

# Santa Barbara CDZ RX



CA-LPF-1115

5/14/25-5/20/25

WISXR525



## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____																
<b>3. Objective(s):</b>																	
<b>4. Operational Period Command Emphasis:</b>																	
General Situational Awareness																	
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>																	
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td style="width: 33%;"><input type="checkbox"/> ICS 203</td><td style="width: 33%;"><input type="checkbox"/> ICS 207</td><td style="width: 33%;"><u>Other Attachments:</u></td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 206</td><td></td><td><input type="checkbox"/> _____</td></tr></table>			<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	<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"/> _____	<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>															
<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"/> _____															
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____															
<b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____																	
<b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____																	
ICS 202	IAP Page _____	Date/Time: _____															

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
<b>3. Incident Commander(s) and Command Staff:</b>		<b>7. Operations Section:</b>	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		<b>Branch</b>	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
<b>4. Agency/Organization Representatives:</b>		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		<b>Branch</b>	
		Branch Director	
		Deputy	
<b>5. Planning Section:</b>		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		<b>Branch</b>	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
<b>6. Logistics Section:</b>		Division/Group	
Chief		Division/Group	
Deputy		<b>Air Operations Branch</b>	
<b>Support Branch</b>		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		<b>8. Finance/Administration Section:</b>	
Ground Support Unit		Chief	
<b>Service Branch</b>		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
<b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____			
ICS 203	IAP Page _____	Date/Time: _____	

## ASSIGNMENT LIST (ICS 204)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____		3.  Branch:  Division:  Group:  Staging Area:
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: _____  Branch Director: _____  Division/Group Supervisor: _____				
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	
Resource Identifier	Leader			
6. Work Assignments:				
7. Special Instructions:				
8. Communications (radio and/or phone contact numbers needed for this assignment): <u>Name/Function</u> _____ <u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u> _____ _____/_____ _____ _____/_____ _____ _____/_____ _____ _____/_____ _____				
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 204	IAP Page _____	Date/Time: _____		

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____		<b>3.</b> <b>Branch:</b>  <b>Division:</b>  <b>Group:</b>  <b>Staging Area:</b>
<b>4. Operations Personnel:</b> <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____				
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	
Resource Identifier	Leader			
				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
<b>6. Work Assignments:</b>				
<b>7. Special Instructions:</b>				
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): <u>Name/Function</u> _____ <u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u> _____ _____/_____ _____/_____ _____/_____ _____/_____				
<b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____				
ICS 204	IAP Page _____	Date/Time: _____		

## ASSIGNMENT LIST (ICS 204)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____		3.  Branch:  Division:  Group:  Staging Area:
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____				
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	
Resource Identifier	Leader			
				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
6. Work Assignments:				
7. Special Instructions:				
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: _____ Position/Title: _____ Signature: _____				
ICS 204	IAP Page _____	Date/Time: _____		

1. Incident Name:				2. Date/Time Prepared: Date: Time:				3. Operational Period: Date From:                  Date To: Time From:                 Time To:			
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	
5. Special Instructions:											
6. Prepared by (Communications Unit Leader) Name: _____ Signature: _____											
ICS 205			IAP Page ____			Date/Time: _____					

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> <b>East Camino &amp; SBCDZ Prescribed Fire</b>		<b>2. Operational Period:</b> Date From: 10/31/2024 Date 11/01/2025 To: Time From: All OP periods / Time To: All OP periods					
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency			Paramedics on Site?		
Cottage Urgent Care-Goleta	7070 Hollister Ave Goleta, CA 93117	805-324-9270			YES		
Santa Barbara Health Care Center	345 Camino Del Remedio, Santa Barbara, CA 93110	805-681-5488			NO		
<b>4. Transportation</b> (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency			Level of Service		
AMR	240 East Hwy. 246 Buellton, CA 93427	805-688-6550			ALS		
Cal Star (AIR)	3996 Mitchell Rd. Santa Maria, CA 93455	805-938-9038			ALS		
SB County Fire (AIR)	(900 Airport Rd., Hanger G-9 Santa Ynez, CA	800-686-5058			ALS		
					<input type="checkbox"/> ALS <input type="checkbox"/> BLS		
<b>5. Hospitals:</b>							
Hospital Name	Helipad Lat & Lon	Contact Number(s)	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Santa Barbara Cottage Hospital	400 West Pueblo St., Santa Barbara, CA 93105 Lat: 34.25.813' Long: 119.43.435	805-682-7111			Yes Level: 1	NO	YES
Goleta Valley Cottage Hospital	351 South Patterson Ave., Goleta, CA 93111	805-967-3411			NO	NO	NO
Santa Ynez Valley Cottage Hospital	2050 Viborg Rd, Solvang, CA 93463	805-688-6431			NO	NO	NO
West Hills Hospital	7300 Medical Center Dr., West Hills, CA 91307 Lat: 34.12.189' Long: 118.37.744'	818-676-4000			NO	YES	YES
<p>In the event of a medical emergency, the Burn Boss will be contacted and will either supervise the response, monitor the response if supervision is not needed, or delegate supervision. Nearest medical personnel will initiate treatment and determine the need for additional medical personnel at the scene and will determine most appropriate evacuation method if needed. Follow "Medical Incident Report" procedures (8 Line). The District Duty Officer, Forest Duty Officer and district Ranger will be notified by the Burn Boss or a Delegate.</p>							



# MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

## Medical Incident Report

**FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.**

**FOR A MEDICAL EMERGENCY: IDENTIFY ON-SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.**

**Use the following items to communicate situation to communications/dispatch.**

**1. CONTACT COMMUNICATIONS / DISPATCH** (Verify correct frequency prior to starting report)

Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."

**2. INCIDENT STATUS:** Provide incident summary (including number of patients) and command structure.

Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	<input type="checkbox"/> <b>RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b> Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented. <input type="checkbox"/> <b>YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.</b> Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes. <input type="checkbox"/> <b>GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport</b> Ex: Sprains, strains, minor heat-related illness.
Nature of Injury or Illness & Mechanism of Injury	Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)
Evacuation Request	Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location	Descriptive Location & Lat. / Long. (WGS84)
Incident Name	Geographic Name + Medical (Ex: Trout Meadow Medical)
On-Scene Incident Commander	Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)
Patient Care	Name of Care Provider (Ex: EMT Smith)

**3. INITIAL PATIENT ASSESSMENT:** Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG PAGE 106

Treatment:

**4. EVACUATION PLAN:**

Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

**5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:**

Example: Paramedic/EMT, crews, immobilization devices, AED, oxygen, trauma bag, IV/fluid(s), splints, rope rescue, wheeled litter, HAZMAT, extrication

**6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable**

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

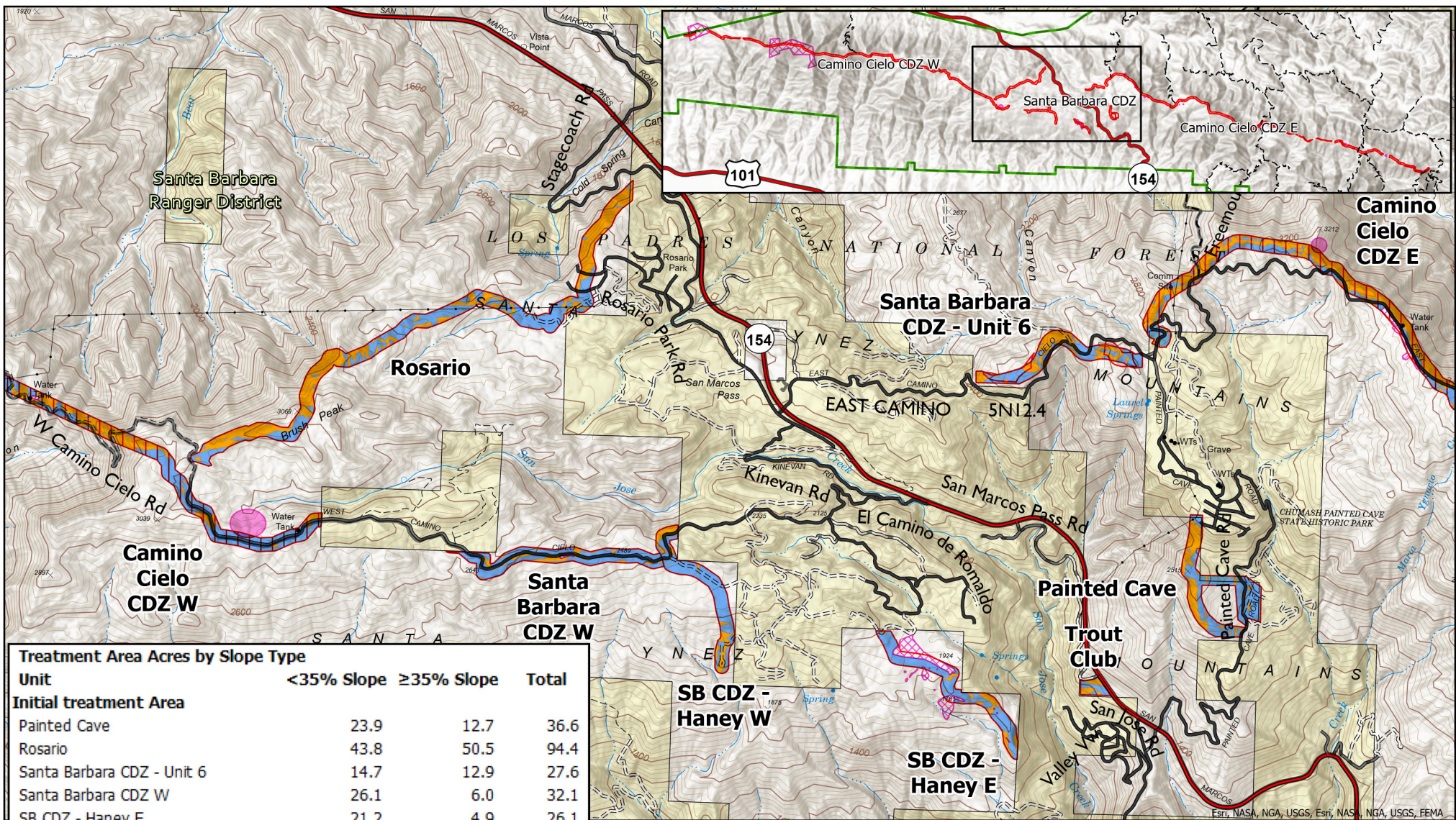
**7. CONTINGENCY: Considerations:** If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead..

**8. ADDITIONAL INFORMATION:** Updates/Changes, etc.

**REMEMBER:** Confirm ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

1. Incident Name:		2. Operational Period: Date From:		Date To:
		Time From:		Time To:
3. Name:		4. ICS Position:		5. Home Agency (and Unit):
6. Resources Assigned:				
Name	ICS Position		Home Agency (and Unit)	
7. Activity Log:				
Date/Time	Notable Activities			
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 214, Page 1		Date/Time: _____		





Treatment Area Acres by Slope Type			
Unit	<35% Slope	≥35% Slope	Total
<b>Initial treatment Area</b>			
Painted Cave	23.9	12.7	36.6
Rosario	43.8	50.5	94.4
Santa Barbara CDZ - Unit 6	14.7	12.9	27.6
Santa Barbara CDZ W	26.1	6.0	32.1
SB CDZ - Haney E	21.2	4.9	26.1
SB CDZ - Haney W	20.5	7.5	28.0
Trout Club	2.3	2.0	4.3
<b>Initial Treatment Subtotal</b>	<b>152.6</b>	<b>96.6</b>	<b>249.2</b>
<b>Additional Treatment Area</b>			
Camino Cielo CDZ E	199.3	236.8	436.0
Resource Sensitive Area	9.0	13.3	22.3
Not Resource Sensitive	190.3	223.4	413.7
Camino Cielo CDZ W	209.2	154.9	364.1
Resource Sensitive Area	2.8	1.3	4.1
Not Resource Sensitive	206.4	153.6	360.0
<b>Additional Treatment Subtotal</b>	<b>408.5</b>	<b>391.7</b>	<b>800.1</b>
<b>Total Acres</b>	<b>561.1</b>	<b>488.2</b>	<b>1,049.3</b>

## Santa Barbara Front Fuels Treatment

- Initial Treatment Area
- Additional Treatment Area
- < 35%
- ≥ 35%
- Resource Sensitive Area/Hand-Treatment
- Avoidance Area
- Ranger District Boundary
- Non-FS Lands



0 0.25 0.5 1 Miles

0 0.25 0.5 1 Kilometers