Incident Action Plan Pogo Mine Road

AK-DAS-312191 BLM QE5X

AUGUST 24 - 27, 2023

Day Shift: 0700 - 2300

IC: O-25 Evan Karp 907-388-3203 8/28

Logistics: O-30 Brandt Reese 435-691-4129 8/31 Medical: O-36 Katrina Knowlton 907-952-2644 8/27

Objectives:

- Firefighter and public safety are the highest priority. Manage the risk to firefighters and the public by utilizing risk-based decisions where the probability of achieving objectives is high.
- Provide point protection for all values potentially affected by the fire.
- Maintain positive working relationships with the community, state and federal agencies, private industry, elected officials, and other stakeholders.
- Provide timely communications and accurate information to all affected and interested parties.
- Backhaul all excess supplies and equipment.

Weather



Division/Group Assignment List (ICS 204 WF) Controlled Unclassified Information 3.

1. Incident Name:

Pogo Mine Road				Branc	h:		Division/Group:			
2. Operational Period:			DAY/	NIGHT						
Date/Time From: 08/24-27/2023 0700			e/Time To 24-27/202 00					Alı	pha /	Zulu
4.				Operations Person	nel					
OPERATIONS CHIEF				DIVISI	ON/GROU	P SUPERVIS	SOR (C-4.1 Iris Sa	ager 8/2	28
5.			Res	sources Assigned this	Period					
Resource Designate	or		LWD	Leader		Number Persons	Drop	Off PT./Time	Pi	ck Up PT./Time
C-4 CRW1 Chena IHC			8/28	M. Riker / E. Con	rad (t)	16				
C-4.12 STCR			8/28	E. Carlson (t)		1				
O-4 SMOD Tongass #	1		8/26	J. Schribner / C. I	Hines (t)	10				
E-2 ENG6 Forrest			8/29	G. Hopkins		2				
E-20 WTS2 Deltana O-36 EMPF			8/27	TBD K. Knowlton		1				
O-36 EMPF			8/25	T. Disbrowe		1				
			0/23			'				
Drone Module UR-41				G. Bumgartner						
Mop-up and secure ar Patrol and secure lines Backhaul excess equipments	ound strues s on west	ctures.	ire sout	•	ad.					
Special Instructions: If there is an IWI, contresponse. Notify your	act Northe line supe	ern Fore rvisor ar	stry Disponding	patch on Comman nue patient care.	d and giv	e them yo	ur MIF	R. Dispatch	n will in	nitiate a 911
8.			Divisi	on/Group Communic	ation Sumr	nary				
Function	Channel	F	RX Freque	ency N/W RX T	one/NAC	TX Frequ	uency N	I/W TX 1	Tone/NA	C Mode
COMMAND	North 4	4		,						
TACTICAL DIV./GROUP	VTAC 1	1	151	.1375		151	.1375	,	156.7	
POGO ROAD	Pogo Roa	nd	153	.0200	94.8	158.3850			94.8	
AIR TO GROUND - FIXED	A/G 1		166	.6375		166	.6375			
AIR TO GROUND - HELO	A/G 2		168	.3250		168	.3250			
9. Prepared By (Resource Unit Leader)			App	proved By (Planning S				Date Time 08/22/2023 1900		

Division/Group Assignment List (ICS 204 WF)
Controlled Unclassified Information

1. Incident Name:						3.						
Pogo Mine Road					Branch:			Division/Group:				
2. Operational Period:			DAY/I	NIGHT								
08/24-27/2023 08/2 0700 2300			ate/Time To 8/24-27/202 300	/24-27/2023						Road Group		
4.				Operation	s Personn	el						
OPERATIONS CHIEF DIVIS					DIVISIO	N/GROUP	SUPERVIS	SOR		Glenn Farnsworth		
5.			Res	sources Assi	gned this	Period						
Resource Designa	ator		LWD	Leader			Number Persons				Pick U	p PT./Time
O-9 HEQB			8/27	A. Shields			1					
E-3 DOZ2 Stoneboy D6	K		8/26	D. Seibolo	t		1					
DOZ2 AK DOF D7			9/04	E. Fjellhei	m / B. S	ipho (t)	1					
E-26 PCT2 Stoneboy D6	SC		8/27	F. Haga			1					
E-42 EXCA AE Rental												
E-37 FEL2 Firewood Boy	ys			G. Bak			1					
E-39 SKD2 Firewood Boys				M. Moyer			1					
REAF				K. Meany			1					
E-6 VUTV Hayward												
E-9 VUTV Delta Power	Sports											
6. Control Operations/Work	Assignments	s:	•	•			1					
Monitor Pogo Mine FKeep Pogo Mine RoBackhaul excess equ	ad clear fo											
7. Special Instructions:												
If there is an IWI, contact response. Notify your lin	t Northern ie supervis	Forestr or and	y Dispatc continue	h on Comm patient care	nand and	I give the	em your N	MIR.	Dispat	ch will ir	nitiate a 9	911
8.			Divisi	on/Group Co	mmunica	tion Sumn	nary					
Function	Channe	el	RX Freque	ency N/W	RX Ton	e/NAC	TX Fred	quency	y N/W	TX Tor	ne/NAC	Mode
COMMAND	North	n 4										
TACTICAL DIV./GROUP	VTAC	14	159.	4725		159.4725		5	156	6.7		
AIR TO GROUND - FIXED	A/G 1	1	166.	6375			160	6.637	5			
AIR TO GROUND - HELO	A/G 2	2		3250 proved By (Pl	anning S	ection Chi		8.3250			l <u>.</u> .	
9. Prepared By (Resource Unit Leader) Will Bernard				Approved By (Planning Se Bill Coates			ouon omer)			Date Time 08/21/2023 1900		

Finance Information

Continue sending all CTRs & Shift Tickets to 2023.pogomineroad.finance@firenet.gov

Contact Heather Spencer @ 907-378-3718 if you need to:

- DEMOB
- Get Interim OF288 for Timesheet Day
- File a Claim
- Ask any finance related questions

Logistics

Fairbanks Ground Support is located at:

3395 South Cushman Road Fairbanks, AK

Inspection Phone: 907-328-9051

Transportation Phone: 907-799-4276

Please call ahead and let them know what time you will be there in addition to any needs (e.g., a ride from ground support to your hotel or the airport.)

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

1. Incident/Project Name					tional Period						
Pogo Mine Road/ Mount Hayes					Date/Time 8/24-27/23 0700-2300						
3. Ambulance Services											
Name	Complete Address			Phone	Advanced Life Support (ALS Yes No						
Delta Medical Transport	1352 2 nd St Delta Junction		911	911		Х					
4. Air Ambulance Servi	ces								·		
Name		Phone			Type of	Aircraft	& Capa	bility			
Lifemed Alaska		800-478-5433		King Air a	and Lear Jets						
AK Rescue Coordination (Center	800-420-7230		Coordina	tes military and s	tate res	ources 1	for SAR/I	Medevac		
5. Hospitals											
Name Complete Address	De _i	GPS Datum – WGS 84 Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long		el Time Gnd	Phone	Helipad Yes No					
Fairbanks Memorial	Lat:	64° 49.90′	25M	1:39	907-458-3005 Or	Х		Level 4 STEMI	1 Trauma		
1650 Cowles St	Long	: 147° 44.50′									
Fairbanks AK	VHF:				907-458-5556						
Providence Alaska	Lat:	61° 11.37′	1HR	N/A	907-212-3111	Х		Level 2 Trauma STEMI/STROKE			
Medical Center Anchorage AK	Long	: 149° 49.25′	Fixed wing								
	VHF:		<u> </u>	21.62							
Alaska Native Medical Center	Lat:		1HR Fixed	N/A	907-729-1729		Х		l 2 Trauma		
Anchorage AK	Long:	•	wing					Burn Surgeon			
6. Division Branch		Area Location Capabilit	<u> </u> У								
Pogo Mine Alpha/Zulu		EMS Responders & Capa	Katrina Knowlton EMPF 907-952-2644								
<u> </u>		Equipment Available on	ALS Equipment, Trauma Kit, 02, AED								
		Medical Emergency Channel:		Command: North 4							
8. Prepared By (Medical Unit Leader)		9. Date/Time	10. Reviewed By (Safety Officer) 11.				11. Date/Tim				
ill Coates, PSC3		8/23/23 1500									
		-, -5, -5 -555		1							

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.

١.	CONTACT	COMMUNICATIONS	DISPATCH	(Verify correct	frequency prior	to starting report)
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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 Re Meadow Medical, IC is TFLD Jones. E				uesting air ambulance to i	Forest Road 1 at (Lat./Long.) This will be the Trout
Severity of Emergency / Transpo Priority	Ex: U VELL Ex: Sign	Inconscious, difficulty br .OW / PRIORITY 2 S ignificant trauma, unable	reathing, bleeding sevel e erious Injury or illn e to walk, 2° – 3° burns nor Injury or illness	rely, 2º – 3º burns more ti	
Nature of Injury or Illness					Distance of the state of the st
& 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	r				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 ASSESSME	NT: Complete	this section for each pat	ient as applicable (start w	ith the most severe patient	
Treatment: 4. EVACUATION PLAN: Evacuation Location (if different): Helispot / Extraction Site Size and 5. ADDITIONAL RESOURCES / E Example: Paramedic/EMT, crews, imm	l Hazards:	NEEDS:		- ,	
6. COMMUNICATIONS: Identify					
Function Channel Name/N		Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					
7. CONTINGENCY: Consideration	<u>s:</u> If primary	options fail, what action	ons can be implement	ed in conjunction with	primary evacuation method? Be thinking ahead
8. ADDITIONAL INFORMATION:	Updates/Char	nges, etc.			
REMEMBER: Confirm ETAs of	f resources	ordered Act accou	rding to your level o	of training Re Alert	Keen Calm Think Clearly Act Decisively