



SPECIAL EVENT OBJECTIVES (ICS 202)

1. Special Event Name: Fourth of July Parade	2. Operational Period: Date From: 4 July Time From: 1000	Date To: 4 July Time To: 1400												
3. Objective(s): Examples: <ol style="list-style-type: none"> 1. All personnel report to XX location by 0800. 2. Briefing at XX location prior to departing for pre parade staging. 3. Establish Special Event Command at XX location. 4. Establish Communications- Radio roll call with to be done prior to parade @ 0930. 5. Demobilization at respective mobilization point after parade is complete. 														
4. Weather: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  Day Partly Cloudy High: 82°F Precip: 10% Wind: From W at 10 mph Humidity: 61% UV Index: 7 High Sunrise: 7:02 AM ET Avg. High: 78°F </div> <div style="text-align: center;">  Night Mostly Clear Wind: From NE at 5 mph Humidity: 73% Sunset: Avg. Low: 56°F </div> </div>														
5. General Safety Message Examples: <ol style="list-style-type: none"> 1.) Remain on assigned Channel for Special Event. 2.) Radio Etiquette 3.) Maintain awareness of Traffic and Crowds. 4.) Maintain Personnel safety 														
6. Special Event Action Plan (the items checked below are included in this Special Event Action Plan): <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input checked="" type="checkbox"/> ICS 206</td> <td style="text-align: right;"><u>Other Useful Attachments:</u></td> </tr> <tr> <td><input type="checkbox"/> Map/Chart</td> <td><input checked="" type="checkbox"/> Weather Forecast</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Map of Course Route</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Pictures of Course Signage</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td></td> <td></td> </tr> </table>			<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 206	<u>Other Useful Attachments:</u>	<input type="checkbox"/> Map/Chart	<input checked="" type="checkbox"/> Weather Forecast	<input checked="" type="checkbox"/> Map of Course Route	<input checked="" type="checkbox"/> ICS 205		<input checked="" type="checkbox"/> Pictures of Course Signage	<input checked="" type="checkbox"/> ICS 205A		
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7. Prepared by: Name: Charlie Smith Position/Title: Special Event Coordinator														
8. Approved by Special Event Commander: Name: Sally Gonzales Signature: _____														
ICS 202	IAP Page <u> 1 </u>	Date/Time: _____												

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Special Event Name: Fourth of July Parade		2. Operational Period: Date From: 4 July Time From: 1000		Date To: 4 July Time To: 1400	
3. Special Event Commander(s) and Command Staff:			7. Operations Section: Special Event Coordinator		
Special Event Leader	Sally Gonzales	Special Event Coordinator	Charlie Smith		
Safety Officer	Paul Blanco	Registration	Evan Rude		
Public Info. Officer	Sally Gonzales	Parade Start	John Son		
Liaison Officer		Parade Finish	Sara Peak		
		Volunteer Coordinator	Tammy Potter		
4. Agency/Organization Representatives:					
Agency/Organization	Name	EMS			
ABC Foundation	Sally Gonzales	Medical Lead	Sam Mederios		
Police Department	Police Chief	Medical Station 1	Dave Kia		
Fire Department	Fire Chief	Medical Station 2	Cindy Kind		
Volunteers Group 123		Medical Station 3	Sara Peak		
5. Planning Section:			Law Enforcement		
Special Event Coordinator	Charlie Smith	Law Enforcement Lead	Peter Vaughn		
		AB Street	Kelly Brown		
6. Logistics Section:		EF Street	Todd Crane		
Chief		CD Street	Jamie Pierce		
Deputy		XY Street	Tim Pine		
Support Branch					
Director		Parade Floats			
Supply Unit		Parade Float Coordinator	Tucker Trip		
Facilities Unit		Start Float	Rhonda Angelo		
Communications Unit	Tom Jones	End Float	Robert Canata		
Medical Unit	Sam Mederios	Mid-Way Float	Edward Correira		
Food Unit					
			8. Finance/Administration Section:		
			ABC Foundation	NAME	
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
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SPECIAL EVENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Special Event Name: Fourth of July Parade	2. Date/Time Prepared: Date: _____ Time: _____	3. Operational Period: Date From: 4 July Date To: 4 July Time From: 1000 Time To: 1400
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4. Basic Radio Channel Use:					
System/ Cache	Channel	Function	Frequency/Tone	Assignment	Remarks
800 MHz	X Bank Channel X	Special Event Command		All Groups and Divisions	Special Event Command Monitored in the Special Event HQ. All call channel.
800 MHz	X Bank Channel X	Medical Stations		Medical Stations	
800 MHz	X Bank Channel X	EMS		EMS Group	Minor and Major EMS incidents
800 MHz	X Bank Channel X	Law Enforcement		Law Enforcement/ Traffic Enforcement	Perimeter control, traffic and road closure updates. Monitored in the Special Event HQ post.
Walkie Talkies	X Bank Channel X	Parade Floats		Float Participants	Float to Float communications assisting in flow of parade.
800 MHz	X Bank Channel X	Back up Special Event Channel			

5. Special Instructions:
 If an incident occurs during the parade, contact Special Event Command immediately by utilizing the proper channel.

6. Prepared by (Communications Unit Leader): Name: Tom Jones Signature: _____

COMMUNICATIONS LIST (ICS 205A)

1. Special Event Name: <u>Fourth of July Parade</u>	2. Operational Period: Date From: <u>4 July</u> Time From: <u>1000</u>	Date To: <u>4 July</u> Time To: <u>1400</u>
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3. Basic Local Communications Information:		
Special Event Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)
<u>Start Float</u>	<u>Angelo, Rhonda</u>	<u>401-111-7777</u>
<u>Safety Officer</u>	<u>Blanco, Paul</u>	<u>401-888-3322</u>
<u>AB Street Shut Down</u>	<u>Brown, Kelly</u>	<u>401-214-3567</u>
<u>End Float</u>	<u>Canata, Robert</u>	<u>401-555-6666</u>
<u>Mid-Way Float</u>	<u>Correira, Edward</u>	<u>401-333-4444</u>
<u>EF Street Shut Down</u>	<u>Crane, Todd</u>	<u>401-789-1111</u>
<u>Special Event Commander</u>	<u>Gonzales, Sally</u>	<u>401-222-1235</u>
<u>Communications</u>	<u>Jones, Tom</u>	<u>401-222-3333</u>
<u>Medical Station 1</u>	<u>Kia, Dave</u>	<u>401-287-8963</u>
<u>Medical Station 2</u>	<u>Kind, Cindy</u>	<u>401-123-4567</u>
<u>Special Event Medical Unit Leader</u>	<u>Mederios, Sam</u>	<u>401-777-8888</u>
<u>Parade Finish</u>	<u>Peak, Sara</u>	<u>401-999-6354</u>
<u>Medical Station 3</u>		
<u>CD Street Shut Down</u>	<u>Pierce, Jamie</u>	<u>401-493-5178</u>
<u>XY Street Shut Down</u>	<u>Pine, Tim</u>	<u>401-465-8721</u>
<u>Volunteer Coordinator</u>	<u>Potter, Tammy</u>	<u>401-555-6789</u>
<u>Registration</u>	<u>Rude, Evan</u>	<u>401-777-7894</u>
<u>Special Event Coordinator Ops Sec.</u>	<u>Smith, Charlie</u>	<u>401-222-1234</u>
<u>Parade Start</u>	<u>Son, John</u>	<u>401-258-5467</u>
<u>Float Coordinator</u>	<u>Trip, Tucker</u>	<u>401-555-7777</u>
<u>Law Enforcement Lead</u>	<u>Vaughn, Peter</u>	<u>401-321-6666</u>

4. Prepared by: Name: <u>Tammy Potter</u>	Position/Title: <u>Volunteer Coordinator</u>	Signature: _____
ICS 205A	IAP Page <u>4</u>	Date/Time: _____

MEDICAL PLAN (ICS 206)

1. Special Event Name: Fourth of July Parade	2. Operational Period: Date From: 4 July Time From: 1000	Date To: 4 July Time To: 1400
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
Med Aid Station 1	Corner of X and Y Street	Cindy Kind 401-123-4567	<input type="checkbox"/> Yes <input type="checkbox"/> No
Med Aid Station 2	Corner of A and B Street	David Kia 401-287-8963	<input type="checkbox"/> Yes <input type="checkbox"/> No
Med Aid Station 3	Parade Finish	Sara Peak 401-999-6354	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation:			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
ABC Ambulance	Medical Aid Station 3 Parade Finish	Sara Peak 401-999-6354	<input type="checkbox"/> ALS <input type="checkbox"/> BLS
EFG Ambulance	Medical Aid Station 2 Corner of A and B Street	David Kia 401-287-8963	<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:						
Hospital Name	Address, Latitude & Longitude	Contact Number(s)/Frequency	Travel Time	Trauma Center	Burn Center	Helipad
			Ground			
Woman and Infants	593 Eddy Street	401-444-4000		<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rhode Island Hospital	101 Dudley Street	401-274-1100		<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roger Williams Hospital	825 Chalkstone Ave	401-456-2000		<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Miriam Hospital	164 Summit Ave	401-793-2500		<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Providence VA Hospital	830 Chalkstone Ave	401-273-7100		<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:
 Contact command via the command channel immediately upon an emergency that is occurring. Identify where you are along the parade route using cross streets and the nature of the emergency. Command will relay the information to the closest unit available to assist at the emergency.

7. Prepared by (Medical Unit Leader): Name: Sam Mederios Signature: _____

8. Approved by (Safety Officer): Name: Paul Blanco Signature: _____

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