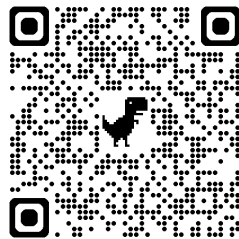


Mount Shasta-McCloud July Lightning Incident Action Plan

(0514) P5EK1525



7/04-06/2025

**Operational Period
0800-2000**

INCIDENT OBJECTIVES		1. INCIDENT NAME: July Lightning		2. DATE PREPARED: 7/03/25		3. TIME PREPARED: 1600		
4. OPERATIONAL PERIOD (DATE/TIME) Day shift								
Thursday July 4, 2025								
5. OBJECTIVES FOR THE INCIDENT <ul style="list-style-type: none"> • Provide for firefighter and public safety by carefully assessing risk and maintaining situational awareness. • Keep current fires within containment lines. Continue mop up and patrol. • All resources will be prepared to respond to new lightning fires. • Continue collaborative efforts with our local cooperators to ensure successful efforts. • Staged resources will be ready to respond within 5 minutes. 								
6. WEATHER FOR THE PERIOD See weather forecast								
7. COMMAND EMPHASIS <ul style="list-style-type: none"> • Contain and patrol existing fires • Prioritize availability for initial attack response 								
8. ATTACHMENTS (X IF ATTACHED)								
ORGANIZATION LIST (ICS 203)		x	MEDICAL PLAN (ICS 206)		x	AIR OPERATIONS (ICS220)		x
DIVISION ASSIGNMENT LISTS (ICS 204)		x	WEATHER FORECAST		x	SAFETY MESSAGE		x
COMMUNICATIONS PLAN (ICS 205)		x	INCIDENT MAP					
ICS 202 3-80		9. PREPARED BY (Planning Section Chief): Hanne Meyers			10. APPROVED BY (Incident Commander): Michael Carter/Daniel Pearsall (t)			

ICS Form 203 ORGANIZATION ASSIGNMENT LIST		1. INCIDENT NAME July Lightning	2. DATE PREPARED 07/03/2025	3. TIME PREPARED 1600
5. INCIDENT COMMAND STAFF		4. OPERATIONAL PERIOD (DATE/TIME) 07/04-06/2025 0800 - 2000		
Position	Name	9. OPERATIONS SECTION		
INCIDENT COMMANDER	Michael Carter, Daniel Pearsall (t)	CHIEF		
DEPUTY		PLANNING OPS		
SAFETY OFFICER				
INFORMATION OFFICER				
LIAISON OFFICER				
HRSP				
6. AGENCY REPRESENTATIVES		DIVISION		
		DIVISION		
AGENCY	NAME	DIVISION		
Agency Administrator	Benjamin Sundal	DIVISION		
Assistant Agency Administrator		GROUP		
		GROUP		
		DIVISION		
		DIVISION		
		DIVISION		
7. PLANNING SECTION		DIVISION		
		DIVISION		
CHIEF	Hanne Meyers	DIVISION		
DEPUTY	Christine Holst	DIVISION		
RESOURCES UNIT		DIVISION		
SITUATION UNIT		DIVISION		
DOCUMENTATION UNIT		DIVISION		
DEMobilization UNIT				
READ		DIVISION		
TNSP		DIVISION		
FBAN		DIVISION		
Air Resource Advisor		DIVISION		
GISS				
8. LOGISTICS SECTION				
CHIEF	David Wolfe Sr	10. AIR OPERATIONS BRANCH		
DEPUTY		AIR OPERATIONS BR. DIR.		
		AIR TACTICAL GROUP SUP.		
a. SUPPORT BRANCH		AIR SUPPORT GROUP SUP.		
SECURITY		HELICOPTER COORDINATOR		
SUPPLY UNIT		AIR TANKER/FIXED WING CRD.		
FACILITIES UNIT		11. FINANCE SECTION		
		CHIEF		
b. SERVICE BRANCH		DEPUTY		
COMMUNICATIONS UNIT	David Wolfe	TIME UNIT		
RECEIVING		PROCUREMENT UNIT		
ORDERING		COMP/CLAIMS UNIT		
MEDICAL UNIT		PERSONNEL TIME		
FOOD UNIT		COST UNIT		
Prepared By Hanne Meyers				

ICS 204 Form ASSIGNMENT LIST

1. INCIDENT NAME: July Lightning

3. OPERATIONAL PERIOD: Day

4. Operational Period
DATE: 7/4-6/2025

TIME: 0800 - 2000

Operations Chief:

Safety Officer:

Helicopter:

6. RESOURCES ASSIGNED THIS PERIOD

Resource Designator	LEADER	NUMBER PERSON	TRANS. NEEDED	DROP-OFF PT/TIME	PICK-UP PT/TIME
SHF ENG 361	John Walker	5	No	Mt Shasta 0800	Mt Shasta 2000
SHF ENG 362	Isaac Obst	5	No	Mt Shasta 0800	Mt Shasta 2000
SHF ENG 363	Keith Smyth	5	No	Mt Shasta 0800	Mt Shasta 2000
SHF ENG 371	Kevin Moglia	7	No	Mt Shasta 0800	Mt Shasta 2000
SHF ENG 373	Christopher Luxton	5	No	Mt Shasta 0800	Mt Shasta 2000
Pacific Oasis ENG 130	Zebadiah Culp	3	No	Mt Shasta 0800	Mt Shasta 2000
UMF ENG 642	Brian Livingston Tina Combs (t)	5	No	Mt Shasta 0800	Mt Shasta 2000
WT 266	Matthew Hanelt	1	No	Mt Shasta 0800	Mt Shasta 2000

7. CONTROL OPERATIONS:

- Mop up and patrol existing fires
- Prioritize availability for new initial attack

8. SPECIAL INSTRUCTIONS :

Work with IC for daily assignments

9. DIVISION/GROUP COMMUNICATIONS SUMMARY

FUNCTION	Name	Channel	RX Frequency	RX Tone	TX Frequency	TX Tone
Command 1	SMMU	1	166.9875		166.9875	7
ALT Command	SHF-R	2	171.5750		165.0125	6,3
Tactical	R5 TAC 4	3	166.5500		166.5500	
Air to Ground	R5 A/G 43	15	166.8750		166.8750	
Emergency	SKU	7	151.3250		159.3600	7

PREPARED BY (RESOURCE UNIT LEADER):

Hanne Meyers

APPROVED BY:

Michael Carter; Daniel Pearsall (t)

DATE:

7/03/25

TIME:

1600

AIR OPERATIONS SUMMARY		1. Incident Name JULY LIGHTNING		Helibases Fixed Wing Bases					
4. Personnel and Communications	Name	Air/Air Frequency		Air/Ground Frequency		5. Remarks (Spec. Instructions, Safety Notes, Hazards, Priorities)			
Air Operations Director				166.8750		R5 A/G 43			
Air Attack Supervisor									
Helicopter Coordinator									
Air Tanker Coordinator									
6. Location/Function	7. Assignment	8. Fixed Wing		9. Helicopters		10. Time		11. Aircraft Assigned	12. Operating Base
		No.	Type	No.	Type	Available	Commence		
Mott Airport				1WL	3				
13. Totals									
14. Air Operations Support Equipment					15. Prepared by (include Date and Time)				

[illegible]



Lightning Awareness

The power of lightning is immense. According to the National Oceanic and Atmospheric Administration (NOAA), the United States averages 51 annual lightning strike fatalities annually. About 90 percent of people struck by lightning are estimated to survive, but they often suffer from long lasting neurological damage. Whenever possible, operations should cease, and individuals should make every effort to **seek shelter indoors or in vehicles** when lightning is near. If you absolutely cannot get to safety, you can slightly lessen the threat of being struck with the following tips:

- Find a low spot that is not subject to flooding
- Avoid tall trees, wires, utility lines, and other tall objects
- If in an area of thick trees, move to an area with shorter trees
- If only isolated trees are nearby, keep your distance twice the tree height from tree
- If in open country, crouch low with feet together and minimize contact with the ground—squat
- Do not group together
- Do not handle metal hand tools or flammable materials
- Do not stay on ridge tops or wide-open areas or near ledges

Activity should not resume until at least 30 mins after the storm activity has passed.

If a person is struck by lightning:

- Resuscitation for persons struck by lightning must be initiated immediately.
- Victims of lightning do not retain the charge and are not "electrified." It is safe to help them.
- Cardiopulmonary arrest occurs from both the direct current to the heart and paralysis of the respiratory center in the brain.
- Although cardiac rhythm may spontaneously return, respiratory muscle paralysis may persist, and rescue breaths may be necessary for several minutes even after the pulse returns.
- Almost everyone struck by lightning who does not have cardiac and/or respiratory arrest at the scene survives, even though they may be seriously injured or burned.
- If multiple people are struck, attend to those who do not have a pulse and are not breathing first. This is known as "reverse triage."

Discussion Questions:

- Look around at your current setting: where would you take cover in a storm?
- If someone were to be struck by lightning, where is the rescue breathing equipment? Do you know how to use it?

1. Incident/Project Name				2. Operational Period							
July Lightning				Date/Time 7/04-06/2025							
3. Ambulance Services											
Name		Complete Address		Phone & EMS Frequency		Advanced Life Support (ALS) Yes No					
Mt. Shasta Ambulance		Mount Shasta, CA		911 or 530-926-2665		Yes					
4. Air Ambulance Services											
Name		Phone		Type of Aircraft & Capability							
PHI Air Medical		911 or 530-225-6290		Night Vision							
CHP		911 or 530-225-2040		Hoist / Confined to the valley at night							
Coast Guard		911 or 707-839-6100		Hoist / Night Vision - Dauphin							
Reach		911 or 800-338-4045									
5. Hospitals											
Name Complete Address		GPS Datum – WGS 84 Coordinate Standard Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long		Travel Time Air Ground		Phone		Helipad Yes No		Level of Care Facility	
Mercy Medical Center Redding		Lat:	N 40° 34.13	25 min	1 hr	530-225-7200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 2 Trauma Center		
		Long:	W 122° 23.86								
		VHF:									
Mercy Medical Center Mt. Shasta		Lat:	N 41° 49.07	15 min	25 min	530-926-6111	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 3 Trauma Center		
		Long:	W 122° 19.08								
		VHF:									
Fairchild Medical Center Yreka, CA		Lat:	N 41° 43.198	30 min	45 min	530-842-4121	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level 4 Trauma Center		
		Long:	W 122° 38.76								
		VHF:									
UC Davis Burn Center Sacramento		Lat:	N 38° 33.30	1.5 hrs	3.5 hrs	916-734-3636	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 1 Trauma Center & Burn Unit		
		Long:	W 121° 27.40								
		VHF:									
6. Division Branch Group		Area Location Capability									
All fires within LCA		Point of Contact:									
		EMS Responders & Capability:				Mt. Shasta Ambulance Service					
		Equipment Available on Scene:				Advanced Life Support					
		Medical Emergency Channel:				Yreka, SKU Repeat: RX: 151.32500, TX: 159.36000, Tone 7					
		ETA for Ambulance to Scene:									
		Air:				CALCORD: RX: 156.07500, TX: 156.07500					
		Ground:									
		Approved Helispot:				Identify and communicate Lat and Long to dispatch.					
		Lat:									
		Long:									
7. Prepared By (Medical Unit Leader)				8. Date/Time		9. Reviewed By (Safety Officer)				10. Date/Time	
Christine Holst				7/03/2025 / 1500							

Medical Incident Report					
FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.					
Use items one through nine to communicate situation to communications/dispatch.					
1. CONTACT COMMUNICATIONS/DISPATCH <i>Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)</i>					
2. INCIDENT STATUS: <i>Provide incident summary and command structure.</i>					
Nature of Injury/Illness			<i>Describe the injury (Ex: Broken leg with bleeding)</i>		
Incident Name			<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>		
Incident Commander			<i>Name of IC</i>		
Patient Care			<i>Name of Care Provider (Ex: EMT Smith)</i>		
3. INITIAL PATIENT ASSESSMENT: <i>Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.</i>					
Number of Patients:	Male / Female	Age:	Weight:		
Conscious? <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC!					
Breathing? <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC!					
Mechanism of Injury: <i>What caused the injury?</i>					
Lat/Long (Datum WGS84) Ex: N 40° 42.45' x W 123° 03.24'					
4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY					
SEVERITY			TRANSPORT PRIORITY		
<input type="checkbox"/> URGENT-RED Life threatening injury or illness. <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i>			Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE.		
<input type="checkbox"/> PRIORITY-YELLOW Serious Injury or illness. <i>Ex: Significant trauma, not able to walk, 2° – 3° burns not more than 1-2 palm sizes.</i>			Ambulance or consider air transport if at remote location. Evacuation may be DELAYED.		
<input type="checkbox"/> ROUTINE-GREEN Not a life threatening injury or illness. <i>Ex: Sprains, strains, minor heat-related illness.</i>			Non-Emergency. Evacuation considered Routine of Convenience.		
5. TRANSPORT PLAN:					
Air Transport: (Agency Aircraft Preferred)					
<input type="checkbox"/> Helispot	<input type="checkbox"/> Short-haul/Hoist	<input type="checkbox"/> Life Flight	<input type="checkbox"/> Other		
Ground Transport: Click here to enter text.					
<input type="checkbox"/> Self-Extract	<input type="checkbox"/> Carry-Out	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Other		
6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:					
<input type="checkbox"/> Paramedic/EMT(s)	<input type="checkbox"/> Crew(s)	<input type="checkbox"/> SKED/Backboard/C-Collar			
<input type="checkbox"/> Burn Sheet(s)	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Trauma Bag			
<input type="checkbox"/> Medication(s)	<input type="checkbox"/> IV/Fluid(s)	<input type="checkbox"/> Cardiac Monitor/AED			
<input type="checkbox"/> Other (i.e. splints, rope rescue, wheeled litter)					
7. COMMUNICATIONS:					
Function	Channel Name/Number	Receive (Rx)	Tone/NAC *	Transmit (Tx)	Tone/NAC *
<i>Ex: Command</i>	<i>Forest Rpt, Ch. 2</i>	<i>168.3250</i>	<i>110.9</i>	<i>171.4325</i>	<i>110.9</i>
COMMAND					
AIR-TO-GRND					
TACTICAL					
*(NAC for digital radio system)					
8. EVACUATION LOCATION:					
Lat/Long (Datum WGS84) EX: N 40 42.45' x W 123 03.24'					
Patient's ETA to Evacuation Location:					
Helispot/Extraction Size and Hazards:					
9. CONTINGENCY:					
Considerations: <i>If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...</i>			REMEMBER: Confirm ETA's of resources ordered Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively.		

UNIT LOG	1. Incident Name	2. Date Prepared	3. Time Prepared
	4. Unit Name/Designators	5. Unit Leader (Name and Position)	6. Operational Period
7. Personnel Roster Assigned			
Name	ICS Position	Home Base	
8. Activity Log			
Time	Major Events		
9. Prepared by (Name and Position)			