

IAP- Fire 199

AIR OPERATIONS:

Tail # and Type	RO #	Manager	Phone #	Assignment
9AE T3 ASB3		Lexie Regetz	860-593-6286	Recon, cargo, medical
920 T3 Bell212		Mike Armstrong	775-385-3570	Buckets, cargo
		Allan Bottari	906-362-0705	HECM
	O-43	Zach Taylor	501-242-1042	HECM (t)
	O-44	David Waters	478-488-0088	HECM (t)

COMMUNICATION: “Controlled / Unclassified Information // Basic”

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Channel	Rx	Tone	Tx	Tone
CMD 1 199 Command	170.3875		163.0375	
TAC 1 Div N Tac	168.0500		168.0500	
TAC 2 Boat Tac	168.2000		168.2000	
TAC 4 Div M Tac	166.7250		166.7250	
A/G PRI	166.6125		166.6125	
A/G SEC	167.9500		167.9500	
GRAY Yukon Dispatch	169.3625		169.3625	
AIRGUARD	168.6250		168.6250	110.9
DECK	163.1000		163.1000	

Victor
Air to Air Primary
Rampart Airport 122.9
IA Air to Air 128.45

TFR

COORDINATES:

<u>Descriptor</u>	<u>Location</u>	<u>Lat.</u>	<u>Long.</u>
ICP	Rampart Airstrip	65 30.642 N	-150 09.033 W
H-1 (Type 2)	Allotment Cluster 1	65 30.033 N	-150 24.157 W
H-2 (Type 2)	Allotment Cluster 2	65 29.625 N	-150 16.050 W
H-25 (Type 2)	Allotment Cluster 2	65 29.630 N	-150 18.307 W
H-3 (Type 2)	Allotment Cluster 3	65 30.263 N	-150 12.065 W
H-8 (Type 3)	Allotment 8	65 34.828 N	-150 10.913 W

IMT ORGANIZATION:

<u>Position</u>	<u>Name</u>	<u>Phone #</u>	<u>Position</u>	<u>Name</u>	<u>Phone #</u>
IC	O-23 Jarid Gibson	906-250-4000	Staging	O-34 Richard Willson	530-503-5754
IC(t)	O-27 Travis McCabe	907-328-9047	Finance	O-54 Torie Koller	719-6593425
OPS(t)	O-17 Jake Budd	907-482-0483	Ramp	O-41 Tom Schafer	575-937-4649

OPS	O-42 Phil Oosahwe	479-459-8410	PIO	Holly Welch	803-667-0815
TLFD	O-10 Keith Ploeckelman	715-573-1035	PIO	Sarah Gracey	502-229-1383

IFLD	O-13 Anibal Gutiérrez	ASGS	O-22 Travis Moore	970-781-8908
MEDL	O-14 Trina McCandless	TAD	Steff Olson- POC	907-356-5559
			Even Kern DO	907-256-5569

SOER	Q-24	Down	Havlina	208-850-6651	Evairi Kalip- DO	907-336-3060
				208-850-6651		907-978-2565

Q-38	Doug Hoffman	200-350-0001	Dana Hoffman
Q-38	Pete Glover	906-458-3017	Yukon
Q-38	Logistics	907-556-5555	Yukon

Demob. Calendar

Italics Text = Arrival **Bold Text = Demob**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
07/06 K River 1 M. Odum E. Cunningham K. Dudley B. Kirkman <i>Patty Wiehl (7/19)</i>	07/07 Millard 225 UAS Module Lakeview Helitack <i>Una Edwardsen (boat, 7/20)</i>	07/08 E. Adams K. Putt Baker (R&R 7/9-10)	07/09 C. Cochran K. Ploeckelman Curtis Agnes, Nate Titus (K River 2 crewmembers)	07/10 R. Smith J. Budd	07/11 A. Gutierrez	07/12 T. Moore Oakleaf +5 D. Eager
LWD- Millard, Lakeview Helitack	LWD- E. Adams, K. Putt, Baker	LWD- C. Cochran, K. Ploeckelman	LWD- R. Smith, J. Budd	LWD-A. Gutierrez	LWD- T. Moore, Oakleaf +5, D. Eager	LWD-r
07/13 07/13 LWD- Mooseheart Mtn, Baker	07/14 Mooseheart Mtn B. Baker	07/15 LWD- PatRick, C. Perez	07/16 PatRick C. Perez LWD-Trina McCandless	07/17 Trina McCandless LWD- K River 2, J. Gibson	07/18 K River 2 J. Gibson D. Havlina LWD- T. McCabe, N. Biedscheid, R. Wilson, J. Whitaker	07/19 T. McCabe N. Biedscheid R. Wilson J. Whitaker LWD- P. Oosahwe, Wyoming IHC, P. Glover
7/20	7/21	7/22	7/23	7/24	7/25	7/26
7/27	7/28	7/29	7/30	7/31	8/1	8/2

*****Demob Date Based on 14 day assignment or other known requirements. Contact Plans if incorrect. *****

MEDICAL PLAN (ICS 206)

1. Incident Name:		2. Operational Period: Date From: _____ Time From: _____		Date To: _____ Time To: _____			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
6. Special Medical Emergency Procedures:							
☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: _____ Signature: <u>T. [Signature]</u>							
8. Approved by (Safety Officer): Name: _____ Signature: <u>[Signature]</u>							
ICS 206		IAP Page _____		Date/Time: _____			

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	☐ RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.				
	☐ YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.				
	☐ GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness.				
	☐ Purple/Other Non Medical other potential critical incidents Ex: Unaccounted for incident resources, threats to employees, chemical spills, incidents not requiring the use of ICS-206 but requiring IMT response				
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: <u>Considerations:</u> 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.					