



Tim Pellerin
Director

Lincoln County
OFFICE OF EMERGENCY MANAGEMENT
34 Bath Road, P.O. Box 249
Wiscasset, Maine 04578
Phone: (207) 882-7559 Fax: (207) 882-7550



Kimberley White-Kaiser
Deputy Director

Lincoln County

Incident Management Assistance Team

[IMAT]

Manual



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Mission Statement

The Lincoln County Incident Management Assistance Team shall prepare through training and exercises to establish a command structure at large scale incidents to assist local responders. This Team will be set up to operate a Type 3 response as outlined by the National Incident Management System, and possibly transition to a Type 4 IMAT.

This team will utilize the Lincoln County Office of Emergency Management Director's Mobile Command Vehicle in order to help facilitate a Command Post complete with a variety of communications capabilities, until such time as an Emergency Operations Center can be established.



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IMAT Staffing Composition

Team members will consist of Chief's or officers from the following areas:

- Emergency Management
- Police
- Sheriff's Department
- Fire Departments
- Emergency Medical Service
- HazMat
- Radio Technician
- Technical Support
- Search & Rescue
- Department of Environmental Protection

Each member will have to have had a minimum of 3 years experience in their position, along with required training for that position.



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Nomination Form for ICS Position on Lincoln County IMAT

<u>Personal Information</u>
Name:
Job Title/Rank:
Agency/Organization:
Phone Number:
Fax Number:
E-Mail:

<u>Nominee's Supervisor Information</u>
Name:
Phone Number:
Supervisor's Statement of Endorsement: <i>I endorse the above named nominee for participation on the Lincoln County IMAT. The agency/organization is fully prepared to support this commitment within the limits of our agency/organization's operational capacity. We understand their will be a time commitment required for participation in training, exercises, and incident deployments.</i>
Signature: _____ Date: _____



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Briefly describe your emergency response operations experience (use continuation form or provide attachment if necessary – may include resume):

Please list any ICS training and other training specific to the position(s) for which you are applying (use continuation form or provide attachment if necessary):

Acknowledgement of Commitment

I acknowledge that selection to the OC IMAT will require a commitment of time for participation in training, exercises, and incident deployment and am fully prepared to honor this commitment.

Signature of Lincoln County IMAT Applicant

Date

CONTINUATION FORM



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Guidelines and Minimum Training Requirements for Nomination to the Lincoln County Incident Management Assistance Team (IMAT)

Incident Management Assistance Team (IMAT)

The minimum training requirements for an individual to serve on the Lincoln County IMAT are:

1. Successful completion of ICS 100, 200 & 300.
2. Successful completion of Independent Study courses IS 700 & IS 800
3. Minimum 3yrs. experience in a command/leadership position.
4. HazMat/WMD Awareness
5. First Aid
6. Principals of Emergency Management.

Trainings that will be offered to the team are:

1. Public Information Officer
2. Emergency Operations Center
3. Vehicle Operations
4. Safety Officer
5. Resource Management
6. CAMEO
7. Continuity of Operations
8. Communications
9. ICS 400

Members will also be required to participate in exercises to ensure skill proficiency.



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IMAT Call-Out Procedures

Team or Equipment Call-Out

The Lincoln County IMAT will be called out through the direction of the Maine Emergency Management Agency and/or the Lincoln County Emergency Management Agency.

Upon receipt and verification of the request for assistance, the Lincoln County Emergency Management Agency staff will utilize the PageGate system and Lincoln County Communications Center to mobilize members.

Anytime the IMAT is called for assistance, even if it is just for the vehicle, the MEMA duty officer will be notified, who will then notify the other IMAT regions so they may be ready to be contacted for back up.

Individual Call-Out

Individual members of this team will be contacted using the contact information lists that are kept at the Lincoln County EMA office in Wiscasset. This includes, phone, fax, and cell-phone.

Call out's and workers' compensation will be completed in compliance with State of Maine Title 37-B, 784-A "Right to call for and employ assistance"



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Standard Operating Guide

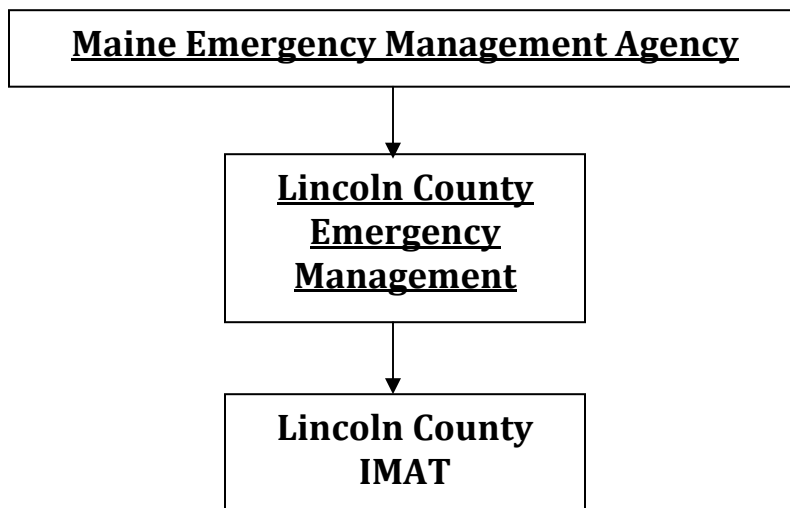
Date: July 18, 2006

Approved By: _____
LCEMA Director

IMAT Administrative Chain of Command

Objective: An administrative guide for IMAT operations.

Scope: All members of the Lincoln County IMAT





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Standard Operating Guide

Date: April 13, 2006

Approved By: _____
LCEMA Director

IMAT OPERATIONS

Objective: A guide to response and operations at incidents.

Scope: All members of the Lincoln County IMAT

1. Following call out from the Lincoln County Emergency Management, members will respond to the assigned location with the appropriate gear.
2. Lincoln County EMA staff will meet the team at the assigned location with the IMAT vehicle.
3. Upon arrival, team members will sign in and be accounted for. At that point they will either be assigned at task, or directed where to go for a briefing of the incident.
4. This unit will serve as a support staff for the incident commander. The incident will dictate to what extent the emergency operations center is set up, as well as how many team members will be called out.



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Accident / Injury Report

Injured Person

Name: (last) _____ (first) _____ (m.i.) _____

Sex: ____ Age: ____ DOB: _____ SSN: ____ - ____ - _____

Permanent Address: (number and street) _____

City: _____ Zip _____ County: _____ State: ____

Telephone: (home) () ____ - _____ (work) () ____ - _____

Incident Assignment: _____

Agency: _____

Status: FT ____ PT ____ Volunteer ____ Student ____ Inmate ____ Other: _____

Date and Place of Accident / Injury

Accident Date: _____ Day of Week: _____ Time of Day: _____

Exact Location Where Accident / Injury Occurred: (in front of Building 3; in north staging area; at information desk; on Ridge Trail at Winding Brook Crossing)

Name of Property Owner: _____ Public or Private? _____



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Accident Description

1. Describe nature of injuries, apparent severity, and body parts affected. (amputated first finger of left hand; painfully swollen and deformed ankle; cut big toe; etc.)

2. Activity when injured (Performing ground search; fire suppression; traffic control; debris removal; etc.)

3. Exactly what was the injured doing when accident occurred? (Climbing over rocks; advancing hoseline; flagging traffic; feeding chipper; etc.)

4. How did accident occur? (Describe fully, stating whether the injured tripped over the object, slipped on floor, was struck, etc. Give all factors contributing to accident; specify the machine, tool, or substance involved.)

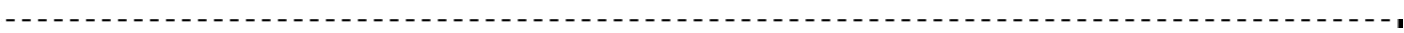
5. Describe how the object was related to the accident. (Floor was wet; object too heavy; loose materials; wire hanging low; etc.)

6. What did injured do unsafely? (Failed to hold handrail; did not ask for lifting assistance; failed to utilize provided safety equipment; etc.)

7. What personal factor was involved? (Ignored warnings of others; disregarded caution sign; trespassing; fatigue; etc.)

8. a. What corrective action might prevent a repetition of this type of accident?

b. Has this action been taken? _____ Date and Time Completed: _____





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Supplemental Information

Who witnessed the accident? (Name, Status or Title, Agency, Address, Telephone No.)

1. _____
2. _____
3. _____

Describe on-incident injury care provided:

Initial Care: _____

By whom? _____ Date and Time _____

Medical Unit Care: _____

By whom? _____ Date and Time _____

Was care provided at an off-incident care facility: _____ Date and Time _____

Facility name and address: _____

Method of transportation to off-incident care: _____

Was injured able to return to work / activity? _____

When? (Date and Time) _____

Narrative Report



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Narrative Report (continued)

Report Completed By: _____ Date and Time _____

Report Reviewed By: _____ Date and Time _____

Reviewer's Disposition of Report: _____