

Porphyry Fire IAP

September 16-18, 2020

ID-PAF-000495

P4NH7C



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Porphyry	2. Operational Period:	Date From: 9/16/2020 Time From: 0600	Date To: 9/18/2020 Time To: 2200											
3. Objective(s): Provide for the protection of firefighter and public safety by implementing a course of action that achieves incident objectives with the least firefighter exposure necessary, mitigates any public safety issues, and is based on sound risk management principles. Protect private property and infrastructure by preventing the spread of fire onto private lands. Maintain positive relationships with partners, forest users and outfitters by providing timely and accurate information to all interested parties. Protect any threatened FS infrastructure from fire as necessary, see Risk Decision Framework for identified FS infrastructure values.														
4. Operational Period Command Emphasis: Continue protection of the identified values at risk. Continue share fire information with the public, hunters, and recreationist to the best of your ability or direct questions/concerns up to your supervisor. Enforce area closures as nessassary.														
General Situational Awareness Monitor L.C.E.S through out each shift ajust your stratiges and tactic's to meet the need. Take time to gather situational awareness and utilize the risk management process to help determine course of actions. Be prepared for an increase in fire behavior. Have a plan in place if an increase in fire behavior should occur. If you see something say something.														
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 203</td><td><input type="checkbox"/> ICS 207</td><td rowspan="5"><u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</td></tr><tr><td><input checked="" type="checkbox"/> ICS 204</td><td><input checked="" type="checkbox"/> ICS 208</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><input checked="" type="checkbox"/> ICS 220</td></tr></table>				<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<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 220
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____												
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208													
<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 220													
7. Prepared by:	Name: Alexis Martin	Position/Title: PSC3	Signature: _____											

1. Incident Name: Porphyry	2. Operational Period:	Date From: 9/16/2020 Time From: 0600	Date To: 9/18/2020 Time To: 2200
8. Approved by Incident Commander:	Name: Robert C. Bailey	Signature: _____	
ICS 202	IAP Page	Date/Time: 9/15/2020 10:40 AM	

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Porphyry		2. Operational Period: Date From: 9/16/2020 Time From: 0600		Date To: 9/18/2020 Time To: 2200	
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs	Josh Erickson		Chief	Jarrod Sayer	
	Robert Bailey (trainee)		Deputy		
Deputy			Staging Area		
Safety Officer			Branch		
Public Info. Officer			Branch Director		
Liaison Officer			Deputy		
4. Agency/Organization Representatives:			Division/Group		
Agency/Organization	Name		Division/Group		
Agency Administrator	Erin Phelps		Division/Group		
			Division/Group		
			Division/Group		
			Branch		
			Branch Director		
			Deputy		
5. Planning Section:			Division/Group		
Chief	Alexis Martin		Division/Group		
Deputy			Division/Group		
Resources Unit			Division/Group		
Situation Unit			Division/Group		
Documentation Unit			Branch		
Demobilization Unit			Branch Director		
Technical Specialists			Deputy		
GISS	Mike Tari		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			Time Unit	Jenny Turner PRTC trainee	
Communications Unit			Procurement Unit		
Medical Unit			Comp/Claims Unit		
Food Unit			Cost Unit		
9. Prepared by: Name: Alexis Martin		Position/Title: PSC3		Signature: _____	
ICS 203	IAP Page	Date/Time: 9/15/2020 12:00 AM			

Fire Weather Forecast for IDZ402

FNUS55 KBOI 152117
FWFBOI

Fire Weather Planning Forecast for SW Idaho and SE Oregon
National Weather Service Boise ID
317 PM MDT Tue Sep 15 2020

...FIRE WEATHER WATCH IN EFFECT FROM THURSDAY AFTERNOON THROUGH THURSDAY EVENING FOR LOW RELATIVE HUMIDITY AND GUSTY WINDS FOR FIRE ZONES 636 AND 637...

...FIRE WEATHER WATCH IN EFFECT FROM THURSDAY AFTERNOON THROUGH THURSDAY EVENING FOR HIGH HAINES INDEX FOR FIRE ZONES 403 and 421...

...FIRE WEATHER WATCH IN EFFECT FROM THURSDAY AFTERNOON THROUGH FRIDAY EVENING FOR LOW RELATIVE HUMIDITY AND GUSTY WINDS FOR FIRE ZONES 423...424 and 426...

.DISCUSSION...

Above normal temperatures and minimum humidities in the single digits and teens will persist through midweek under a dry southwest flow aloft. An upper level low off the coast will move inland and across the region late in the week. Gusty winds and very low relative humidity can be expected ahead of this system, especially south of the Snake River Plain. Additionally, very warm and unstable conditions will create a Haines Index of 6 across the Boise National Forest on Thursday. Gusty west winds, cooler temperatures, and a chance of showers/slight chance of thunderstorms can be expected Friday and Saturday. The best chance of precipitation will be across the northern forests.

IDZ401-402-161545-
Western Payette National Forest-Eastern Payette National Forest-
317 PM MDT Tue Sep 15 2020

.TONIGHT...

Sky/weather.....Clear.

Min temperature.....44 to 59.

24 hr trend.....On average, 2 degrees cooler.

Max humidity.....23 to 38 percent.

24 hr trend.....On average, unchanged.

20-foot winds.....

Valleys/lwr slopes...Light downslope winds less than 8 mph.

Ridges/upr slopes....Southwest around 8 mph in the evening,
becoming light after midnight.

Haines Index.....5 moderate.

LAL.....1.

CWR /0.10 inch/.....0 percent.

Smoke Dispersal:

Mixing Height.....300-400 ft AGL.

Transport Winds....Southeast up to 5 mph.

.WEDNESDAY...

Sky/weather.....Sunny.

Max temperature.....70 to 81.

24 hr trend.....On average, unchanged.

Min humidity.....14 to 19 percent.

24 hr trend.....On average, unchanged.

20-foot winds.....

Valleys/lwr slopes...Light upslope winds less than 8 mph.

Ridges/upr slopes....Light winds less than 8 mph in the
morning, becoming southwest around 8 mph
in the afternoon.

Haines Index.....5 moderate.

LAL.....1.

CWR /0.10 inch/.....0 percent.

Smoke Dispersal:

Mixing Height.....7000-8500 ft AGL.

Transport Winds....Southwest 10 to 15 mph.

.WEDNESDAY NIGHT...

Sky/weather.....Clear.

Min temperature.....47 to 62.

24 hr trend.....On average, 3 degrees warmer.

Max humidity.....23 to 38 percent.

24 hr trend.....On average, 2 percent wetter.

20-foot winds.....

Valleys/lwr slopes...Light downslope winds less than 8 mph.

Ridges/upr slopes....Light winds less than 8 mph.

Haines Index.....5 moderate.

LAL.....1.

CWR /0.10 inch/.....0 percent.

Smoke Dispersal:

Mixing Height.....400 ft AGL.

Transport Winds....Southeast up to 5 mph.

.THURSDAY...

Sky/weather.....Sunny.

Max temperature.....73 to 84.

24 hr trend.....On average, 2 degrees warmer.

Min humidity.....14 to 21 percent.

24 hr trend.....On average, 2 percent wetter.

20-foot winds.....

Valleys/lwr slopes...Light upslope winds less than 8 mph.

Ridges/upr slopes....Light winds less than 8 mph in the
morning, becoming south 8 to 9 mph in the
afternoon.

Haines Index.....5 moderate.

LAL.....1.

CWR /0.10 inch/.....0 percent.

Smoke Dispersal:

Mixing Height.....6000-8000 ft AGL.

Transport Winds....South 10 to 20 mph.

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DIVISION/GROUP ASSIGNMENT LIST (ICS 204 WF)

1. Incident Name			3.			
			Branch	Division		
2. Operational Period						
Date/Time From:		Date/Time To:				
4. Operations Personnel						
Operations Chief				Division/Group Supervisor		
Branch Director				Air Attack Supervisor		
5. Resources Assigned this Period						
Strike Team/Task Force/ Resource Designator	EMT	LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
6. Control Operations/Work Assignments:*						
7. Special Instructions:						
8. Division/Group Communication Summary						
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 Unit Leader)			Approved by (Planning Section Chief)		Date	Time

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name: Porphyry		2. Operational Period: Date From: 9/16/2020 Date To: 9/18/2020 Time From: 0600 Time To: 2200			3. Sunrise: 0654 Sunset: 2024		
4. Remarks (safety notes, hazards, air operations special equipment, etc.): Be aware of limited visibility due to smokey conditions.			5. Ready Alert Aircraft: Medivac: N353SH New Incident: N353SH			6. Temporary Flight Restriction Number: Altitude: No TFR in Place Center Point:	
			8. Frequencies:		AM	FM	9. Fixed-Wing (category/kind/type, make/model, N#, base): Air Tactical Group Supervisor Aircraft: N155AV in McCall local ATGS
			Air/Air Fixed-Wing		119.425		
7. Personnel:	Name:	Phone Number:	Air/Air Rotary-Wing – Flight Following				
Air Operations Branch Director	N/A	XXX-XXX-XXXX	Air/Ground		A/G 46 167.700		
Air Support Group Supervisor	N/A	XXX-XXX-XXXX	Command		169.900 131.8 tx/rx	Other Fixed-Wing Aircraft: T-801, T834, T871 in McCall	
Air Tactical Group Supervisor	N/A	XXX-XXX-XXXX	Deck Coordinator				
Helicopter Coordinator	N/A	XXX-XXX-XXXX	Take-Off & Landing Coordinator				
Helibase Manager	McCall Helibase	(208) 634-0972	Air Guard				
10. Helicopters (use additional sheets as necessary):							
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks	
N611CK	Type 1	SH-3H	McCall	0830	0800	Not assigned	
N353SH	Type 3	AS-350	McCall	0830	0800	Not assigned	
2MA	Type 3	407	Price Valley	0380	0800	Not assigned	
N669H	Type 2	Bell 205	Price Valley	0830	0800	Not assigned	
11. Prepared by: Name: Chris Brown Position/Title: McCall Helibase			Signature: _____				

1. Incident Name: Prophyry	2. Operational Period: Date From: 9/15/2020 Date To: 9/17/2020 Time From: 0800 Time To: 2000	3. Sunrise: 0654 Sunset: 2024		
11. Prepared by: Name: Chris Brown Position/Title: McCall Helbase			Signature: _____	
ICS 220, Page 2		Date/Time: 9/15/2020 12:00 AM		

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: Porphyry	2. Date/Time Prepared: Date: 9/15/2020 Time: 1141	3. Operational Period: Date From: 9/16/2020 Date To: 9/18/2020 Time From: 0600 Time To: 2200
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4. Basic Radio Channel Use:										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
1	2	Command			169.90 00	131.8	164.78 75	131.8		
1	7	TAC1			166.98 75		166.98 756			
1	6	AG46			167.70 00		167.70 00			

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: Robert C. Bailey	Signature: _____	
ICS 205	IAP Page	Date/Time: 9/15/2020 12:00 AM

MEDICAL PLAN (ICS 206 WF)

1. Incident/Project Name		2. Operational Period						
Porphyry		Date/Time 09/16/202-09/18/2020 Wednesday – Friday, 0600-2200						
3. Ambulance Services								
Name	Complete Address	Phone & EMS Frequency	Advanced Life Support (ALS) Yes No					
McCall Fire and EMS	201 Deinhard Lane, McCall, ID 83638	911	X	Click here to enter text.				
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.				
4. Air Ambulance Services								
Name	Phone	Type of Aircraft & Capability						
Air St Luke's Medical Transport	208-381-8900	Bell 429						
Two Bear Air	406-755-4297	Bell 429						
5. Hospitals								
Name Complete Address	GPS Datum – WGS 84 Coordinate Standard Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long		Travel Time Air Gnd		Phone	Helipad Yes No		Level of Care Facility
	Lat:	Long:	Click here to enter text.	Click here to enter text.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
St Lukes McCall Medical Center 1000 Hwy 55 McCall ID 83638	Lat:	44 54.797	Click here to enter text.	Click here to enter text.	208-634-2221	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 3 Trauma Center and Rapid COVID Testing
	Long:	116 06.252						
	VHF:	Click here to enter text.						
Cascade Medical Center 402 lake Cascade Parkway, Cascade ID 83611	Lat:	44 31.105	Click here to enter text.	Click here to enter text.	208-382-4242	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rapid COVID Testing
	Long:	116 2.973						
	VHF:	Click here to enter text.						
Click here to enter text.	Lat:	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Long:	Click here to enter text.						
	VHF:	Click here to enter text.						
University of Utah Medical Center 50 N. Medical Dr., Salt Lake City UT	Lat:	40 46.34	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 1 Trauma Center with Burn Center
	Long:	111 50.24						
	VHF:	Click here to enter text.						
6. Division Branch Group		Area Location Capability						
		EMS Responders & Capability:		Click here to enter text.				
		Equipment Available on Scene:		Click here to enter text.				
		Medical Emergency Channel:		Click here to enter text.				
		ETA for Ambulance to Scene:		Click here to enter text.				
		Air:		Click here to enter text.				
		Ground:		Click here to enter text.				
		Approved Helispot:		Click here to enter text.				
		Lat:		Click here to enter text.				
		Long:		Click here to enter text.				

MEDICAL PLAN (ICS 206 WF)

	EMS Responders & Capability:	Click here to enter text.
	Equipment Available on Scene:	Click here to enter text.
	Medical Emergency Channel:	Click here to enter text.
	ETA for Ambulance to Scene:	Click here to enter text.
	Air:	Click here to enter text.
	Ground:	Click here to enter text.
	Approved Helispot:	Click here to enter text.
	Lat:	Click here to enter text.
	Long:	Click here to enter text.

7. Name & Location	Remote Camp Location(s)		
Click here to enter text.	Point of Contact:	Click here to enter text.	
	EMS Responders & Capability:	Click here to enter text.	
	Equipment Available on Scene:	Click here to enter text.	
	Medical Emergency Channel:	Click here to enter text.	
	ETA for Ambulance to Scene:	Click here to enter text.	
	Air:	Click here to enter text.	
	Ground:	Click here to enter text.	
	Approved Helispot:	Click here to enter text.	
	Lat:	Click here to enter text.	
Click here to enter text.	Long:	Click here to enter text.	
	Point of Contact:	Click here to enter text.	
	EMS Responders & Capability:	Click here to enter text.	
	Equipment Available on Scene:	Click here to enter text.	
	Medical Emergency Channel:	Click here to enter text.	
	ETA for Ambulance to Scene:	Click here to enter text.	
	Air:	Click here to enter text.	
	Ground:	Click here to enter text.	
	Approved Helispot:	Click here to enter text.	
Lat:	Click here to enter text.		
Long:	Click here to enter text.		
8. Prepared By (Medical Unit Leader)	9. Date/Time	10. Reviewed By (Safety Officer)	11. Date/Time
Alexis Martin	Click here to enter text.	Click here to enter text.	09/15/2020, 1430

MEDICAL PLAN (ICS 206 WF)

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 itemsonethroughninetocommunicatesituationtocommunications/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	Click here to enter text.	Describe the injury (Ex: Broken leg with bleeding)
Incident Name	Click here to enter text.	Geographic Name + "Medical" (Ex: Trout Meadow Medical)
Incident Commander	Click here to enter text.	Name of IC
Patient Care	Click here to enter text.	Name of Care Provider (Ex: EMT Smith)

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

4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY

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

5. TRANSPORT PLAN:

Air Transport: (Agency Aircraft Preferred) Click here to enter text.

- Helispot Short-haul/Hoist Life Flight Other

Ground Transport: Click here to enter text.

- Self-Extract Carry-Out Ambulance 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 |
- Other (i.e. splints, rope rescue, wheeled litter)

7. COMMUNICATIONS:

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

*(NAC for digital radio system)

8. EVACUATION LOCATION:

Lat/Long (Datum WGS84) EX: N 40 42.45' x W 123 03.24'	Click here to enter text.
Patient's ETA to Evacuation Location:	Click here to enter text.
Helispot/Extraction Size and Hazards:	Click here to enter text.

9. CONTINGENCY:

Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...

REMEMBER: Confirm ETA's of resources ordered
Act according to your level of training
Be Alert. Keep Calm. Think Clearly. Act Decisively.

Porphyry 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?

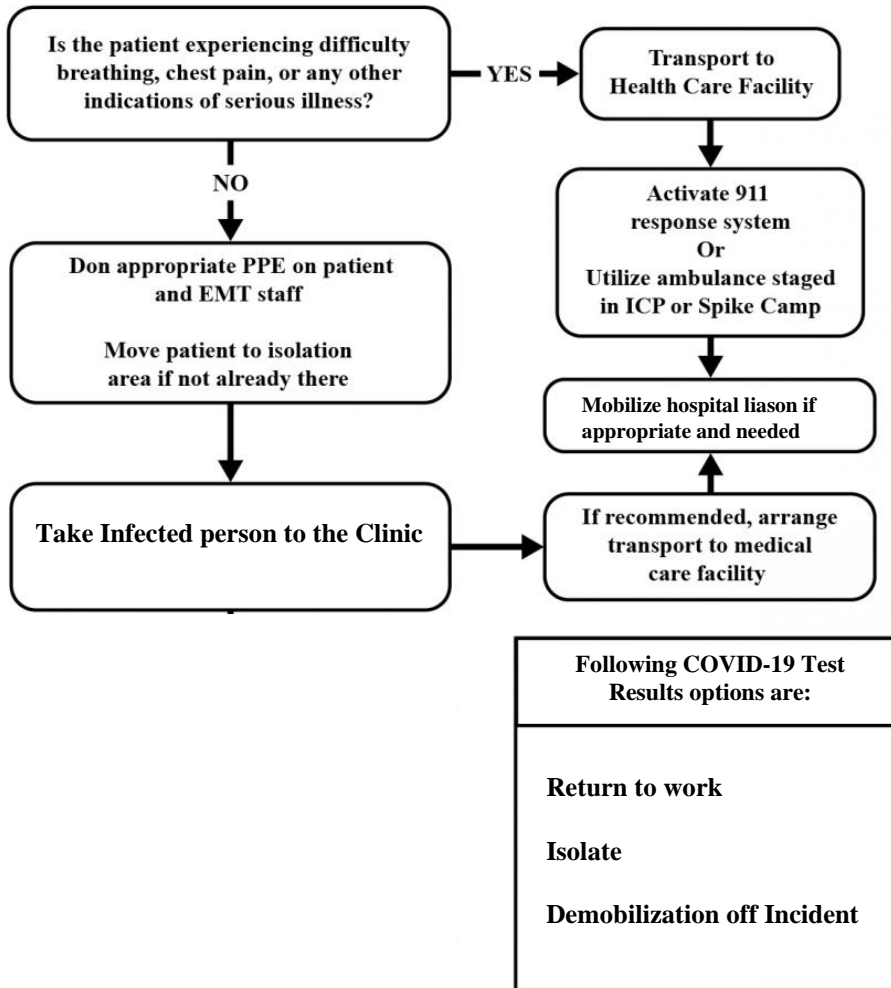
Cough more than expected?

- Shortness of breath or difficulty breathing?
- Fever greater than 100 degrees? Chills?
- Muscle pain outside your normal fire 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?
- Diarrhea?
- 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 breathing? Fever? Chills? Muscle pain outside your normal for firefighting? Sore throat? New loss off taste or smell? Temperature greater than 100.4?



Porphyry Fire Covid Response Procedures

How to respond:

- Notify immediate supervisor including OPS, if necessary, contact designated first responder.
- Contact the Covid Liaison Jess Asmussen (208)-739-1561
- 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.

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Porphyry	2. Operational Period:	Date From: 9/16/2020 Time From: 0600	Date To: 9/18/2020 Time To: 2200
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3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:
Safety Message Safety Concerns

Environmental Safety Concerns

- Snags and fire weakened green trees. Lots of large standing timber.
 - o Extensive hazard tree mitigation has been conducted but it is impossible to get remove all overhead hazard.
 - o Burn scars are currently checking fire spread head.
 - o Steep ground with worn fireline and paths becoming beat out.
 - o Soil in dozer line and hand line is becoming powder.
- Rolling material
 - o When working around the large amount of down and bucked large wood, the potential for rollers is always present.
- Weather
 - o Be aware of changes in weather and how they may affect the fire and the environment around you.
 - o Pay attention to weather forecasts and weather radar to up on the most current weather information.
 - o Be ready to move to safer locations when appropriate due to anticipated weather changes.

Travel

- Watch your travel speed through the Big Creek drainage to keep dust to a minimum.

COVID

- Maintain COVID protocols.
 - o Use masks when meeting with someone from outside of your module and a distance of at least 6 feet cannot be maintained.
 - o Perform frequent self-checks and crew members observations to help with early detection.
 - o Early detection will protect more of your crew members and get you back in the game sooner by provider a more effective response.
 - o Wash hands often, preferably with warm soapy water whenever possible. Use of the hand wash unit in camp should be encouraged by all crewmembers when possible.
 - o Have hand sanitizers and use as appropriate.
 - o Following the COVID protocols will also serve to limit the spread of "camp crud" and limit accustomed down time that is common during the September fire season.

Don't let your guard down...Focus on the mission and finish this fire strong so that you and your fellow crew members can move on to the next one ready for the challenge!

4. Site Safety Plan Required? Yes No
Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: Robert Bailey Position/Title: IC3 trainee Signature: _____