

Porphyry Fire IAP

September 19-21, 2020

ID-PAF-000495

P4NH7C



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Porphyry	2. Operational Period:	Date From: 9/19/2020 Time From: 0600	Date To: 9/21/2020 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													

1. Incident Name: Porphyry		2. Operational Period:		Date From: 9/19/2020	Date To: 9/21/2020
				Time From: 0600	Time To: 2200
7. Prepared by:		Name: Alexis Martin	Position/Title: PSC3	Signature: _____	
8. Approved by Incident Commander:		Name: Robert C. Bailey	Signature: _____		
ICS 202	IAP Page	Date/Time: 9/18/2020 12:00 AM			

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Porphyry		2. Operational Period: Date From: 9/19/2020 Time From: 0600		Date To: 9/21/2020 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			
Agency Administrator	Jenni Blake	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	Doug Williams (9/20)	Division/Group			
Deputy	Steven Becker (trainee)	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: 9/18/2020 12:00 AM			

FNUS55 KBOI 182107
FWFBOI

Fire Weather Planning Forecast for SW Idaho and SE Oregon
National Weather Service Boise ID
307 PM MDT Fri Sep 18 2020

...RED FLAG WARNING IN EFFECT UNTIL 9 PM MDT THIS EVENING FOR GUSTY WINDS FOR FIRE ZONES 401...402...403...and 421...

...RED FLAG WARNING IN EFFECT FROM NOON TODAY TO 9 PM MDT THIS EVENING FOR STRONG GUSTY WINDS FOR FIRE ZONES 423 and 426...

.DISCUSSION...

A cold front will move across the area late this afternoon and early this evening followed by an upper level trough. Gusty south to southwest winds can be expected across the districts through this evening, especially near the Nevada border. There is a chance of showers and thunderstorms with potential for strong gusty outflow winds through this evening. A better chance of precipitation tonight and Saturday as the upper level trough moves across the area. The best chance of wetting rains will be across the Payette and Boise National Forests. Much cooler over the weekend followed by dry conditions and a warming trend the first half of next week. The next chance of precipitation will be toward the end of next week.

IDZ401-402-191545-
Western Payette National Forest-Eastern Payette National Forest-
307 PM MDT Fri Sep 18 2020

...RED FLAG WARNING IN EFFECT UNTIL 9 PM MDT THIS EVENING FOR GUSTY WINDS...

.TONIGHT...

Sky/weather.....Isolated thunderstorms. Widespread rain showers, mainly after midnight. Thunderstorms may produce gusty winds. Chance of precipitation 80 percent.

Min temperature.....42 to 52.

24 hr trend.....On average, 6 degrees cooler.

Max humidity.....80 to 95 percent.

24 hr trend.....On average, 39 percent wetter.

20-foot winds.....

Valleys/lwr slopes...South around 8 mph in the evening, becoming light downslope less than 8 mph after midnight.

Ridges/upr slopes....South 8 to 9 mph in the evening, becoming light after midnight.

Haines Index.....3 very low.

LAL.....2.

CWR /0.10 inch/.....40 percent.

Smoke Dispersal:

Mixing Height.....400-600 ft AGL.

Transport Winds....West 5 to 10 mph.

.SATURDAY...

Sky/weather.....Widespread rain showers and isolated thunderstorms. Chance of precipitation 90 percent.

Max temperature.....48 to 63.

24 hr trend.....On average, 20 degrees cooler.

Min humidity.....49 to 69 percent.

24 hr trend.....On average, 45 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 west around 8 mph in the afternoon.

Haines Index.....2 very low.

LAL.....2.

CWR /0.10 inch/.....60 percent.

Smoke Dispersal:

Mixing Height.....3500-5500 ft AGL.

Transport Winds....West 5 to 10 mph.

.SATURDAY NIGHT...

Sky/weather.....Mostly cloudy with scattered rain showers and isolated thunderstorms in the evening. Chance of precipitation 30 percent.

Min temperature.....36 to 48.

24 hr trend.....On average, 6 degrees cooler.

Max humidity.....80 to 100 percent.

24 hr trend.....On average, 3 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.....2 very low.

LAL.....2 in the evening, decreasing to 1 after midnight.

CWR /0.10 inch/.....10 percent.

Smoke Dispersal:

Mixing Height.....400-900 ft AGL.

Transport Winds....South up to 10 mph.

.SUNDAY...

Sky/weather.....Sunny.

Max temperature.....54 to 69.

24 hr trend.....On average, 6 degrees warmer.

Min humidity.....30 to 43 percent.

24 hr trend.....On average, 27 percent drier.

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.....2 very low.

LAL.....1.

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

Smoke Dispersal:

Mixing Height.....5500-6500 ft AGL.
Transport Winds....Southwest 10 to 15 mph.

=

1. Incident Name: Prophyry		2. Operational Period: Date From: 9/15/2020 Time From: 0800		Date To: 9/17/2020 Time To: 2000		3. Sunrise: HHMM Sunset: HHMM	
11. Prepared by: Name: James Dobbs			Position/Title: McCall Helbase			Signature: _____	
ICS 220, Page 2			Date/Time: 9/18/2020 12:30 PM				

MEDICAL PLAN (ICS 206 WF)

1. Incident/Project Name		2. Operational Period						
Porphyry		Date/Time 09/19/202-09/21/2020, 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	44 54.797	116 06.252	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
	VHF:	Click here to enter text.						
Cascade Medical Center 402 lake Cascade Parkway, Cascade ID 83611	44 31.105	116 2.973	Click here to enter text.	Click here to enter text.	208-382-4242	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rapid COVID Testing
	VHF:	Click here to enter text.						
St. Alphonsus 1055 N Curtis Rd. Boise, Id 83706	43 36.81	116 15.69	Click here to enter text.	Click here to enter text.	208-367-2121	<input type="checkbox"/>	<input type="checkbox"/>	Level 2 Trauma
	VHF:	Click here to enter text.						
University of Utah Medical Center 50 N. Medical Dr., Salt Lake City UT	40 46.34	111 50.24	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
	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.	09/18/2020, 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 itemsonethroughnine to communicatesituationto communications / dispatch.					
1. CONTACT COMMUNICATIONS/DISPATCH <i>Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)</i>					
2. INCIDENT STATUS: <i>Provide incident summary and command structure.</i>					
Nature of Injury/Illness	Click here to enter text.		<i>Describe the injury (Ex: Broken leg with bleeding)</i>		
Incident Name	Click here to enter text.		<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>		
Incident Commander	Click here to enter text.		<i>Name of IC</i>		
Patient Care	Click here to enter text.		<i>Name of Care Provider (Ex: EMT Smith)</i>		
3. INITIAL PATIENT ASSESSMENT: <i>Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.</i>					
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. <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i>			Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE.		
<input type="checkbox"/> PRIORITY-YELLOW Serious Injury or illness. <i>Ex: Significant trauma, not able to walk, 2° – 3° burns not more than 1-2 palm sizes.</i>			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. <i>Ex: Sprains, strains, minor heat-related illness.</i>			Non-Emergency. Evacuation considered Routine of Convenience.		
5. TRANSPORT PLAN:					
Air Transport: (Agency Aircraft Preferred) Click here to enter text.					
<input type="checkbox"/> Helispot	<input type="checkbox"/> Short-haul/Hoist	<input type="checkbox"/> Life Flight	<input type="checkbox"/> Other		
Ground Transport: Click here to enter text.					
<input type="checkbox"/> Self-Extract	<input type="checkbox"/> Carry-Out	<input type="checkbox"/> Ambulance	<input type="checkbox"/> 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			
<input type="checkbox"/> Other (i.e. splints, rope rescue, wheeled litter)					
7. COMMUNICATIONS:					
Function	Channel Name/Number	Receive (Rx)	Tone/NAC *	Transmit (Tx)	Tone/NAC *
<i>Ex: Command</i>	<i>Forest Rpt, Ch. 2</i>	<i>168.3250</i>	<i>110.9</i>	<i>171.4325</i>	<i>110.9</i>
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: <i>If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...</i>			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?

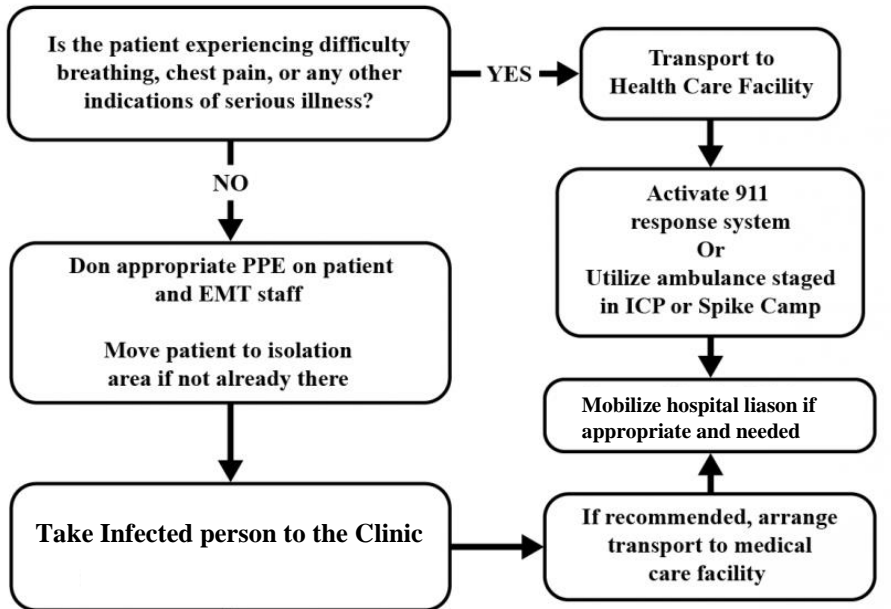
Cough more than expected?

- 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 of taste or smell? Temperature greater than 100.4?



Following COVID-19 Test Results options are:

- Return to work**
- Isolate**
- Demobilization off Incident**

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: 9/19/2020 Time From: 0600	Date To: 9/21/2020 Time To: 2200
--------------------------------------	-------------------------------	---	-------------------------------------

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.

- 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.
- Watch for hunter traffic on the Big Creek road, and the Elk Creek road down to the south fork.

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: _____