalities
8. provide initial information for distribution to media resources for assistance with public notification

8. Current and Planned Actions, Strategies, and Tactics:

Time:	Actions:
	Fire Police and / or PD provide initial alerting to residential and commercial structures in the immediate area
	PD - establish TCP and ACP
	Atmospheric Monitoring - deploy to establish perimeter, continual monitoring and reports to OSC on 15 minute intervals
	EMS - establish 1 BLS at ICP and 1 BLS at each shelter facility
	Municipal EMC - organize transport to Reception Center for all evacuees without transport assets
	Public Works - water - monitor source water for possible contamination
	Public Works - waste water - monitor influent and effluent streams
	Public Works - assist PD and Fire Police by providing and setting barriers or other traffic control devices as directed
	Fire - establish a water supply to protect exposures, disperse vapor clouds or cool tanks

6. Prepared by: _____	Position Title: _____	Signature: _____
ICS 201, Page 3	Date/Time: _____	

Incident Briefing (ICS 201)

1. Incident Name:

SCHUYLKILL COUNTY - RAIL INCIDENT

2. Incident Number:

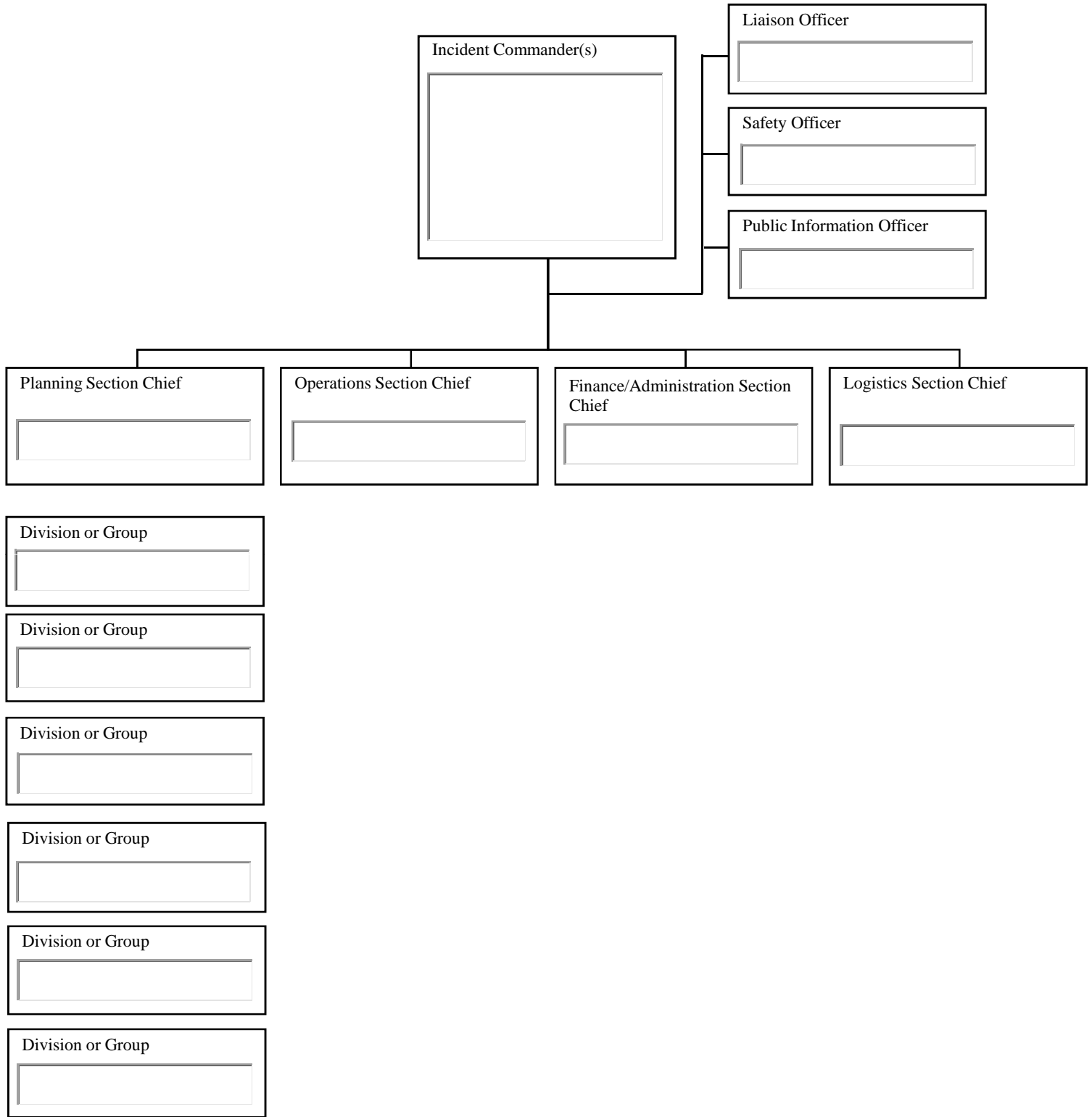
N/A

3. Date/Time Initiated:

Date:

Time:

9. Current Organization (fill in additional organization as appropriate):



6. Prepared by:

Position Title:

Signature:

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Date/Time:

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10. Resources Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
Atmospheric Mon 1				<input type="checkbox"/>	FD68-1
Atmospheric Mon 2				<input type="checkbox"/>	FD65-2
Atmospheric Mon 3				<input type="checkbox"/>	FD58-1
Atmospheric Mon 4				<input type="checkbox"/>	FD14
Atmospheric Mon 5				<input type="checkbox"/>	FD04-4
Atmospheric Mon 6				<input type="checkbox"/>	EMA
Decon 1				<input type="checkbox"/>	FD68-3
Decon 2				<input type="checkbox"/>	FD65-4
Decon 3				<input type="checkbox"/>	FD52-2
Rescue TF 1				<input type="checkbox"/>	FD68-6
Rescue TF 2				<input type="checkbox"/>	FD56
Rescue TF 3				<input type="checkbox"/>	FD48-5
IMT - 1				<input type="checkbox"/>	Schuykill IMT
IMT - 2				<input type="checkbox"/>	Keystone IMT
PA DEP - Air Mon				<input type="checkbox"/>	PA DEP NERO
PA DEP - Water Qual				<input type="checkbox"/>	PA DEP NERO
PA DEP - Air Qual				<input type="checkbox"/>	PA DEP NERO
HazMat - DATOM				<input type="checkbox"/>	570-343-2878
HazMat - Berks				<input type="checkbox"/>	Berks County 911
Spill Containment				<input type="checkbox"/>	FD63-2
Spill Containment				<input type="checkbox"/>	FD68-3
Foam Supplies				<input type="checkbox"/>	FD63-2
				<input type="checkbox"/>	
				<input type="checkbox"/>	
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6. Prepared by: _____	Position Title: _____	Signature: _____
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INCIDENT OBJECTIVES (ICS 202)

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3. Objective(s):
Life Safety is PRIORITY - first responders, public, special need population / special needs institutions
Determine exact location, extent of incident and exposures.
Establish 3,000 isolation zone around incident.
Deploy Atmospheric Monitoring to establish Hot, Warm and Cold zones. Work from original Isolation zones.
Evacuate or Shelter in place as necessary
Monitor product release without putting personnel at risk.

4. Operational Period Command Emphasis:

General Situational Awareness:

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 type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u>
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____

7. Prepared by: Name: _____ Position Title: _____ Signature: _____

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

ICS 202 | IAP Page _____ | Date/Time: _____

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: SCHUYLKILL COUNTY - RAIL INCIDENT	2. Date/Time Prepared: Date: _____ Time: _____	3. Operational Period: Date From: 8/1/15 Date To: 12/31/16 Time From: 0:01 Time To: 23:59
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4. Basic Radio Channel Use:										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment (Div/Group/etc.)	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
		Command	Sch Ops 1	Command						
		Support	Sch Ops 4	Logistics						
		Staging	Sch Ops 2							
		LE	PD Ops1							
		Evac	VTAC11A							
		TCP / ACP	VTAC12A/13A							
		Patrol	PD Ops2							
		Fire	Fire A3 / B3							
		Air Mon	Sch Ops 3							
		Suppression	Fire A2 / B2							
		Tactical	VTAC14A							
		Medical	Sch EMA 1							
		Transport	EMS Ops 1							
		CP	Aux Comms - Races							
		Shelter	Aux Comms - Races							

5. Special Instructions:
The Schuylkill County Incident Support Vehicle will respond to the incident and establish communications control for the incident, to allow the Schuylkill County 911 Communications Center to continue to monitor, answer and dispatch incidents for the remainder of the county. The communications between the ISV and the 911 Center will primarily be handled via cellular phone.

6. Prepared by (Communications Unit Leader):	Name: _____	Signature: _____
ICS 205	IAP Page	Date/Time: _____

MEDICAL PLAN (ICS 206)

1. Incident Name: <p style="text-align: center;">SCHUYLKILL COUNTY - RAIL</p>	2. Operational Period: Date From: 8/1/15 Date To: 12/31/16 Time From: 0:01 Time To: 23:59
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)	Paramedics on Site?
Schuylkill EMS	Pottsville, Sch Haven, Orwigsburg		<input type="checkbox"/> Yes <input type="checkbox"/> No
Auburn Ambulance	Auburn		<input type="checkbox"/> Yes <input type="checkbox"/> No
Goodwill Ambulance	Minersville		<input type="checkbox"/> Yes <input type="checkbox"/> No
Citizen FC Ambulance	Mahanoy City		<input type="checkbox"/> Yes <input type="checkbox"/> No
Tamaqua Ambulance	Tamaqua		<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)	Level of Service
Life Flight	Cass Twp		<input type="checkbox"/> ALS <input type="checkbox"/> BLS
Life Lion	Hershey		<input type="checkbox"/> ALS <input type="checkbox"/> BLS
Penn Star	Coaldale		<input type="checkbox"/> ALS <input type="checkbox"/> BLS
Medivac	Pottsville		<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			
Schuylkill Medical Center East	Pottsville				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Schuylkill Medical Center South	Pottsville				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
St Luke's Miners	Coaldale				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:
Trauma Centers: Lehigh Valley - Cedar Crest, Hershey Medical Center, Geisinger - Danville, St Luke's - Bethlehem, Reading Hospital, Geisinger - Wyoming Valley
Burn Centers: Lehigh Valley - Cedar Crest
Additional Regional Hospitals: Lehigh Valley - Hazelton
See attached hospital information dated 10-9-2015

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: _____

SAFETY MESSAGE/PLAN (ICS 208)

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

Be cautions of slips, trips and falls
Only personnel assigned by the Ops Section Chiefs are permitted to proceed beyond the Cold Zone
Remain aware of changing wind directions tha may shift vapors
Keep paths of ingress and egress open, free of equipment and debris

4. Site Safety Plan Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Site Safety Plan(s) Located At:

5. Prepared By: Name: _____	Position/Title: _____	Signature: _____
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ICS 208	IAP Page	Date/Time: _____
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