

PIKA IAP



JULY 11, 2023 0700

THROUGH

JULY 17, 2023 1900



FLUX THE
PIKA

CA-YNP-000050

PF.FSQAZ2D23.00.1



MAP



IAP

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: 7-DAY																			
PIKA	Date/Time From: 07/11/2023 0700 TUE	Date/Time To: 07/17/2023 1900 MON																		
3. Objective(s):																				
<p>Management Objectives:</p> <ul style="list-style-type: none"> -Provide for the safety of firefighters and the public at all times. -Ensure coordinated, timely, and accurate release of public information. -Protect natural and cultural resources by working closely with Resource Advisors. -Maintain Fiscal accountability and keep costs commensurate with values at risk. <p>Control Objectives:</p> <p>Keep the Pika Fire:</p> <ul style="list-style-type: none"> -North of the rim of Yosemite Valley -South of Snow Creek Trail -East of the Lehamite Creek Trail -West Indian Ridge / North Dome Trail 																				
4. Operational Period Command Emphasis:																				
General Situational Awareness:																				
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located																				
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 202</td> <td style="width: 33%;"><input type="checkbox"/> ICS 207</td> <td style="width: 33%;">Other Attachments:</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input type="checkbox"/> ICS 208</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 220</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td></td> <td></td> </tr> </table>			<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 207	Other Attachments:	<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 206		
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<input checked="" type="checkbox"/> ICS 206																				
7. Prepared by: ANSLEY SINGER	Position/Title: RESL	Signature:																		
8. Approved by Incident Commander:	Name: RUSSELL MITCHELL	Signature:																		
ICS 202	IAP Page	Date/Time: 07/10/2023 1700																		

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: 7-DAY	
PIKA		Date/Time From: 07/11/2023 0700 TUE	Date/Time To: 07/17/2023 1900 MON
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UC	JOHN O'COY AMY BURGESS (T)	OPS SECTION CHIEF	GO DIRECT WITH IC
DEPUTY		DEPUTY OPS SECTION CHIEF	
SAFETY OFFICER	JOHN FOLEY	PLANNING OPS	
INFORMATION OFFICER	MARK RUGGIERO TOM ENGBERG	STAGING AREA	
LIAISON OFFICER		DIVISION/GROUP	PIKA JOHN O'COY
4. Agency/Organization Representative(s):		DIVISION/GROUP	
Agency/Organization	Name	DIVISION/GROUP	
YOSEMITE NATIONAL PARK	CICELY MULDOON TERI AUSTIN	7b. Air Operations Branch:	
		AIR OPS BRANCH DIRECTOR	
		AIR ATTACK SUPERVISOR	
		AIR SUPPORT SUPERVISOR	
		CF HELIBASE	ANDREW DAVENPORT HEATHER WONENBERG
		AIR TANKER COORDINATOR	
5. Planning Section:		8. Finance/Administration Section:	
CHIEF		CHIEF	MELANIE MCCABE
DEPUTY		DEPUTY	
RESOURCES UNIT	ANSLEY SINGER	TIME UNIT	RAVEN WATSON
SITUATION UNIT		PROCUREMENT UNIT	
DOCUMENTATION UNIT		COMPENSATION UNIT	
DEMOBILIZATION UNIT		COST UNIT	
LEAD RESOURCE ADVISOR	ANNA CARNEY		
HUMAN RESOURCE SPECIALIST			
FIRE ARCH	MOLLY BAPTISTA		
GIS SPECIALIST	ELIZABETH HALE TREVOR DENSON (T)		
AIR RESOURCES	KELLY MARTIN		
INCIDENT METEOROLOGIST			
6. Logistics Section:			
CHIEF	BRIAN KRUGER		
DEPUTY	RANDY JACKSON		
SUPPLY UNIT	JIM MIDDLETON		
FACILITIES UNIT			
GROUND SUPPORT UNIT			
COMMUNICATIONS UNIT			
MEDICAL UNIT			
SECURITY UNIT			
FOOD UNIT			
9. Prepared By:	Name: ANSLEY SINGER	Position/Title: RESL	Signature:
ICS 203	IAP Page	Date/Time: 07/10/2023 1900	

Division/Group Assignment List (ICS 204 WF)
Controlled Unclassified Information//Basic

1. Incident Name:			3.			
PIKA			Branch:		Division/Group	
2. Operational Period: 7-DAY			PIKA			
Date/Time From: 07/11/2023 0700 TUE		Date/Time To: 07/17/2023 1900 MON				
4. Operations Personnel						
INCIDENTCOMMANDER		JOHN O'COY AMY BURGESS (T)		DIVISION/GROUP SUPERVISOR		
5. Resources Assigned this Period						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
YOSEMITE WFM (CREW 1)		07/18	LIA JIGOUR / SAUL TEJEDA	6	PORCUPINE TH/0700	PIKA SPIKE/1900
YOSEMITE CCC CREW (CREW 2)		07/16	CINDY CHAMPION	8	PORCUPINE TH/0700	PIKA SPIKE/1900
MAMMOTH WFM		07/19	GRANT JENSEN	10	PORCUPINE TH/0700	PIKA SPIKE/1900
WHISKEYTOWN WFM		07/20	WARREN SWAB	8	PORCUPINE TH/0700	PIKA SPIKE/1900
LASSEN MOD (ENG 76)		07/26	SARA MARTINEZ	6	PORCUPINE TH/0700	PIKA SPIKE/1900
REAF		07/18	BRINA MOSCNY	1	PORCUPINE TH/0700	PIKA SPIKE/1900
REAF(T)		07/16	JORDAN STERZINGER	1	PORCUPINE TH/0700	PIKA SPIKE/1900
REAF(T)		07/18	ELLIOT LOZANO	1	PORCUPINE TH/0700	PIKA SPIKE/1900
6. Control Operations/Work Assignments:						
<p>Complete indirect handline utilizing natural barriers. Initiate firing operations along handline and trail systems. Utilize aerial ignition when appropriate.</p>						
7. Special Instructions:						
<p>Utilize natural barriers, trail network, and former fire footprints whenever possible. Monitor weather, fire behavior, and report acreage growth to Yosemite Dispatch daily before 1600 hours.</p>						
8. Division/Group Communication Summary						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
COMMAND	FIRE SENTINEL	172.775		166.3625	T5- 146.2	A
COMMAND	FIRE DIRECT	172.775		172.775		A
TACTICAL	NIFC TAC 5	166.7750		166.7750	T10- 107.2	
AIR TO GROUND	PIKA A/G	167.9500		167.9500		A
AIR GUARD	AIR GUARD	168.6250		168.6250	T1-110.9	A
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)		Date	Time
ANSLEY SINGER			RUSSELL MITCHELL		07/10/2023	1737

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

Controlled Unclassified Information//Basic

1. Incident Name:	2. Date/Time Prepared:	3. Operational Period: 3-DAY	
PIKA	Date: 7/10/2023 Time: 1900	Date/Time From: 7/11/2023 0700 TUE	Date/Time To: 7/17/2023 1900 MON

4. Basic Radio Channel Use:

Zone Group	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode (A,D, or M)	Remarks
		COMMAND	FIRE SENTINEL	ALL	172.775		166.3625	T5 - 146.2	A	
		COMMAND	FIRE DIRECT	ALL	172.775		172.775		A	USED FOR LZ COMMS
		TACTICAL	NIFC TAC 5	PIKA	166.7750		166.7750	T10 - 107.2	A	
		AIR TO GROUND	PIKA AVG	ALL	167.9500		167.9500		A	
		AIR GUARD	AIR GUARD	ALL	168.6250		168.6250	T1- 110.9	A	

5. Special Instructions:

All frequencies are assigned by Yosemite Emergency Communications Center. Command Channels are recorded.

6. Prepared By RESL	Name: ANSLEY SINGER	Signature:
ICS 205	IAP Page	Date/Time: 7/5/2023 1900

MEDICAL PLAN (ICS 206)

1. Incident Name: PIKA		2. Operational Period: Date From: 7/11/23 Date To: 7/11/23 Time From: 0700 Time To: 1900				
3. Medical Aid Stations:						
Name	Location	Contact	Paramedics?			
Yosemite Medical Clinic	9000 Ahwahnee Drive, Valley	209-372-4637 (M-F)	X Yes <input type="checkbox"/> No			
4. Transportation:						
Ambulance Service	Location	Contact Number(s)	Level of Service			
Yosemite Ambulance	Yosemite Valley, CA	209-379-1999/1992	X ALS <input type="checkbox"/> BLS			
PHI (AIR)	Columbia CA & Modesto CA	209-379-1999/1992	X ALS <input type="checkbox"/> BLS			
AIR Methods	Mariposa CA & Merced CA	209-379-1999/1992	XALS <input type="checkbox"/> BLS			
5. Hospitals:						
Hospital	Address	Contact #	Transport Time	Trauma Center	Burn Center	Helipad
Community Regional Medical Center (CRMC)	Fresno, CA	559-459-5121	35 Air 120 Ground	Yes Level: 1	Yes	Yes
Doctors Medical Center	Modesto, CA	209-576-3609	35 Air 120 Ground	Yes Level: 2	No	Yes
Mercy Medical Center	Merced, CA	209-564-5000	55 Air 120 Ground	No Level: 3	No	Yes
Sonora Regional Medical Center	Sonora, CA	209-536-5000	35 air 120 Ground	Yes Level :3	No	No
St. Agnes Medical Center	Fresno, CA	559-450-3000	35 air 120 Ground	Yes Level: 3	No	No
6. Special Medical Emergency Procedures:						
<p>Report all injuries through the chain of command.</p> <p>Yosemite Emergency Communications Center (Yosemite ECC) 24/7 contact: 209-379-1999.</p> <p>Yosemite ECC Radio Callsign: "Yosemite"</p> <p>Utilize the attached Medical Incident Report (aka: 8-line) when relaying medical incident info via radio.</p>						
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.

Ex: Sprains, strains, minor heat-related illness.

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	
Nature of Injury or Illness & Mechanism of Injury		<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>
Transport 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. TRANSPORT 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 ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

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: _____	

