

MIDDLE

INCIDENT ACTION PLAN



IAP



MAPS

CA-YNP-000102

PPR5JC (1522)

PF.FSR5JC024.00.1

DAY SHIFTS

8/15-17/2024 0700

THROUGH

8/15-17/2024 1900

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:		2. Operational Period: DAY														
MIDDLE	Date/Time From: 08/15/2024 0800	THURS	Date/Time To: 08/17/2024 2000 SAT													
3. Objective(s): Ensure firefighter and public safety. Maintain and enhance relationships by providing timely and accurate fire information. Protect and/or minimize the effects of the fire to the local communities, wilderness values, cultural resources, natural resources, and infrastructure in the fire area. Effectively manage and track costs for all incident activities. Control Objectives Keep the fire: North of Tioga Road East of Aspen Valley South of the Tuolumne River West of White Wolf																
4. Operational Period Command Emphasis: -Base tactics on current control objectives.																
General Situational Awareness: -Remain vigilant in keeping heads up for snags and widow makers. -Identify No Working Zones (NWZ)																
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at:																
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table><tr><td><input checked="" type="checkbox"/> ICS 202</td><td><input type="checkbox"/> ICS 207</td><td rowspan="6">Other Attachments: <input checked="" type="checkbox"/> SHORT-HAUL MESSAGE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 208</td></tr><tr><td><input checked="" type="checkbox"/> ICS 204</td><td><input checked="" type="checkbox"/> ICS 220</td></tr><tr><td><input checked="" type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td></tr><tr><td><input checked="" type="checkbox"/> ICS 206</td><td></td></tr></table>				<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 207	Other Attachments: <input checked="" type="checkbox"/> SHORT-HAUL MESSAGE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input checked="" type="checkbox"/> ICS 206	
<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 207	Other Attachments: <input checked="" type="checkbox"/> SHORT-HAUL MESSAGE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 208															
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220															
<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart															
<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents															
<input checked="" type="checkbox"/> ICS 206																
7. Prepared by:		Position/Title:	Signature:													
8. Approved by Incident Commander:		Name: ANDREW DAVENPORT (T)	Signature:													
ICS 202	IAP Page		Date/Time: 08/14/2024 2000													

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: DAY	
MIDDLE		Date/Time From: 08/15/2024 0800 THURS-SAT	Date/Time To: 08/17/2024 2000
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UC	GILBERT ROMERO NATHAN GALSTER (T)	OPS SECTION CHIEF	
DEPUTY			
SAFETY OFFICER		DIVISION/GROUP	A TBD
INFORMATION OFFICER	BERNARD SPIELMAN	DIVISION/GROUP	Z TBD
LIAISON OFFICER			
4. Agency/Organization Representative(s):			
Agency/Organization	Name	7b. Air Operations Branch:	
YOSEMITE NATIONAL PARK	CICELY MULDOON TERI AUSTIN	AIR OPS BRANCH DIRECTOR	
YOSEMITE FIRE & AVIATION	KELLY SINGER	HELIBASE MANAGER	HEATHER WONENBERG
		AIR SUPPORT SUPERVISOR	
5. Planning Section:		HELICOPTER COORDINATOR	
CHIEF		AIR TANKER COORDINATOR	
DEPUTY		8. Finance/Administration Section:	
RESOURCES UNIT		CHIEF	MELANIE MCCABE
SITUATION UNIT		DEPUTY	
DOCUMENTATION UNIT		TIME UNIT	RAVEN WATSON
DEMOBILIZATION UNIT		PROCUREMENT UNIT	
FIRE BEHAVIOR ANALYST		COMPENSATION UNIT	
HUMAN RESOURCE SPECIALIST		COST UNIT	
TRAINING SPECIALIST			
GIS SPECIALIST	DORY SHREVE / KENT VANWAGTENDONK		
TECHNOLOGY SUPPORT SPECIALIST			
INCIDENT METEOROLOGIST			
READ/ARCH	MOLLY BAPTISTA / GREG BURNS		
6. Logistics Section:			
CHIEF	BRIAN KRUGER RANDY JACKSON		
DEPUTY			
SUPPLY UNIT			
FACILITIES UNIT			
GROUND SUPPORT UNIT			
COMMUNICATIONS UNIT			
MEDICAL UNIT			
SECURITY UNIT			
FOOD UNIT			
9. Prepared By:		Signature:	
Name: ANDREW DAVENPORT	Position/Title: ICT3(T)		
ICS 203	Date/Time: 08/14/2024 2000		

.DISCUSSION...

Dry conditions with near seasonal average temperatures will continue through the week and into the weekend. Afternoon highs on Sunday are expected to be a few degrees below average for this time of year. Relative humidity recovery is moderate throughout the forecast period. Winds remain mostly light but could become slightly breezy in the afternoons.

.THURSDAY...

Sky/weather.....Sunny (0-10 percent).
Max temperature.....67-72.
Min humidity.....15-20 percent.
Eye level winds.....Light winds becoming west 4-7 mph in the afternoon.
Surrounding ridge...Southwest 5-10 mph.
Mixing height.....Rising to around 4100 ft AGL.
Transport winds.....Southwest 5-10 mph.
Wind (20 ft).....Light winds becoming west 4-7 mph in the afternoon.

.THURSDAY NIGHT...

Sky/weather.....Clear (0-10 percent).
Min temperature.....48-53.
Max humidity.....40-45 percent.
Eye level winds.....West winds 4-7 mph in the evening becoming light.
Surrounding ridge...West 5-10 mph.
Mixing height.....Lowering to around 100 ft AGL.
Transport winds.....West 5-10 mph.
Wind (20 ft).....West winds 5-10 mph in the evening becoming light.

Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name:				3.			
MIDDLE				Branch:		Division/Group: A	
2. Operational Period: DAY							
Date/Time From: 08/15/2024 0800 THU		Date/Time To: 08/17/2024 2000 SAT					
4. Operations Personnel							
OPERATIONS CHIEF				DIVISION/GROUP SUPERVISOR		TBD	
BRANCH DIRECTOR				AIR ATTACK SUPERVISOR			
5. Resources Assigned this Period							
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time	
C-2 CR2I SEQUOIA CREW 10		08/19	VICTOR ESPINOZA	21	WHITE WOLF/0800	WHITE WOLF/2000	
*O-8 EMTF		08/20	MATTHEW BERNSTEIN	1	WHITE WOLF/0800	WHITE WOLF/2000	
*O-38 ARCH			GREGORY BURNS	1	WHITE WOLF/0800	WHITE WOLF/2000	
6. Control Operations/Work Assignments:							
-Hold, mop-up, and patrol containments lines within division A.							
-Backhaul all trash and unnecessary equipment.							
7. Special Instructions:							
Leave no trace.							
Utilize MIST tactics.							
*ARCH AND EMTF contact divisions when entering/exiting							
8. Division/Group Communication Summary							
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode	
COMMAND	YNP FIRE RPT	172.7750		166.3625	T3-131.8		
TACTICAL	NIFC TAC 5	166.7750		166.7750			
AIR TO GROUND	YNP A/G	168.5625		168.5625			
AIR GUARD	AIR GUARD	168.6250		168.6250			
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)		Date	Time	
			ANDREW DAVENPORT		08/14/2024	2000	

Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name:			3.			
MIDDLE			Branch:		Division/Group: Z	
2. Operational Period: DAY						
Date/Time From: 08/15/2024 0800 THU		Date/Time To: 08/17/2024 2000 SAT				
4. Operations Personnel						
OPERATIONS CHIEF				DIVISION/GROUP SUPERVISOR TBD		
BRANCH DIRECTOR				AIR ATTACK SUPERVISOR		
5. Resources Assigned this Period						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
C-5 BLACK EAGLES 2		8/20	OSCAR JIMENEZ	21	WHITE WOLF/0800	WHITE WOLF/2000
*O-9 EMTF		8/20	MEGAN COTA	1	WHITE WOLF/0800	WHITE WOLF/2000
6. Control Operations/Work Assignments:						
-Hold, mop-up, and patrol containments lines within division A.						
-Backhaul all trash and unnecessary equipment.						
7. Special Instructions:						
Leave no trace.						
Utilize MIST tactics.						
EMTF contact divisions when entering/exiting						
8. Division/Group Communication Summary						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
COMMAND	YNP FIRE RPT	172.7750		166.3625	T3-131.8	
TACTICAL	NIFC TAC 1	168.0500		168.0500		
AIR TO GROUND	YNP A/G	168.5625		168.5625		
AIR GUARD	AIR GUARD	168.6250		168.6250		
9. Prepared By (Resource Unit Leader)		Approved By (Planning Section Chief)		Date	Time	
		ANDREW DAVENPORT		08/15/2024	2000	

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

Controlled Unclassified Information//Basic

1. Incident Name:			2. Date/Time Prepared:			3. Operational Period: DAY				
MIDDLE			Date: 08/12/2024 Time: 2000			Date/Time From: 08/13/2024 0800 TUES			Date/Time To: 08/12/2024 2000 TUES	
4. Basic Radio Channel Use:										
Zone Group	Ch #	Function	Channel Name/Trunked Radio System Talk group	Assignment	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode (A, D, or M)	Remarks
		COMMAND	FIRE HOFFMAN	ALL	172.7750		166.3625	T3-131.8		
		COMMAND	FIRE CRANE	ALL	172.7750		166.3625	T1-10.9		BACK-UP IF UNABLE TO USE TONE 3
		COMMAND	FIRE NORTH MTN	ALL	172.7750		166.3625	T4-136.5		BACK-UP IF UNABLE TO USE TONE 3
		TACTICAL	NIFC TAC 5	DIV A	166.7750		166.7750			
		TACTICAL	NIFC TAC 1	DIV Z	168.0500		168.0500			
		AIR TO GROUND	YNP A/G	MIDDLE OPS	168.5625		168.5625			
		LOGISTICS	YNP FIRE DIRECT	LOCAL AIR AMB AND TRAVELING	172.7750		172.7750			LOCAL AIR AMB AND TRAVELING
		LOGISTICS	CALCORD	NON-LOCAL AIR AMBULANCES	156.0750		156.0750	T6-156.7		OUT OF AREA AIR AMB
		AIR GUARD	AIR GUARD	EMERGENCY	168.6250		168.6250			USED FOR EMERGENCIES ONLY
5. Special Instructions:										
6. Prepared By (Communications Unit Leader)				Name: ANDREW DAVENPORT				Signature:		
ICS 205				IAP Page				Date/Time: 08/14/2024 2000		

Controlled Unclassified Information//Basic

FINAL



Short-haul Extraction Description*

Short-haul: To transport one or more rescuers and patient suspended beneath a helicopter (HEC - Human External Cargo).

Yosemite Helicopter 551 is an Advanced Life Support (ALS) rescue capable ship. For rescue operations, two rescuers can be inserted into technical terrain or an area with tight canopy cover via rappel or Short-haul. Once medical interventions and patient packing are completed by rescuers, 551 will extract all individuals via Short-haul.

Ground personnel should consider an opening free of overhead hazards and snags as a reasonable site. Ensure extraction site is a safe distance from the fire-line (rotor wash). The standard Short-haul rope length is 150' but can be extended to 250'. During the insertion and extraction process of a patient, ground personnel must remain clear of area.

H-551 will fly to lat and long provided. Once a recon of the site has been completed, 2 rescuers may be inserted via rappel and may be followed by cargo let down (CLD) of gear. Once Rappel/Short-haul operations commence, and the sterile cockpit has been established, H-551 will only monitor the Air Guard frequency. ***During Rappel/Short-haul operations, contact H-551 via Air Guard only in case of an emergency.***

Once rescuers are on the ground, H-551 will depart the area for the closest landing zone (LZ) and configure helicopter for extraction of patient and rescuers via Short-haul. Once patient packaging is completed, H-551 will return to the area and extract personnel. H-551 will fly to the closest LZ and load the patient internally.

*This is intended as a brief description. When requesting a medical evacuation, prior to the arrival of H-551, remember the basics: Utilize the Medical Incident Report (MIR) Page 118, IRPG, scene safety, initial patient care and management of on scene personnel.

1. Incident Name:		2. Operational Period: Date From: Time From:		Date To: 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: _____		

ACTIVITY LOG (ICS 214)

[illegible]

MEDICAL PLAN (ICS 206)

1. Incident Name: MIDDLE		2. Operational Period: Date From: 8/15/2024 Time From: 0700		Date To: 8/15/2024 Time To: 1900			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
Yosemite Medical Clinic	9000 Ahwahnee Dr, Yosemite CA 95389	209-372-4637	<input checked="" 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				
Yosemite N.P. (Ground)	Yosemite NP (Valley / Mather / Wawona)	209-379-1992/1999	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
PHI (Air)	Columbia, CA	209-379-1992/1999	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
Air Methods	Mariposa, CA & Merced, CA	209-379-1992/1999	<input checked="" 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			
Community Regional Medical Center	Fresno, CA	559-459-5121	35	120	<input checked="" type="checkbox"/> Yes Level: <u>1</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
St Agnes Medical Center	Fresno, CA	559-450-3000	35	120	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Doctors Hospital	Modesto, CA	209-576-3609	35	120	<input checked="" type="checkbox"/> Yes Level: <u>2</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mercy Medical Center	Merced, CA	209-564-5000	35	120	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sonora Regional Medical Center	Sonora, CA	209-536-5000	35	120	<input checked="" type="checkbox"/> Yes Level: <u>3</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Special Medical Emergency Procedures:							
Activate EMS by calling 9-1-1 or by contacting "Yosemite" Dispatch via radio.							
<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: <u>Andrew Davenport ICT3(T)</u> Signature: _____							
ICS 206		IAP Page _____		Date/Time: <u>8/14/2024 2000</u>			

Medical Incident Report

**FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE
"MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.**

Use items one through nine to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS/DISPATCH

Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)

2. INCIDENT STATUS: Provide incident summary and command structure.

Nature of Injury/Illness		<i>Describe the injury (Ex: Broken leg with bleeding)</i>
Incident Name		<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>
Incident Commander		<i>Name of IC</i>
Patient Care		<i>Name of Care Provider (Ex: EMT Smith)</i>

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.

Number of Patients:	Male / Female	Age:	Weight:
Conscious? <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC!			
Breathing? <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC!			
Mechanism of Injury: <i>What caused the injury?</i>			
Lat/Long (Datum WGS84) <i>Ex: N 40° 42.45' x W 123° 03.24'</i>			

4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY

SEVERITY	TRANSPORT PRIORITY
<input type="checkbox"/> URGENT-RED Life threatening injury or illness. <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i>	Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE.
<input type="checkbox"/> PRIORITY-YELLOW Serious Injury or illness. <i>Ex: Significant trauma, not able to walk, 2° – 3° burns not more than 1-2 palm sizes.</i>	Ambulance or consider air transport if at remote location. Evacuation may be DELAYED.
<input type="checkbox"/> ROUTINE-GREEN Not a life threatening injury or illness. <i>Ex: Sprains, strains, minor heat-related illness.</i>	Non-Emergency. Evacuation considered Routine of Convenience.

5. TRANSPORT PLAN:

Air Transport: (Agency Aircraft Preferred)			
<input type="checkbox"/> Helispot	<input type="checkbox"/> Short-haul/Hoist	<input type="checkbox"/> Life Flight	<input type="checkbox"/> Other
Ground Transport:			
<input type="checkbox"/> Self-Extract	<input type="checkbox"/> Carry-Out	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Other

6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:

<input type="checkbox"/> Paramedic/EMT(s)	<input type="checkbox"/> Crew(s)	<input type="checkbox"/> SKED/Backboard/C-Collar
<input type="checkbox"/> Burn Sheet(s)	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Trauma Bag
<input type="checkbox"/> Medication(s)	<input type="checkbox"/> IV/Fluid(s)	<input type="checkbox"/> Cardiac Monitor/AED
<input type="checkbox"/> Other (i.e. splints, rope rescue, wheeled litter)		

7. COMMUNICATIONS:

Function	Channel Name/Number	Receive (Rx)	Tone/NAC *	Transmit (Tx)	Tone/NAC *
<i>Ex: Command</i>	<i>Forest Rpt, Ch. 2</i>	<i>168.3250</i>	<i>110.9</i>	<i>171.4325</i>	<i>110.9</i>
COMMAND					
AIR-TO-GRND					
TACTICAL					

*(NAC for digital radio system)

8. EVACUATION LOCATION:

Lat/Long (Datum WGS84) <i>EX: N 40 42.45' x W 123 03.24'</i>	
Patient's ETA to Evacuation Location:	
Helispot/Extraction Size and Hazards:	

9. CONTINGENCY:

Considerations: <i>If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...</i>	REMEMBER: Confirm ETA's of resources ordered Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively.
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