

INCIDENT ACTION PLAN PIZONA INCIDENT

CA-INF-000911
(0504) P51RMU

Thursday



OPERATIONAL PERIOD

6/27/2024 0600

to

6/28/2024 0600

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">PIZONA</p>	2. Operational Period:	Date From: 6/27/2024 Time From: 0600	Date To: 6/28/2024 Time To: 0600
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3. Objective(s):

Management Objectives

- Provide for emergency personnel and public safety at all times.
- Protect property, improvements, and infrastructure.
- Ensure coordinated, timely and accurate release of public information.
- Foster and maintain relationships with all cooperators and stakeholders.
- Protect economic, natural, cultural and heritage resources.
- Maintain fiscal accountability and keep costs commensurate with values at risk.

Control Objectives

- Keep the fire North of McBride Springs
- Keep the fire South of Jack Spring
- Keep the fire East of Forest Rd 1N1132
- Keep the fire West of Forest Rd 206

General Situational Awareness:

Steep and rugged terrain, dry and receptive fuel beds, active area for fire history and drought stressed trees.

Remote fire area with longer drive times. Limited narrow and unimproved roads or trails.

5. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan

<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 215A	<input type="checkbox"/> ICS 205 A	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Facility Maps	<input type="checkbox"/> Travel Map	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Demob Plan	<input type="checkbox"/> County Health Message
<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

7. Prepared By: IC	Position/Title: IC	Signature: /s/ Jayson Smith
8. Approved by Incident Commander: IC	Jayson Smith	Signature: /s/ Jayson Smith

ICS 202

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: PIZONA		2. Operational Period: Date From: 6/27/2024		Date To: 6/28/2024	
		Time From: 0600		Time To: 0600	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Jayson Smith	Operations	TBD		
Deputy		Deputy Operations			
Safety Officer		Night Ops			
Information Officer		Staging Area			
Liaison Officer		Branch	I		
4. Agency/Organization Representatives:		Division/Group	A	TBD	
Agency/Organization	Name	Division/Group	Z	TBD	
Agency Admin	Phillip Desenze	Division/Group			
Agency Admin (T)	Taro Pusina	Division/Group			
DFMO	Annamaria Echeverria	Division/Group			
		Branch	II		
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch	III		
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch	IV		
		Division/Group			
5. Planning Section:		Division/Group			
Chief		Division/Group			
Deputy		Division/Group			
Resource Unit		Division/Group			
Situation Unit		Branch	V		
Documentation Unit		Division/Group			
Demobilization Unit		Division/Group			
GISS		Division/Group			
FBAN		Division/Group			
IMET		Division/Group			
Training Tech Spec		Air Operations Branch		Director:	
		Air Support Group Supervisor			
		Air Tactical Group Supervisor			
6. Logistics Section		Helibase Manager			
Chief					
Supply Unit		8. Finance/Administration Section:			
Facilities Unit		Chief			
Ground Support Unit		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
		Cost Unit			
Prepared By: Name: IC		Position/Title: IC		Signature: /s/ Jayson Smith	
ICS 203		Date/Time: 6/26/2024 2300 hours			

Weather Forecast	Latitude: 38.0002	Longitude: -118.4900	Update	NWS Fire Weather
1. Incident Name: PIZONA	2. Operational Period:		Date From: 6/27/24 Time From: 0600	Date To: 6/28/24 Time To: 0600 Last Update 6/26/2024 22:08:50
NWS Office = REV, Zone = NVZ429				
Fire Weather Planning Forecast National Weather Service Reno NV 139 PM PDT Wed Jun 26 2024 ...RED FLAG WARNING IN EFFECT UNTIL 11 PM PDT THIS EVENING FOR GUSTY WINDS AND LOW HUMIDITY ACROSS FAR NORTHEAST CA AND NORTHWEST NV INCLUDING THE NORTHERN SIERRA FRONT... ..BREEZY AND DRY CONDITIONS WILL BRING NEAR CRITICAL CONDITIONS TO PORTIONS OF WESTERN NV ON THURSDAY...				
.DISCUSSION... A dry cold front will bring gusty southwest winds and lower humidity through this evening, causing critical fire weather for lower elevations north of Highway 50. Breezy northwest winds and much drier air on Thursday may bring a few hours of locally critical conditions for portions of western NV into the inner-basins. Very warm and dry weather will persist this weekend with breezy southwest winds.				
NVZ429-271430- Lahontan Basin including Churchill and Eastern Mineral Counties- 139 PM PDT Wed Jun 26 2024				
.TONIGHT...				
* Sky/Weather.....Mostly clear. Slight chance of thunderstorms in the evening.				
* Min Temperature...				
* Valleys.....54-64.				
* Mid Slope.....56-66.				
* 24 hr trend.....4 degrees cooler.				
* Max Humidity.....				
* Valleys.....48-58%.				
* Mid Slope.....36-46%.				
* 24 hr trend.....16% drier.				
* 20-Foot Winds.....				
* Valleys/Slope...West winds 15 to 25 mph shifting to the southwest 9 to 14 mph after midnight.				
* Ridge Top.....West winds 15 to 25 mph with gusts to 40 mph.				
* Haines Index.....3.				
* LAL.....2.				
* Chc Wetting Rain...5%.				
* Mixing Height.....5800-6800 ft agl decreasing to 600-800 ft agl after midnight.				
* Transport Winds...West 15 to 25 mph decreasing to 10 to 15 mph after midnight.				
* Ventilation.....Excellent decreasing to marginal after midnight.				
.THURSDAY...				
* Sky/Weather.....Sunny.				
* Max Temperature...				
* Valleys.....85-95.				
* Mid Slope.....81-91.				
* 24 hr trend.....Little change.				
* Min Humidity.....				
* Valleys.....8-13%.				
* Mid Slope.....9-14%.				
* 24 hr trend.....10% drier.				
* 20-Foot Winds.....				
* Valleys/Slope...Upslope 4 to 8 mph becoming west 9 to 16 mph with gusts to 25 mph in the late morning and afternoon.				
* Ridge Top.....West winds 10 to 20 mph. Gusts to 40 mph in the morning.				
* Haines Index.....4.				
* LAL.....1.				
* Chc Wetting Rain...0%.				
* Mixing Height.....2300-3300 ft agl increasing to 8100-9100 ft agl in the afternoon.				
* Transport Winds...Light winds becoming west 15 to 25 mph in the afternoon.				
* Ventilation.....Very good increasing to excellent in the afternoon.				
.THURSDAY NIGHT...				
* Sky/Weather.....Clear.				
* Min Temperature...				
* Valleys.....51-61.				
* Mid Slope.....53-63.				
* Max Humidity.....				
* Valleys.....30-40%.				
* Mid Slope.....23-33%.				
* 20-Foot Winds.....				
* Valleys/Slope...Northwest winds 13 to 20 mph with gusts to 30 mph decreasing to 9 to 17 mph in the late evening and overnight.				
* Ridge Top.....Northwest winds 10 to 20 mph with gusts to 30 mph.				
* Haines Index.....3-4.				
* LAL.....1.				
* Chc Wetting Rain...0%.				
* Mixing Height.....4900-5900 ft agl decreasing to 600-800 ft agl after midnight.				
* Transport Winds...West 15 to 25 mph shifting to the northwest 10 to 15 mph after midnight.				
* Ventilation.....Excellent decreasing to marginal after midnight.				
.FRIDAY...				
PREPARED BY:	Date/Time		6/26/24	

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center; font-size: 1.2em;">PIZONA</p>		2. Operational Period: Date From: 06/27/24 Date To: 06/28/24 Time From: 0600 Time To: 0600				3. Branch <p style="text-align: center; font-size: 1.5em;">I</p>		Division <p style="text-align: center; font-size: 1.5em;">Z</p>	
4. Operations Personnel: Operations Section Chief: TBD Branch Director: Division/Group Supervisor: TBD						Night Ops: Branch Safety: Air Attack:			
5. Resources Assigned:		** Resources Below in Bold are 12 Hour **							
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location		
SMJK			TBD	20	A-09				
CRW 1 Helena IHC			TBD	20	C-04				
CRW 1 Texas Canyon IHC			TBD	20	C-03				
TFLD (T) Christian			Mike Christian	1	O-20				
6. Work Assignments: Scout and construct line from heel of fire on west flank of fire									
7. Special Instructions: Use MIST tactics in Identified sensitive areas									
8. Communications									
	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes	
9. Prepared by: Name:				IC					
				Signature: /s/ Jayson Smith					
ICS 204		Date/Time: 6/26/2024 2200				Personnel Count: 61			

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: PIZONA	2. Operational Period:	Date From: 6/27/24 Time From: 0600	Date To: 6/28/24 Time To: 0600
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Steep winding roads are throughout the incident. Slow down when driving on loose gravel and blind curves. Drive defensively with headlights on and use hands free devices.

Working on steep, uneven terrain. Be mindful of rolling materials.

Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.

Maintain situational awareness. Look up, Look down, Look around

Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.

Remain mindful of what is going on around you! LCES!

HEADS UP!!! Lookout for SNAGS when working around areas with burned trees. Evaluate all wind damaged trees with large limbs before working under around them.

Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures, persistent drought, and elevated fire danger rating values.

4. Site Safety Plan Required? No
Approved Site Safety Plan(s) Located At:

5. Prepared By: Position/Title: SOFR
Signature: _____
ICS 208 Date/Time: 6/26/2024 / 2030

MEDICAL PLAN (ICS 206)

1. Incident Name: Casa Diablo Rx		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____					
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
Mono County Paramedics	Mammoth Lakes, CA	OVCC or 911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
Care Flight (REMSA)	Gardnerville, NV	OVCC or 911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Mammoth Hospital	Mammoth Lakes, CA	760-934-3311		0030	<input type="checkbox"/> Yes Level: _____ <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Renown	Reno, NV	775-982-4100		0330	<input checked="" type="checkbox"/> Yes Level: 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
U.C. Davis	Sacramento, CA	916-734-2011			<input type="checkbox"/> Yes Level: _____ <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Northern Inyo Hospital	150 Pioneer Lane Bishop, CA	760-873-5811		0030	<input type="checkbox"/> Yes Level: _____ <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Special Medical Emergency Procedures:							
<p>Prior to commencing ignition, the nearest helispot should be identified. Should an injury occur, the Burn Boss will be notified immediately. The Burn Boss, or assigned IC, will notify OVICC to coordinate the appropriate medical response. Standard Agency approved medical reporting method (i.e. 8-Line) should be used to communicate patient information.</p> <p>For minor injuries, individuals will be transported by Agency personnel to the nearest medical facility. For more serious injuries, transportation will be by ground or air ambulance. The medical facility will be contacted as soon as practical and advised of injuries and ETA for transport of injured individual.</p>							
<input type="checkbox"/> 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 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.

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	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>
Evacuation Request		<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>
Patient Location		<i>Descriptive Location & Lat. / Long. (WGS84)</i>
Incident Name		<i>Geographic Name + Medical (Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>
Patient Care		<i>Name of Care Provider (Ex: EMT Smith)</i>

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: 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.