

IAP- Fire #199

Date: 7/14/25

OBJECTIVES:

Lush Fire

- 1. Provide for firefighter and public safety.
- 2. Provide point protection of values at risk.
- 3. Keep fire north of the Yukon River.
- 4. Monitor fires 195, 200, 201.

BLM fire number	AK-TAD-000199
BLM accounting code	199. S33B
FS code	PDS33B (1532)

RESOURCES & ASSIGNMENTS:

RO #	Resource	LWD	Location	Assignment
Division A				
O-37	TFLD Brad Weller	7/25	DIV A #1 allotment	Point/structure protection
O-39	TFLD(t) Jody Whitaker	7/18	DIV A #3 allotment	Point/structure protection
C-13	CRW2 Clearwater (20)	7/17	DIV A #1 allotment	Point/Structure protection
DIV Z				
O-57	TFLD Brandon Rea	7/21	DIV Z #9 allotment	Point/structure protection
C-10	CRW1 Wyoming IHC (23)	7/19	DIV Z #9 allotment	Point/structure protection
C-6	CRW2 K. River 2 (16)	7/17	DIV Z #9 allotment	Point/structure protection
C-7	CR21 PatRick (20)	7/16	DIV Z #9 allotment	Point/structure protection
O-36	TFLD Joel Burgett	7/20	ICP/Yukon River	Shuttle personnel/equipment
E-2	TBOT Dianna Merry		Yukon River	Shuttle personnel/equipment
E-9	TBOT Patty Wiehl		Yukon River	Shuttle personnel/equipment
E-11	TBOT Janet Woods		Yukon River	Shuttle personnel/equipment
E-16	TBOT Remy Brooks		Yukon River	Shuttle personnel/equipment
E-15	TBOT Natalie Newman		Yukon River	Shuttle personnel/equipment
O-14	MEDL- Trina McCandless	7/16	ICP	Medical unit leader / ICP EMT
O-8	EMTF Brandon Baker	7/24	ICP	DIV A/Z EMT

IMT ORGANIZATION:

Position	Name	Phone #	Position	Name	Phone #
ICT3	O-23 Jarid Gibson	906-250-4000	LSC3	O-38 Pete Glover	906-458-3017
ICT3(t)	O-27 Travis McCabe	907-328-9047	SUPL	O-33 Mark Morgan	678-938-9808
OSC3	O-42 Phil Oosahwe	479-459-8410	Staging	O-33 Richard Wilson	530-503-5754
OSC3(t)	O-28 Nick Biedscheid	907-370-3744	Ramp	O-41 Tom Schafer	575-937-4649
TFLD	O-36 Joel Burgett				
TFLD(t)	O-39 Jody Whitaker		PIO	Holly Welch	803-667-0815
TFLD	O-37 Brad Weller		PIO	Sarah Gracey	502-229-1383
TFLD	O-57 Brandon Rea				
ASGS	O-56 Mike Spink	719-258-0365	TAD	Tasha Shields- POC	907-356-5559
MEDL	O-14 Trina McCandless	907-305-0979		Evan Karp- DO	907-356-5668
SOFR	O-24 Doug Havlina	208-850-6651	Yukon	David Bloemker	907-978-2565
			Dispatch		
FSC3	O-54 Torie Koller	719-6593425	Yukon		907-356-5555
			Expanded		
PSC3	O-55 Kristy Hajny	907-370-3494		Beth	907-356-5817

AIR OPERATIONS:

Tail # and Type	RO #	Manager	Phone #	Assignment
9AE T3 ASB3	A-3/A-3.1	Lexie Regetz	860-593-6286	Recon, cargo, medical
920 T2 Bell212	A-36/A-36.2	Mike Armstrong	775-385-3570	Buckets, cargo
	A-36.3	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”

Channel	Rx	Tone	Tx	Tone	Victor
CMD 1 - 199 Command	170.3875		163.0375		Air to Air Primary 126.1250
TAC 1 - Div A Tac	168.0500		168.0500		Rampart Airport 122.9
TAC 2 - Boat Tac	168.2000		168.2000		IA Air to Air 128.45
TAC 4 - Div Z 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		
TFR					

COORDINATES:

Descriptor	Location	Lat.	Long.
ICP	Rampart Airstrip	65 30.642 N	150 09.033 W
H-10 (Type 2)	Allotment Cluster 1	65 30.033 N	150 24.157 W
H-20 (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-30 (Type 2)	Allotment Cluster 3	65 30.263 N	150 12.065 W
H-35 (Type 2)	Allotment Cluster 3	65 29.818 N	150 13.797 W
H-50 (Type 2)	Allotment 5	65 31.353 N	150 09.813 W
H-70 (Type 2)	Allotment 7	65 33.210 N	150 10.340 W
H-80 (Type 3)	Allotment 8	65 34.828 N	150 10.913 W
H-87 (Type 2)	Allotment 9	65 37.065 N	150 11. 675 W
H-90 (Type 2)	Allotment 9	65 37.282 N	150 10.600 W

Medical: For medical emergencies refer to the ICS 206 Medical Plan and the Medical Incident Report in the IAP (also on pg 120 of the IRPG). First on scene needs to initiate additional resources by getting Medical Incident Report started over Command 1.

Safety: Rewild your campsites as you demob, unless instructed otherwise from your division. Remove p-cord, replace tundra where removed, fill in fire pits (after mop-up), and pick up all micro-trash.

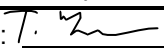
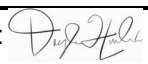
Notes: Call in orders to operations by 1300 for next day delivery. Send in all CTR's and shift tickets by boat.

Digital filing for CTR's should follow this format: CTR_RO_YYMMDD-DD

EX: CTR_O21_250715-18

[illegible]

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: *Order through Dispatch							
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: 							
8. Approved by (Safety Officer): Name: _____ Signature: 							
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.					