



Delta Lake Fire Incident Action Plan

Operational Period

July 11, 2021

0700 – 1900

MN-SUF-000333

CC2 13146

P9N461



Fire Weather Planning Forecast for NE Minnesota and NW Wisconsin
National Weather Service Duluth MN
236 PM CDT Sat Jul 10 2021

.DISCUSSION...

Quiet and dry conditions will continue through Monday. Winds will be less than 8 mph for most locations, but may be slightly stronger near Duluth and near the South Shore of Lake Superior, as high as 12 mph. Mostly sunny skies will be the norm with highs in the middle 70s along the North Shore to near 90 degrees for portions of north-central Minnesota. Similar temperatures are expected Monday. Afternoon humidity values will bottom out in the 30 to 40 percent range and may dip as low as 25 percent in the interior Arrowhead, inland from the lake breeze. A slight chance of showers will exist over portions of north-central Minnesota and north-central Wisconsin Monday night into early Tuesday morning. Precipitation amounts will be light, generally less than one-tenth of an inch, if any rain falls over those areas.

MNZ012-111115-
Northern Lake/Northern Cook and Superior NF NE-
236 PM CDT Sat Jul 10 2021

.SUNDAY...

Sky/weather.....Sunny. Haze. Areas of smoke after 0900.
Max temperature.....80-90.
Min humidity.....30-39 percent.
20-foot winds.....West winds up to 2 mph shifting to the south up
to 6 mph in the late morning and afternoon.
LAL.....1.
Haines index.....5 or moderate.
Hours of sun.....14 Hours.
Precipitation.....None.
Mixing height.....Around 5600 ft AGL (Ave 12-6 PM).
Transport winds.....Southeast around 5 mph (Ave 12-6 PM).
Smoke dispersal.....Around 21000 or fair (Ave 12-6 PM).

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs		Chief	
		Deputy	
Safety Officer		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Public Info. Officer(t)		Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Equip Time	
Communications Unit		Time Unit	
Medical Unit		Comp/Claims Unit	
Medical Unit Trainee		Cost Unit	
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 203	IAP Page ____	Date/Time: _____	

78ICS-206	1. Incident Name		2. Date Prepared	3. Time Prepared	4. Operational Period				
MEDICAL PLAN	Delta Fire		10Jul21	1800	11JUL21 0700-2200				
	Site EM								
Medical Aid Resources/Sites		Location	Location Personnel			Paramedic			
					Yes	No			
Medical Unit		ICP	ICP – MEDL Ron Robinson, EMTP, 612-860-1257 and MEDL-T Kate Batten EMTF 907-328-9318			x			
Incident EMPF		DIV A	DIV A- Matt Littler, EMPF, 218-504-9101			x			
		DIV A				x			
		Transportation				x			
	Ambulance Services								
Name		Address	Phone		Paramedics				
					Yes	No			
Ely Area Ambulance		Ely, MN Geoff Galaski	218-235-7878		X				
		Air Medical							
LifeLink Helicopter		Hibbing		1-800-328-1377	X				
North Memorial Heli		Eveleth-Virginia		1-800-247-0229	X				
Name	Helipad Lat/Long	Air	Travel Time	Phone	Helipad		Burn Center		
			Grnd		Yes	No	Yes	No	
Ely Bloomensen Hosp	N 47 53 57 W 91 52 23	10 Min.	90 Min.	218-365-8710	X			X	
St Marys Medical Center LEVEL 1	N 46 47 37 W 92 05 51	45 Min.	210 Min.	218-751-5430	X			X	
St Lukes Regional LEVEL2	N 46 47 91 W 92 05 20	45 Min	210 Min.	218-249-5616	X			X	
Miller Dwan 7th Floor Burn Unit	N 46 47 37 W 92 05 51	45 Min	210 Min.	218-786-4670	X		X		
	Medical Incident Report- Pages 118,119 IRPG 2018								
	Medical Unit Leader will Contact AA MN SUF Lee Stewart. 218-666-0020								
	<p>Upon occurrence of a "Major Medical" or accident involving significant injury on or near the Incident, the closest EMT should respond directly to the scene to take control of the situation and direct necessary actions. If EMS is unavailable, the nearest supervisor or leader needs to take charge.</p> <ol style="list-style-type: none"> Obtain and facilitate nearest EMT to the scene, request (911) EMS Response. <ul style="list-style-type: none"> On site IC is in charge of the scene. Identify to medical personnel on site. Use Medical Incident Report (8-line). Check nature of the problem, # of patients, status, vitals & location. Request additional Resources or Equipment if needed. Coordinate and facilitate appropriate transportation (Ground or Air) for injured with Medical Unit EMT in charge of patient(s). Remove all unnecessary personnel from the scene. Secure scene, identify witnesses for later investigation. Keep Documentation of All Information Received and Transmitted. Inform Supervisor of <u>any</u> changes on scene for Point Of Contact. No Names used for Injured Personnel. Onsite EMS Personnel may provide Information regarding condition of Patient to Communication or ICP. <p style="text-align: center;">SAFETY IS THE NUMBER 1 PRIORITY ON THIS INCIDENT The term "Medivac" is for Emergency Medical Evacuations Only</p>								
Prepared by (Medical Unit Leader) Ron Robinson, MEDL			10. Reviewed by (Safety Officer) Scott Belknap, SOFR						

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>
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.

The wildland fire community's greatest resource is our personnel, and ensuring our personnel are healthy is the first step in meeting the wildland fire mission.

The best way to prevent COVID-19 is to avoid being exposed to the SARS-CoV-2 virus causing COVID-19. Due to the nature of the wildland fire work environment, not every recommendation listed below will be feasible and some may need to be modified depending on the uniqueness of one's workplace or fire environment. It is important to emphasize that identifying and preventing the spread of COVID-19 will be critical as all agencies strive to keep their workforce healthy throughout the fire season. Fire agencies should also complete a [hazard assessment](#) to identify potential hazards related to COVID-19. The [Hazard Assessment and Prevention Toolkit for COVID-19](#) provides a framework to complete the assessment.

Summary of Major MPHAT Updates-May 2021

- On May 13, 2021, the Centers for Disease Control and Prevention (CDC) provided [further guidance for fully vaccinated people with respect to wearing a mask and physical distancing](#). The President's [Executive Order 13991](#) on Protecting the Federal Workforce requires agencies to adhere to current public health measures as provided in CDC guidance, including with respect to mask wearing, physical distancing, and other safety measures.
- Application of the *Module as One* concept has changed. *Module as One* should be used by crew and modules to reduce exposures to COVID-19 from outside resources or the public, and no longer as a tool to operate in close quarters without masks. Further, because Incident Management Team (IMT) members often travel from various locations, are not able to quarantine ahead of assignment, and often interact with the public and many other IMT members – they cannot achieve a closed "family" unit or be a *Module as One*.
- Availability of the COVID-19 Vaccination. MPHAT recommends the COVID-19 vaccination for wildland fire response personnel to maintain critical fire operations. The full recommendation can be viewed here: <https://www.nwccg.gov/sites/default/files/docs/eb-fmb-m-21-002a.pdf>.
- Quarantine requirements for vaccinated individuals has changed. No quarantine is required if an individual can show they have had a full series of COVID-19 vaccine and is 14 days out from the last vaccination and is without symptoms. It is recommended that the individual be tested for COVID-19 following an exposure and thorough routine workplace screening programs should continue.
- Cleaning with products containing soap or detergent once a day is usually enough to sufficiently remove virus that may be on surfaces and help maintain a healthy facility. If the space is a high traffic or use area or certain conditions apply, cleaning and disinfection may need to occur more frequently.

Incident: Delta Lake Fire	Date: July 11, 2021	Shift: Day
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Chainsaw safety is every saw operator's job.

Always wear proper personal protective equipment (PPE) when handling or working around chainsaws.

Take the time to inspect the chainsaw before operating the saw.

- Check the chain and bar – sharpness of chain, bar seated correctly.
- Check the bolts and screws all around the saw – no missing screws or bolts.
- Check the casing of the saw – no cracked or missing plastic.
- Felling axe and wedges in good condition.
- Saw gas and bar oil in sufficient quantities to meet objectives.
- Basic saw maintenance tools on site and specific to saw in use.
- Review fuel geysering indicators/potential.

Make sure you're aware of your surroundings while operating the chainsaw.

- Look for and anticipate people working in your area – the chainsaw operator is responsible for controlling the cutting area and communicating with others in the cutting area.
- Look for any snags or overhead hazards in your area – maintain recommended spacing of falling teams or others working in the cutting area.
- Establish consistent communications with spotters/swampers – always minimize personnel working directly at the stump or in the felling area.
- Are there other risk factors that increase the complexity of the job – loose soils, rocky ground, steep terrain, weather factors or poor visibility, tree condition, others?

Complete a personal Risk Assessment to determine if you are comfortable completing the task at hand – don't let job performance pressure force you in over your skill level.

- Proper training and certification level for personnel running saws and assisting with saw operations.
- Describe your medical response plan and how it is implemented, including extricating a severe injury at the worksite.
- If you are not comfortable falling the tree, walk away. Notify your supervisor and mitigate the safety issues or turn down the assignment.

Line Safety: Dan Nesgoda	Safety: Scott Belknap
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Mechanized Equipment Record

Boundary Waters Canoe Area Wilderness

1. **Forest:** _____
2. **Incident Name:** _____
3. **Authorization Date:** _____
4. **Authorization Type (check):**
- | | |
|------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Emergency, Fire ____ | <input type="checkbox"/> Emergency, Other ____ |
| <input type="checkbox"/> Emergency, Law Enforcement ____ | <input type="checkbox"/> State and Private Land Access ____ |
| <input type="checkbox"/> Emergency, Search and Rescue ____ | <input type="checkbox"/> Administrative ____ |

5. **Authorization Time Span (often the life of the fire):**

Starting Date: _____

Ending Date: _____

6. **Requestor:**

Internal to Forest Service:

OR External to Forest Service:

7. **Authorizing Official's Title (and Name of District Ranger):**

- | | |
|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Chief ____ | <input type="checkbox"/> Forest Supervisor ____ |
| <input type="checkbox"/> Regional Forester ____ | <input type="checkbox"/> District Ranger ____ |

8. **Remarks (1. how fire started, 2. minimum tool rationale for motorized equipment needs, and 3. actions with the equipment like long-lining, bucket drops, sling loads, landings, jumpers, etc.):**

9. **Equipment Type, number, and hours used:**

- | | |
|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Air Tanker ____, ____, | <input type="checkbox"/> Motorcycle ____, ____, |
| <input type="checkbox"/> Float Plane ____, ____, | <input type="checkbox"/> Portable Pump ____, ____, |
| <input type="checkbox"/> ATV ____, ____, | <input type="checkbox"/> Rock Drill ____, ____, |
| <input type="checkbox"/> Bicycle ____, ____, | <input type="checkbox"/> Snowmobile ____, ____, |
| <input type="checkbox"/> Chainsaw ____, ____, | <input type="checkbox"/> Truck ____, ____, |
| <input type="checkbox"/> Generator ____, ____, | <input type="checkbox"/> Wheelbarrow ____, ____, |
| <input type="checkbox"/> Heavy Equipment ____, ____, | <input type="checkbox"/> Portage wheels ____, ____, |
| <input type="checkbox"/> Helicopter ____, ____, | <input type="checkbox"/> Winch, Motorized ____, ____, |
| <input type="checkbox"/> Motor boat ____, ____, | |

10. **Name, Phone Number, & District of Person Submitting Form:**

