Incident Action Plan

Thursday

August 14-16, 2025

7 Mile Lookout

AK-TAS-513222

Tok River

AK-TAS-513289

WEATHER FORECAST - A cooling trend will then ensure, with highs falling into the lower 60s Thursday and the 50s Friday through the weekend. Winds will be relatively weak through Thursday, switching from the southeast this morning to the southwest this evening and the northwest late Thursday morning. Somewhat higher winds are likely at elevation than at the lower levels. Thereafter, as a stronger pressure gradient develops across the Upper Tanana Valley, northwest winds with max gusts potentially exceeding 30 mph will be possible, especially moving beyond Friday night. Rain will also become likely during this time frame, especially from Friday night through Saturday night. Rainfall totals will be wetting and could exceed half an inch. Warmer weather is likely early next week after Sunday.

Check In Form
Maps, IAP, and more!

Incident Organization

Position	LWD	Name	Phone#
IC	8/18/25	Clinton Northway	907-978-0076
SOF / OSC	8/13/25	Larry Mark Sr	907-940-5020
GISS	8/19/25	Elizabeth Fernandez	805-443-9752
WHSE		Alex Phillips	907-707-9892
PTRC/EQTR	8/25/25	Jo Bante	907-372-0512
SITL		Liz Wallace	907-378-0204

0800 BRIEFING @ Old Airstrip (near Sourdough CG)

FINANCE: **2025.7milelookout.finance@firenet.gov**

Division/Group Assignment List (ICS 204 WF)

1. Incident Name:		3.	
7 MILE LOOKOUT		Branch:	Division/Group: ALPHA
2. Operational Period: 0700 - 0700			
Date/Time From: 08/14/2025 0700 THUR	Date/Time To: 08/16/2025 0700 SAT		

4. Operations Personnel

OPERATIONS CHIEF	LARRY MARK SR	**SAFETY OFFICER**	LARRY MARK SR

5. Resources Assigned this Period

Strike Team / Task Force / Resource Designator	LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
C-21 CR2I - TANANA CHIEFS	08/17	JAMES LUDECKER	19		
C-20 CRW2 - NORTH STAR	08/14	HEITH CARL HOERDEMAN	20		
C-22 CRW2 - MAT-SU	08/25	ROBIN ACE-MAKI	20	BRIEFING AREA/0800	BRIEFING AREA/2000
E-5 WTS2 TOK VFD-VIN 1000 LP YYK929	08/14	DAVID ALLEMAN	3	BRIEFING AREA/0800	BRIEFING AREA/2000
E-64 VUTV FAIRBANKS PUMPING - 00343 - UTV				BRIEFING AREA/0800	BRIEFING AREA/2000
E-120 AMB2 TOK AREA EMS - B34748	08/06	PAUL BERIO	2	BRIEFING AREA/0800	BRIEFING AREA/2000

6. Control Operations/Work Assignments:

Operational Emphasis: Keep fire south of Eagle Trail and Goshawk Road; West of Tok Cutoff Road; West of Eagle Trail (7 mile lookout access road); and East of Mt. Neuberger.
Task: Continue to identify hot spots and secure burn out area. Back haul excess equipment as identified.
Ambulance Tok EMS @ DP55.

7. Special Instructions:

Protect property, economic values, and natural & cultural resources.

8. Division/Group Communication Summary

Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
COMMAND	9	159.2550	136.5	154.7550	136.5	A
COMMAND	6	ALMR		ALMR		A
TACTICAL	16	159.3750		159.3750	156.7	A
AIR TO GROUND	15	166.6375		166.6375		A

9. Prepared By (Resource Unit Leader)	Approved By (Planning Section Chief)	Date	Time
Liz Wallace	Clinton Northway	08/13/2025	1930

Safety Message for Thursday August 14, 2025

Effects of Smoke Exposure

Wildland fire smoke is a complex mix of chemicals and particles, which varies depending on the fuels, soil, weather, fire intensity, and the burning phase of the fire. Some of the chemicals and particles that are present can pose a health risk particularly with higher exposures or long duration exposures. Wildland fire smoke can cause irritating respiratory symptoms and, over time, could possibly increase the risk of developing long-term illnesses.

While the makeup of smoke varies, here are just a few of the ways smoke could impact your health:

- **Carbon Monoxide (CO)** – Exposure to CO from wildland fire smoke or from other sources (such as exhaust from chainsaws, engines, or pumps) may lead to a variety of symptoms including impaired vision and judgement, headaches, and fatigue. In extreme situations, high levels of exposure can cause asphyxiation, which can lead to death.
- **Fine Particulate Matter (PM)** – Wildland fire smoke contains very small particles (PM) which can penetrate deep into the lungs. Long-term exposure can affect the lungs and heart, especially in individuals with underlying health issues (e.g., high blood pressure, high cholesterol), smokers, and those who work in stressful environments.
- **A variety of other chemicals**, such as polycyclic aromatic hydrocarbons (PAHs) and volatile organic compounds (VOCs), are also present in wildland fire smoke. These may further increase your risk of short-term or even long-term health effects.
- **COVID-19** – Susceptibility to COVID-19 resulting from smoke exposure has not yet been specifically studied, but related studies show exposure to wildland smoke can lead to an increased susceptibility to respiratory infections, including pneumonia and bronchitis. Additionally, severity of infections or symptoms may be increased due to the respiratory tract's immune responses to smoke exposure. Thus, it's assumed that risk of COVID-19 infection would be high for firefighters with respiratory issues resulting from wildland smoke exposure.

Smoke is part of the wildland fire environment. Now more than ever, firefighters and incident overhead should be on the lookout for opportunities to reduce exposure. Incident overhead can think strategically about assigning wildland firefighting tasks in certain work environments and ask **does our workforce really *need* to be in the smoke to meet the operational objectives?** Other considerations include:

- Is camp located where smoke accumulates?
- Is the crew dispersed holding a smoke-choked road when the probability of ignition is near zero?
- Are firefighters mopping-up an area that poses no operational threat?

Discussion: There are certain tasks that have been associated with higher exposures to smoke. Below are some of those tasks. How can you and your crew realistically reduce smoke and PM exposure during these (and other) tasks?

- Mop-up
- Holding
- Line construction
- Firing

Think about and discuss this partial quote from an article in **Two More Chains: Summer 2017 Low Hanging Fruit:**

"As CO exposure increases, your ability to think clearly decreases. Being in smoke you don't need to be in is the epitome of not working smarter. In fact, it is actually working dumber."

Safety Message for Friday August 15, 2025

Serious Injury Procedures

Dealing with serious injuries on the fireline can add even more stress to our hectic work environment. In the event a fireline accident occurs, adherence to the following principles is important to ensure an adequate and appropriate response is made.

- Before entering the scene, determine whether it is safe to approach. Look for hazards as well as what may have happened. It may be necessary to move the patient or to make the area safe before doing an assessment.
- Provide life- or limb-saving or sight-preserving first aid and assess the extent of the injuries.
- Contact your supervisor. Depending on the complexity of the fire, that could be your Crew Boss, Division Supervisor, Incident Commander, or even dispatch. If your fire has a medical plan, follow the plan.
- Provide accurate, concise information on the following:
    - Number of people injured.
    - Type of injuries.
    - Severity of injuries (light, moderate, severe, life threatening).
    - Mechanism of injury.
    - Vital signs (pulse, respiration, level of consciousness, etc.).
- Determine the best method of evacuation. Depending on the severity of injury or availability of resources, this decision may already be made for you.
- Keep the radio frequency clear of non-emergency traffic. Provide updates of the patient's condition and await instructions.
- If evacuation is by helicopter, it may be necessary to construct a helispot. Document treatment provided in case it is necessary to send the information along with the patient in the aircraft.
- If the patient needs to be carried to a road, ensure enough people are available to work in relays.
- Once the patient is clear, take a moment to write down a few thoughts to capture the circumstances of events, clean up notes and timelines, and document any other pertinent information..

Safety Message for Saturday August 16, 2025

Avoiding Fuel Geysering

Fuel geysers continue to be reported and the potential for injury is real. In 2018, there were 28 incidents of fuel geyser reported: 23 chainsaws, a leaf blower, and four jerry cans. A fuel geyser can happen on any equipment with a fuel tank including fuel bottles and containers. Even chainsaws with two-way vents may "geyser" at high temperatures or high elevation. Users should assume all gas-powered equipment and fuel containers are pressurized.

Fuel – Know Your Fuel

- Fuel volatility changes seasonally and geographically.
- Think locally. Using fuel from a cooler climate (i.e., Idaho) in a warmer climate (i.e., Texas) increases the geysering potential.
- As elevation increases, boiling point temperatures decrease. 125°F at 8,000 feet is approximately equivalent to 140°F at 1,000 feet.

Fuel Bottles and Containers

Fuel bottles (i.e., Sigg bottles), fuel containers (i.e., dolmars or jerry cans) can geyser even after the cap is removed. To mitigate possible fuel geyser and/or potential injury from fuel bottles and cans, use the following procedures:

- Keep containers in the shade and away from any external heat source.
- **Never** open a fuel tank within 20 feet of any heat source.
- **Gently shake the container to release surface tension. Too much agitation will create pressure.**
- Open container slowly, pointing opening away and cover the opening with a cloth and glove.

Engine Powered Equipment

- **Never** use fuel that was stored in a fuel container for longer than one month. Older fuel may lead to poor engine performance and increased operating temperatures. Older fuel may also have higher volatility for the current conditions.
- **Always** check the fuel level in the tank before taking any action. Fuel levels above ½ tank are more likely to geyser.
- **Never** open a fuel tank within 20 feet of any heat source.
- **Only after the above mitigations are completed**; put the equipment in a cleared area, cover the cap with a cloth or glove, and open slowly.

Incident/Project Name	Operational Period
7 Mile Lookout Fire	**Date:** August 13, 2025

Ground Ambulance			
Tok Area Ambulance	907-883-5873	Dial 911	ALS

Air Ambulance		
Name	**Phone**	**Type of Aircraft**
Life Med (Fixed Wing)	911 (1-800-478-5433)	Fixed wing ALS
Air Charter (Fixed wing)	911 (1-907-883-5191)	Fixed wing ALS

Hospitals

Name Complete Address	GPS Datum – WGS 84		Air	Ground	Phone	Helipad?	Level of Care
Fairbanks Memorial ER 1650 Cowles Fairbanks, AK	Lat	64°.8313N	60 min	4 Hours	907-458-5555 ER Line	x	Level 4
	Long	147°.7386W					
Providence Medical Center 3200 Providence Dr Anchorage, AK	Lat	61°.1866N	90 min	8 Hours	907-212-3111 ER Line	x	Level 2
	Long	149°.8221W					
Alaska Native Medical Center 4315 Diplomacy Dr Anchorage AK	Lat	61°.1058N	90 min	8 Hours	907-563-2662	x	Level 2
	Long	149°.4802W					

****Travel times are from the incident and DO NOT include response time to the incident.**
****Air ETA are from point of dispatch**

Prepared by (Medical Unit Leader)	Date/Time	Approved by (Safety Officer)	Date/Time
Josh Chase MEDL(t)	**07-21-25 1630**	**Stacy Lovell SOF3** Lem Johnson SOF3	**07-21-25 1630**

SPECIAL INSTRUCTIONS FOR "MEDICAL-EMERGENCY"

Identify on-scene incident commander by name and position and announce: "MEDICAL EMERGENCY" to initiate response from Communications.

1. Treat the patient
2. **Phone 911 & Call Rescue Coordination Center (RCC) at 907-551-7230**. Number is monitored 24/7.
3. Communicate patient complaint, condition, and location via Command Frequency
4. Establish a patient extraction plan ASAP

SPECIAL INSTRUCTIONS FOR "NON-EMERGENT INCIDENT" :

Priority 3 (Green) patients do not trigger an IWI, unless there is a potential of CHANGE to Yellow or Red.

ACTIVITY LOG (ICS 214)

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: _____

MEDICAL PLAN (ICS 206 WF)

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, 2º – 3º 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, 2º – 3º 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.*	
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 108

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.