Copeland Fire



Fire P Code: PNNF6R20 (1502)

1. Incident Name:	2. Operational Peri	od: Date From:	Date To:
n molacin Name.		Time From:	Time To:
3. Objective(s):		Time From.	
S. Objective(S).			
4. Operational Period Command Empha	isis:		
General Situational Awareness			
5. Site Safety Plan Required? Yes 🗌 N	o 🗌		
Approved Site Safety Plan(s) Located	l at:		
6. Incident Action Plan (the items checked	ed below are included in	n this Incident Action Pl	an):
□ ICS 203 □ ICS 207		Other Attachments:	
☐ ICS 204 ☐ ICS 208		—	
☐ ICS 205 ☐ Map/Chart			
	ecast/Tides/Currents		
□ ICS 206			
7. Prepared by: Name:	Position/Title:	Sig	nature:
8. Approved by Incident Commander: 1			re:
ICS 202 IAP Page			

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: 2. Opera		rational Period: Date Fr							
				Time Fr					
	nand	er(s) and Command	Staff:	7. Operations Sect	tion:				
IC/UCs				Chief					
				Deputy					
Deputy				Staging Area					
Safety Officer				Branch					
Public Info. Officer				Branch Director					
Liaison Officer				Deputy					
		on Representatives:		Division/Group					
Agency/Organization	า	Name		Division/Group					
				Division/Group					
				Division/Group					
				Division/Group					
				Branch					
				Branch Director					
				Deputy					
5. Planning Secti	on:			Division/Group					
C	chief			Division/Group					
De	puty			Division/Group					
Resources	Unit			Division/Group					
Situation	Unit			Division/Group					
Documentation	Unit			Branch					
Demobilization	Unit			Branch Director					
Technical Specia	lists			Deputy					
				Division/Group					
				Division/Group					
				Division/Group					
6. Logistics Secti	ion:			Division/Group					
C	hief			Division/Group					
De	puty			Air Operations Bran	Air Operations Branch				
Support Bra	nch			Air Ops Branch Dir.					
Dire	ector								
Supply	Unit								
Facilities	Unit			8. Finance/Admini	stration Section:				
Ground Support	Unit			Chief					
Service Bra				Deputy					
Dire	ector			Time Unit					
Communications	Unit			Procurement Unit					
Medical				Comp/Claims Unit					
Food				Cost Unit					
9. Prepared by: N	Vame		Po	sition/Title:	Signature:				
ICS 203		IAP Page	Da	te/Time:					

Copeland

National Weather Service Boise

2020-08-20 5:49 PM MDT

Spot Forecast for Copeland...Payette Dispatch National Weather Service Boise ID 549 PM MDT Thu Aug 20 2020

Forecast is based on forecast start time of 1800 MDT on August 20. If conditions become unrepresentative...contact the National Weather Service.

...WARM AND DRY CONDITIONS OVER THE NEXT COUPLE OF DAYS... ...GUSTY AFTERNOON WIND POSSIBLE ON FRIDAY...

.DISCUSSION...

High pressure anchored over the Four Corners region will continue to bring warm and dry conditions over the fire. A trough which is expected to pass far to the northwest of the fire will bring a slightly tightened pressure gradient with some gusty southwest wind possible during the afternoon on Saturday. Otherwise, expect quiet and warming conditions to continue through the weekend, with the next opportunity for showers expected on Monday or Tuesday.

.TONIGHT...

Sky/weather.....Clear. Min temperature....52 to 57. Max humidity.....48 to 53 percent. CWR /0.10 inch/....0 percent. LAL...... Wind - eye level...West 3 to 8 mph in the evening, becoming light and variable after 2200. Mixing height.....400 ft AGL. Transport winds....Southeast around 5 mph. Haines Index.....3 very low. Ventilation index...20 poor.

.FRIDAY...

.FRIDAY NIGHT...

Sky/weather.....Clear. Min temperature....52 to 57. Max humidity.....52 to 57 percent. CWR /0.10 inch/....0 percent.

\$\$

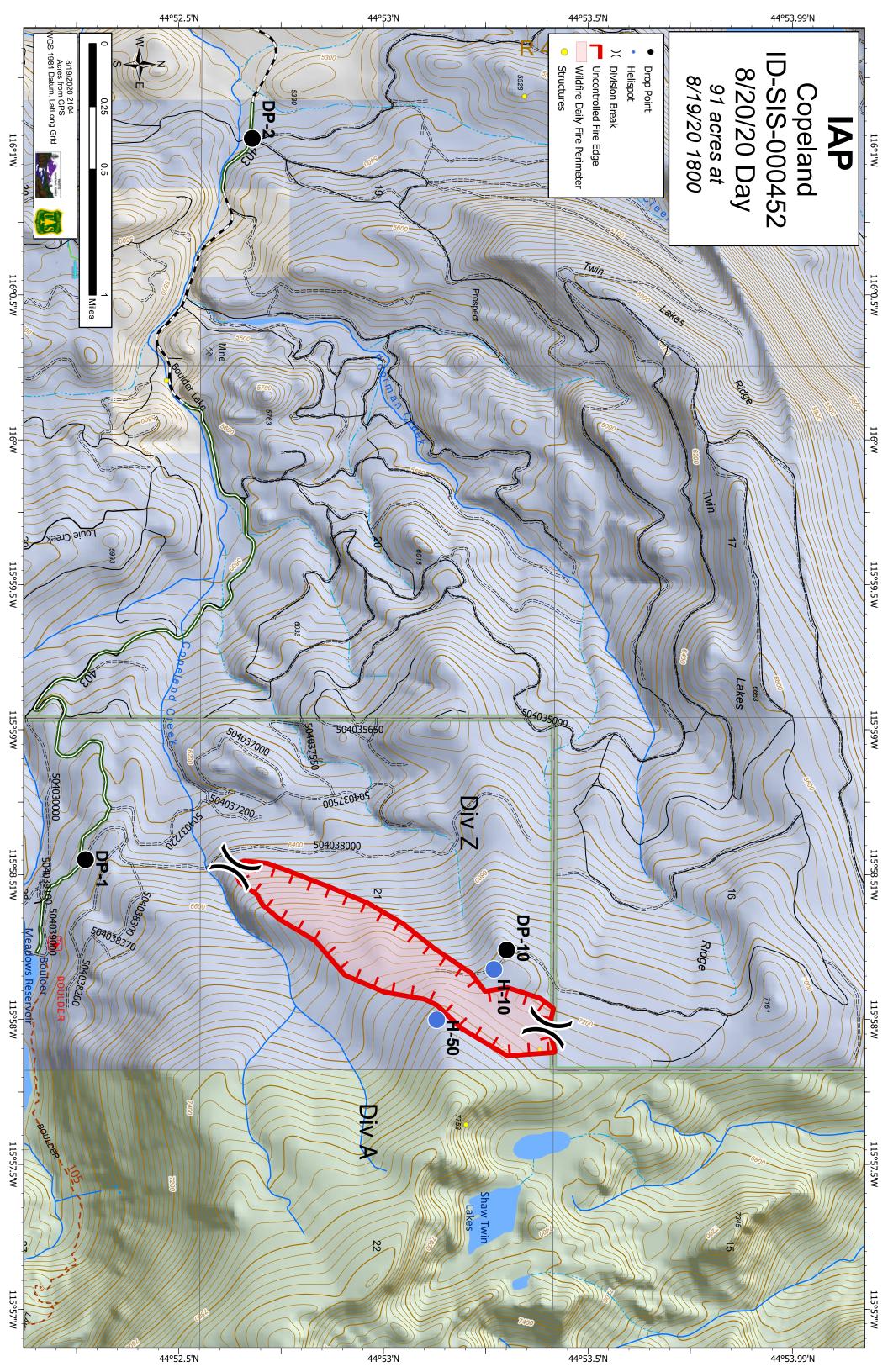
Forecaster...Branham Requested by...Ann Nicholson Type of request...WILDFIRE .TAG 2011256.3/BOI

DIVISION/GROUP ASSIGNMENT LIST (ICS 204 WF) Controlled Unclassified Information//Basic

1. Incident Name					3.				
					Branch	Division			
2. Operational Period									
		T							
Date/Time	From:	Date/Time To:							
4.		1	0	perations Personn	el				
Operations Chief				Division/Group S	upervisor				
Branch Director				Air Attack Super	visor				
5. Resources Assigned this Period									
Strike Team/Task For	ce/ Resource Designato	r EMT	LWD	Le	ader	Numbe Persons		Off PT./Time	Pick Up PT./Time
6. Control Operations/Work	Assignments:"								
7. Special Instructions:									
8.				vision/Group Con	-		1		
Function	Channel	RX Frequency N	W	RX Tone/NAC	TX Frequency N/W			TX Tone/NAC	Mode
Command Tactical Div/Group									
Logistics									
Air to Ground									
9. Prepared by (Resource Ui	nit Leader)			Approved by (Planning	Section Chief)		Da	te	Time

DIVISION/GROUP ASSIGNMENT LIST (ICS 204 WF) Controlled Unclassified Information//Basic

1. Incident Name					3.				
					Branch	Division			
2. Operational Period									
		T							
Date/Time	From:	Date/Time To:							
4.		1	0	perations Personn	el				
Operations Chief				Division/Group S	upervisor				
Branch Director				Air Attack Super	visor				
5. Resources Assigned this Period									
Strike Team/Task For	ce/ Resource Designato	r EMT	LWD	Le	ader	Numbe Persons		Off PT./Time	Pick Up PT./Time
6. Control Operations/Work	Assignments:"								
7. Special Instructions:									
8.				vision/Group Con	-		1		
Function	Channel	RX Frequency N	W	RX Tone/NAC	TX Frequency N/W			TX Tone/NAC	Mode
Command Tactical Div/Group									
Logistics									
Air to Ground									
9. Prepared by (Resource Ui	nit Leader)			Approved by (Planning	Section Chief)		Da	te	Time



MEDICAL PLAN (ICS 206 WF) Controlled Unclassified Information//Basic

		Controlled Of	iciassii	neu mioi	mation// Dasic			
1. Incident/Project Name				2. Operational Period				
3. Ambulance Services								
					Phone			
Name		Complete Address			&		Adva	nced Life Support (ALS)
				EMS Frequency		Yes No		
4. Air Ambulance Services								
Name		Phone			Туре о	f Aircraft	& Capab	ility
5. Hospitals		·						
		DE Dotum WCE 94						
		PS Datum – WGS 84						
		Coordinate Standard						Level
Name		grees Decimal Minutes ^o MM.MMM'N - Lat	Trav	el Time		Hel	ipad	of Care
Complete Address		MM.MMM' W - Long	Air	Gnd	Phone	Yes	No	Facility
	Lat:							
	Long:							
	VHF:							
	Lat:							
	Long:							
	VHF:							
	Lat:							
	Long:							
	VHF:							
	T at:					<u> </u>		
	Lat: Long:							
	VHF:							
6. Division Branch C	Froup	Area Location Capability						
	E	EMS Responders & Capabilit	y:					
	E	Equipment Available on Scen	e:					
		Aedical Emergency Channel:						
		ETA for Ambulance to Scene:						
		Air:						
		Ground:						
	L.							
	A	Approved Helispot:						
	\vdash	Lat:		-				
		Long:		+				
		EMS Responders & Capabilit						
		Equipment Available on Scen						
		Medical Emergency Channel:						
	F	ETA for Ambulance to Scene:						
		Air:						
		Ground:		1				
	A	Approved Helispot:		1				
		Lat:		1				
	┝	Long:		1				
		0		1				

MEDICAL PLAN (ICS 206 WF) Controlled Unclassified Information//Basic

7. Name & Location	Remote Camp Location(s)						
	Point of Con	tact:					
	EMS Respon	ders & Capability:					
	Equipment A	vailable on Scene:					
	Medical Eme	ergency Channel:					
	ETA for Am	bulance to Scene:					
	Air:						
	Ground:						
	Approved He	elispot:					
	Lat:						
	Long:						
	Point of Con	tact:					
	EMS Respon	ders & Capability:					
	Equipment Available on Scene:						
	Medical Emergency Channel:						
	ETA for Ambulance to Scene:						
	Air:						
	Ground:						
	Approved He	elispot:					
	Lat:						
	Long:						
8. Prepared By (Medical Unit Leader)		9. Date/Time	10. Reviewed By (Safety Officer)	11. Date/Time			

MEDICAL PLAN (ICS 206 WF) Controlled Unclassified Information//Basic

Medical Incident Report								
FOR A NON-EMERGEN		OUGH CHAIN O SONNEL AS NEG		REPORT AND TRANSPORT INJURED				
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.								
 A CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report) Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic." 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 RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented. YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes. GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness. 								
Nature of Injury or Illness								
& Mechanism of Injury				Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)				
Transport Request	t Request Air Ambulance / Short Haul/Hoist Ground Ambulance / Other							
Patient Location				Descriptive Location & Lat. / Long. (WGS84)				
Incident Name				Geographic Name + "Medical" (Ex: Trout Meadow Medical)				
On-Scene Incident Commander				Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)				
Patient Care				Name of Care Provider (Ex: EMT Smith)				
3. INITIAL PATIENT ASSESSMEN	T: Complete this section for each patie	nt as applicable (start w	ith the most severe patient)				
	· · · · ·		an are meet cerere patient,					
Patient Assessment: See IRPG pag	e 106							
Treatment:								
4. TRANSPORT PLAN:								
Evacuation Location (<i>if different</i>): (<i>L</i>	Descriptive Location (drop point, i	intersection, etc.) or	r Lat. / Long.) Patient	's ETA to Evacuation Location:				
Helispot / Extraction Site Size and H	lazards:							
5. ADDITIONAL RESOURCES / EQ	UIPMENT NEEDS:							
Example: Paramedic/EMT, Crews, Immo	bilization Devices, AED, Oxygen, Tra	uma Bag, IV/Fluid(s),	Splints, Rope rescue, Wr	neeled litter, HAZMAT, Extrication				
6. COMMUNICATIONS: Identify St	tate Air/Ground FMS Frequence	ies and Hospital (Contacts as annlicat	le				
Function Channel Name/Nu		Tone/NAC *	Transmit (TX)	Tone/NAC *				
COMMAND								
AIR-TO-GRND								
TACTICAL								
	If primary options fail, what action	s can be implemente	ed in conjunction with p	rimary evacuation method? Be thinking				
ahead.								
8. ADDITIONAL INFORMATION: U_{i}	odates/Changes, etc.							
REMEMBER: Confirm ETA's of	resources ordered. Act accor	ding to your level	of training. Be Alert	. Keep Calm. Think Clearly. Act Decisively.				

Copeland Fire-COVID-19 SCREENING TOOL 2020

Date:

Incident Resource Order Number (A, C, E, O):

How many Personnel are with your module?

Today or in the past 24 hours, have you or anyone on your crew had any of the following symptoms?

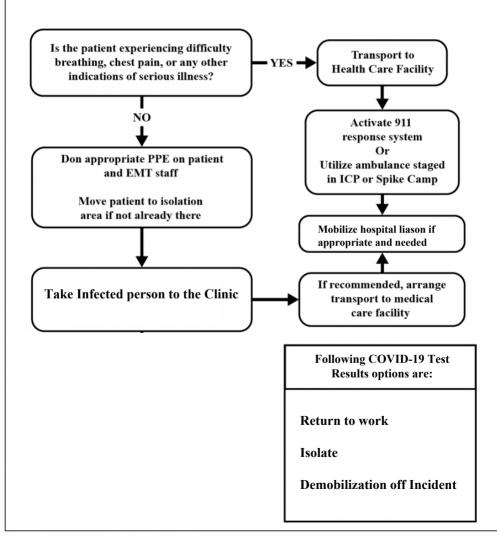
Cough more than expected?

- ^O Shortness of breath or difficulty breating?
- Fever greater than 100 degrees? Chills?
- Muscle pain outside your normal fore firefighting?
- Sore Throat?
- New loss of taste or smell?
- Fatigue, outside your normal for firefighting?
- Headache, outside your normal for firefighting?
- Congestion or runny nose, outside your normal for firefighting?
- Nausea or vomiting?
- ^O Diarrhea?
- ^C No symptoms

In the past 14 days, have you or any of your Crew/Module/Group had contact with a person known to be infected with the coronavirus (COVID-19)?

An individual is identified with a possible COVID-19 infection based on the screening tool.

Cough more than expected? Shortness of breath or difficulty breating? Fever? Chills? Muscle pain outside your normal for firefighting? Sore throat? New loss off taste or smell? Temperature greater than 100.4?



Copeland Fire Covid Response Procedures

How to respond:

- Notify immediate supervisor including Division, if necessary, contact designated first responder.
- Contact the Covid Liaison Andrea Ryan (208)-755-7701
- Refer to the ICS 206 and supporting documentation for guidelines and medical contact information.
- Infected individual's crew will provide transportation to the med unit and clinic.
- Crew with infected individual will stay isolated on fire till test results come back.
- After test results come back, direction will be given to either continue isolation or continue working.

Daily Agenda

- 0630 Briefing
- 0700 Breakfast and Lunches delivered to DP2
- 1400 Supply order due to Divisions
- 1600 204 updates complete
- 1800 Planning meeting at DP2
- 2000 Dinners arrive at DP2

Meal SOPS

- Meals will be separated for each crew
- Provide 1 or 2 volunteers for meal pickups from DP2
- Return meals to DP2 when done ready for back haul
- Consolidate all trash at DP2 daily for back haul

Lots of Bears in the fire area clean up after yourself, and your camp areas.

Copeland Mobile Maps QR

