

# INCIDENT ACTION PLAN

# RIDGE INCIDENT

CA-LAC-222638



## OPERATIONAL PERIOD

7/29/2020 0700

to

8/1/2020 0700

# INCIDENT OBJECTIVES (ICS 202)

|                                   |                               |                      |                   |  |
|-----------------------------------|-------------------------------|----------------------|-------------------|--|
| <b>1. Incident Name:</b><br>RIDGE | <b>2. Operational Period:</b> | Date From: 7/29/2020 | Date To: 8/1/2020 |  |
|                                   |                               | Time From: 0700      | Time To: 0700     |  |

**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 East of Aqueduct
- Keep the fire South of Aqueduct
- Keep the fire West of 300th St
- Keep the fire North of Forest Boundary

**General Situational Awareness:**

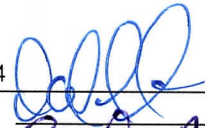
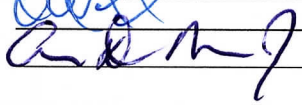
**Provide for firefighter and community safety by adhering to CDC and Department COVID 19 Guidelines**

**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 type="checkbox"/> ICS 215A                    | <input type="checkbox"/> Phone List       | <input type="checkbox"/> Fire Suppression Repair Plan |
| <input checked="" type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 220                     | <input type="checkbox"/> Training Message | <input type="checkbox"/>                              |
| <input checked="" type="checkbox"/> ICS 205 | <input checked="" type="checkbox"/> Incident Map     | <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"/>                              |
| <input checked="" type="checkbox"/> ICS 208 | <input type="checkbox"/> Fire Behavior               | <input type="checkbox"/> Finance Message  | <input checked="" type="checkbox"/> ICS 214           |

|   |                     |  |
|---|---------------------|--|
| <b>7. Prepared By:</b> Dan Douglas        | Position/Title: PSC | Signature:  |
| <b>8. Approved by Incident Commander:</b> | Anderson Mackey     | Signature:  |

Spot Forecast for Ridge Incident...CNTY LAC  
National Weather Service Los Angeles/Oxnard CA  
924 AM PDT Tue Jul 28 2020

Forecast is based on forecast start time of 0600 PDT on July 28. If conditions become unrepresentative...contact the National Weather Service.

.DISCUSSION...There will be little change in the weather pattern through Wednesday with highs in the lower 90s with gusty southwest winds in the afternoon, shifting to the northwest in the evening and overnight hours. Relative humidities will remain dry, mainly in the lower teens, but could see upper single digits on Wednesday. High pressure will start to build in during the second half of the week, which will allow temperatures to warm a few more degrees and winds should weaken some. Relative humidities will see little recoveries during the overnight hours.

.TODAY...

Sky/weather.....Sunny.

Max temperature.....92.

Min humidity.....10-15 percent.

Eye level winds.....Northwest 3-7 mph through 1400 hours. Then becoming southwest 4-8 mph with gusts to 13 mph.

Ridgetop winds.....Northwest 7-14 mph becoming southwest 10-15 mph with gusts to 25 mph in the afternoon.

.TONIGHT...

Sky/weather.....Clear.

Min temperature.....67.

Max humidity.....35-40 percent.

Eye level winds.....west 4-8 mph with gusts to 12 mph through 1900 hours, then becoming northwest 3-6 mph with gusts to 10 mph.

Ridgetop winds.....Southwest 10-15 mph with gusts to 20 mph early, becoming northwest 8-16 mph overnight .

.WEDNESDAY...

Sky/weather.....Sunny.

Max temperature.....93.

Min humidity.....8-14 percent.

Eye level winds.....Northwest 3-6 mph through 1000 hours, becoming southwest 4-7 mph through the afternoon. Gusts to 11 mph in the afternoon.

Ridgetop winds.....Northwest 6-12 mph through mid morning, becoming southwest 10-15 mph in the afternoon.

Forecaster...KAPLAN

Requested by...Brad Weisshaupt

Type of request...WILDFIRE

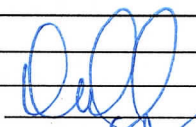
.TAG 2010076.0/LOX

.DELDT 07/28/20

.FormatterVersion 1.0.26

.EMAIL brad.weisshaupt@fire.lacounty.gov

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

|  |  |   |                              |   |  |
|--|--|---|------------------------------|---|--|
| <b>1. Incident Name:</b><br>RIDGE                  |  | <b>2. Operational Period: Date From:</b> 7/29/2020<br>Time From: 0700 |                              | <b>Date To:</b> 8/1/2020<br><b>Time To:</b> 0700  |  |
| <b>3. Incident Commander(s) and Command Staff:</b> |  |   | <b>7. Operation Section:</b> |   |  |
| IC/UC's  | Anderson Mackey                        | Operations  |                              |   |  |
| Deputy   | BC 6                                   | Deputy Operations   |                              |   |  |
| Safety Officer                                     | Pete Adamo                             | Night Ops   |                              |   |  |
| Information Officer                                | Sean Ferguson                          | Staging Area  |                              |   |  |
| Liaison Officer                                    |  | <b>Branch</b>   |                              |   |  |
| <b>4. Agency/Organization Representatives:</b>     |  | Division/Group  | A/M/Z                        | 12 hr Day ops TBD   |  |
| Agency/Organization                                | Name                                   | Division/Group  |                              |   |  |
| CAL Fire   | Tony Jones                             | Division/Group  |                              |   |  |
| ANF  | Oscar Vargas                           | Division/Group  |                              |   |  |
| LASD   | Steve Snover                           | Division/Group  |                              |   |  |
|  |  | <b>Branch</b>   |                              |   |  |
|  |  | Division/Group  |                              |   |  |
|  |  | Division/Group  |                              |   |  |
|  |  | Division/Group  |                              |   |  |
|  |  | Division/Group  |                              |   |  |
|  |  | <b>Branch</b>   |                              |   |  |
|  |  | Division/Group  |                              |   |  |
| <b>5. Planning Section:</b>                        |  | Division/Group  |                              |   |  |
| Chief  | Dan Douglas                            | Division/Group  |                              |   |  |
| Deputy   |  | Division/Group  |                              |   |  |
| Resource Unit                                      |  | Division/Group  |                              |   |  |
| Situation Unit                                     | Brad Weissaupt                         | <b>Branch</b>   |                              |   |  |
| Documentation Unit                                 |  | Division/Group  |                              |   |  |
| Demobilization Unit                                |  | Division/Group  |                              |   |  |
| GISS   | Ed Lamas, Ricardo Rametta, Megan Yanez | Division/Group  |                              |   |  |
| FBAN   |  | Division/Group  |                              |   |  |
| IMET   |  | Division/Group  |                              |   |  |
| Training Tech Spec                                 |  | <b>Air Operations Branch</b>  |                              | <b>Director:</b>  |  |
|  |  |   |                              | Air Support Group Supervisor  |  |
|  |  |   |                              | Air Tactical Group Supervisor   |  |
| <b>6. Logistics Section</b>                        |  |   |                              | Helibase Manager  |  |
| Chief  | Scott Gardner                          |   |                              |   |  |
| Supply Unit  |  | <b>8. Finance/Administration Section:</b>                             |                              |   |  |
| Facilities Unit                                    |  | Chief   | Tammy Hasert                 |   |  |
| Ground Support Unit                                |  | Time Unit   |                              |   |  |
| Communications Unit                                | Travis Wight, Matt Olson (t)           | Procurement Unit  |                              |   |  |
| Medical Unit                                       | Adrian Reyes                           | Comp/Claims Unit  |                              |   |  |
| ITSS   | Gus Cantos (t)                         | Cost Unit   |                              |   |  |
|  |  |   |                              |   |  |
| <b>Prepared By: Name:</b> Dan Douglas              |  | <b>Position/Title:</b> PSC  |                              | <b>Signature:</b>  |  |
| <b>ICS 203</b>                                     |  | <b>Date/Time:</b> 7/28/2020 2300 hours                                |                              | <b>NIMS IAP</b>   |  |



## SAFETY MESSAGE/PLAN (ICS 208)

|                                   |                               |                                       |                                  |
|-----------------------------------|-------------------------------|---------------------------------------|----------------------------------|
| <b>1. Incident Name:</b><br>RIDGE | <b>2. Operational Period:</b> | Date From: 7/29/20<br>Time From: 0700 | Date To: 8/1/20<br>Time To: 0700 |
|-----------------------------------|-------------------------------|---------------------------------------|----------------------------------|

***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***

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

***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.***

***Slow down when driving on loose gravel and blind curves. Drive defensively with headlights on and use hands free devices.***

***Conduct daily wellness check on yourself and your crew: symptoms such as fever, cough and shortness of breath.***

***Utilize one module rule. Maintain social distancing of 6', avoid shaking hands.***

***Face coverings are required for all personnel not on the line!***

**4. Site Safety Plan Required?**  No

**Approved Site Safety Plan(s) Located At:**

**5. Prepared By:** Pete Adamo Position/Title: SOFR

**ICS 208** Date/Time: 7/28/2020 / 2030

Signature: 



# MEDICAL PLAN (ICS 206)

|                                |  |                                      |
|--------------------------------|--|--------------------------------------|
| <b>1. Incident Name:</b> RIDGE | <b>2. Operational Period:</b> Date From: 07/29/2020<br>Time From: 0700 | Date To: 08/01/2020<br>Time To: 0700 |
|--------------------------------|--|--------------------------------------|

|                                 |  |                             |  |
|---------------------------------|--|-----------------------------|--|
| <b>3. Medical Aid Stations:</b> |  |                             |  |
| Name                            | Location   | Contact Number(s)/Frequency | Paramedics on Site?                                      |
|                                 | *** REQUEST THROUGH ***<br>JURISDICTIONAL AGENCY |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |                             |   |
|--|--|-----------------------------|---|
| <b>4. Transportation</b> (indicate air or ground): |  |                             |   |
| Ambulance Service                                  | Location   | Contact Number(s)/Frequency | Level of Service  |
|  | *** REQUEST THROUGH ***<br>JURISDICTIONAL AGENCY |                             | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |

| <b>5. Hospitals:</b>        |  |                              |             |        |  |  |  |
|-----------------------------|--|------------------------------|-------------|--------|--|--|--|
| Hospital Name               | Address, Latitude & Longitude if Helipad                               | Contact Number(s)/ Frequency | Travel Time |        | Trauma Center  | Burn Center  | Helipad  |
|                             |  |                              | Air         | Ground |  |  |  |
| Henry Mayo Newhall Hospital | 23845 W. McBean Pkwy<br>Valencia CA, 91355<br>N34 23.94 W118 33.11     | (661) 200-1601               | 10          | 45     | <input checked="" type="checkbox"/> Yes<br>Level: <u>2</u> | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Antelope Valley Hospital    | 1600 W. Ave J<br>Lancaster, CA 93534<br>N34 41.283 W118 09.517         | (661) 949-5000               | 10          | 45     | <input checked="" type="checkbox"/> Yes<br>Level: <u>2</u> | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| West Hills Hospital         | 7300 Medical Center Dr.<br>West Hills CA 91307<br>N34 12.18 W118 37.75 | (818) 676-4598               | 20          | 80     | <input type="checkbox"/> Yes<br>Level: _____               | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |

|   |  |
|---|--|
| <p><b>6. Medical Emergency Procedures:</b><br/>In the event of a medical emergency follow the 8-Step Medical Incident Report, pages 118-119 of the IRPG.</p> <ol style="list-style-type: none"> <li>1. Contact Communications             <ol style="list-style-type: none"> <li>a. "Stand-by for Emergency Traffic"</li> </ol> </li> <li>2. Incident Status:             <ol style="list-style-type: none"> <li>a. Severity of Emergency (Red/Yellow /Green)</li> <li>b. Nature of injury/illness/MOI</li> <li>c. Transport request (Air, ground)</li> <li>d. Patient Location (Lat/Long, WGS84)</li> <li>e. Incident name (Geographic name + medical)</li> <li>f. Incident Commander</li> <li>g. Patient Care (provider name)</li> </ol> </li> <li>3. Initial patient assessment - Refer to Page 106</li> <li>4. Develop transport plan             <ol style="list-style-type: none"> <li>a. Air/Ground, Need for hoist, drop point, Helispot</li> </ol> </li> <li>5. Determine need for additional resources</li> <li>6. Confirm Communications             <ol style="list-style-type: none"> <li>a. A/G EMS Frequencies</li> </ol> </li> <li>7. Contingency Plan</li> <li>8. Additional Information             <ol style="list-style-type: none"> <li>a. Updates/changes, etc.</li> </ol> </li> </ol> <p><b>In Camp Emergency:</b> Contact Medical Unit at ICP</p> | <p style="text-align: center;"><b>EMERGENCY REPORTING WORKSHEET</b></p> <p>SEVERITY    RED (Immediate)    YELLOW (Delayed)    GREEN (Minor)</p> <p>NATURE OF EMERGENCY _____</p> <p>LOCATION OF PATIENT _____</p> <p>TRANSPORTATION REQUESTED BY: AIR ___ GROUND ___</p> <p>POINT OF PICKUP _____</p> <p>WGS84 LAT _____ LONG _____</p> <p>PATIENT UNIT ID _____</p> <p style="text-align: center;">REMINDER: <b>DO NOT</b> GIVE PT NAME OVER RADIO</p> <p>IS AN EMT WITH PATIENT: YES ___ NO ___</p> <p>AGE _____ SEX: MALE _____ FEMALE _____</p> <p>ALL EMERGENCIES---Secure the area and identify witnesses for later investigation. Keep an accurate log of events.</p> <p style="text-align: center;"><b>Medical Unit Leader</b></p> |
|---|--|

**7. Prepared by** (Medical Unit Leader): Name: A Reyes MEDL(t). Signature:

**8. Approved by** (Safety Officer): Name: \_\_\_\_\_ Signature: \_\_\_\_\_

|         |                |                                      |
|---------|----------------|--------------------------------------|
| ICS 206 | IAP Page _____ | Date/Time: <u>7/28/2020 1230 hrs</u> |
|---------|----------------|--------------------------------------|





