

# INCIDENT WITHIN AN INCIDENT RESPONSE PLAN

The primary goal of this plan is to provide incident personnel the guidelines necessary to locate, triage, treat, extricate and transport injured personnel in a safe and efficient manner.

The IWI Response Plan is broken into three (3) phases.

1. Initial Response and Treatment.
2. Support of Treatment and Transport.
3. Incident Follow-up.

Any individual could be called upon to oversee an emergency and implement the Incident Within and Incident (IWI) Emergency Plan. The emphasis is to ensure that the first on scene protocols are followed and immediate action is performed to provide the injured with advanced medical care and timely transport.

Each IWI is different, so not all duties in this guide will be performed by a particular position, nor does this guide identify all duties.

Radio communication will be on a “Command Frequency” and will take priority over all other radio traffic. Names of the injured or deceased shall never be given over the radio. Use of crew names or designators should be limited to the greatest extent possible. Deceased and their equipment are not to be moved unless needed to provide rescue or access to other injured personnel or to protect the safety and health of others.

# ON SCENE INCIDENT COMMANDER

In the event of an accident or medical incident of any size, your primary responsibility is to ENSURE that the victim(s) receive prompt and effective Triage, Treatment, Extrication and Transport.

- **ENSURE THE MEDICAL INCIDENT REPORT IN THE INCIDENT ACTION PLAN IS BEING USED AND FOLLOWED- \*IF DETERMINED TO BE A GREEN, DO NOT DECLARE EMERGENCY TRAFFIC AND ONLY COMPLETE LINE 1-4 ON MIR\*.**
- Conduct size-up of the incident nature of accident, number type of resources involved, latitude and longitude location (WGS 84 DD°MM.MMM format): notify incident communications center and supervisor, request assistance as needed.
- Order and coordinate medical and support response to the accident.
- Evaluate special needs (law enforcement, haz mat, etc.).
- Clear the command frequency if medical emergency, coordinate with incident communications and air attack for air medical transportation needs.
- Preserve and photograph the scene for accident investigation.
- Remain aware of surroundings and the status of the main incident (delegate personnel to monitor the main fire) to ensure safety of medical treatment personnel.
- Until relieved, supervise and manage all personnel involved at the incident scene.

# COMMAND AND GENERAL STAFF RESPONSE

All incident personnel should be familiar with the Incident Response Plan and understand their role in supporting an Incident Within an Incident. The primary focus during an IWI is always care of the sick/injured. Support actions by Command and General Staff personnel may vary by type and severity of the IWI. This may involve a high level of support or none depending on circumstances. All personnel should respect the wishes of the injured along with their supervisor if applicable.

The team will use GroupMe, a similar application, or a text chain for IWI notifications to C and G. Upon notification of an IWI Yellow or Red (Phase 1), the IMT Incident Commander, Operations Section Chief, Air Operations Branch Director, Safety Officer and Medical Unit Leader will meet at Communications to begin support of the incident. The focus at this stage is to ensure resources involved in the IWI have the necessary support to treat and transport the patient(s) to definitive care within one (1) hour. **Personnel not immediately needed to support the IWI should avoid entering the Communications Unit.**

Notification for a “Green” injury/illness will be provided as a courtesy only. Responses are not needed for a “Green”.

Phase 2 of the incident involves the actions necessary for immediate follow up of the injury/illness. This phase does not begin until the patient has left the incident. This may include support of crewmembers, family notification, supervisor notification, coordination with healthcare and agency administrator notification.

Phase 3 will involve the closing of the incident. This may include investigation support, critical incident stress management and the finalization and submittal of all required documentation.

Illness or injury of an IMT member may involve a different process than the three (3) phase approach. Severe injury or illness to an IMT member may have a significant impact on IMT personnel. The effect on performance and morale should be carefully evaluated by the Incident Commander to determine the ability of the team or section to continue with the assignment.

# COMMAND AND GENERAL STAFF

## Position Checklist

### INCIDENT COMMANDER

#### Phase 1

- Provide support as needed.
- Determine a POC to meet injured person(s) at transport destination.
- Assign tasks as needed to support the IWI at all phases.

#### Phase 2

- Determine name and home unit of the injured.
- Notify agency administrator(s) and as appropriate the Geographic Area Coordination Center.
- Determine notification process with home unit. Ensure privacy is maintained.

#### Phase 3

- Ensure an investigator or investigation team is ordered through the home agency as required.
- Support other agencies as needed.

### OPERATIONS SECTION CHIEF

#### Phase 1

- Support treatment and extraction effort as needed.
- Coordinate disengagement for affected crew(s) as needed.

#### Phase 2 & 3

- Provide support as needed.

AIR OPERATIONS BRANCH DIRECTOR (if available-for Pomas T3, MEDL will coordinate air needs with CWICC: 509-784-3472, option 2)

#### Phase 1

- Assist MEDL with ordering, prioritization, and coordination of air resources.
- Ensure coordination and use of aviation frequencies.

### MEDICAL UNIT LEADER

#### Phase 1

- Support and coordinate treatment, extraction and transport as needed.
- If air evacuation is the appropriate response, request should be made for both Air Ambulance and Agency ship (or Short Haul if needed/available) to be launched. Coordinate air needs with CWICC: 509-784-3472, option 2

- Coordinate requests for additional medical resources.
- Contact transport hospital with information as needed.

## Phase 2

- Provide follow-up with local health care as needed.

## Phase 3

- Provide documentation to Plans and Finance as required.

## SAFETY

### Phase 1

- Monitor treatment, extraction, and transport. Provide assistance as needed.

### Phase 2

- Begin compiling information for the investigation process.
- Notify Forest and Regional Health and Safety Officer/RMO

### Phase 3

- Conduct and/or support the investigation process as needed.

## COMMUNICATIONS

### Phase 1

- Notify the Command and General Staff
- Maintain written log of events.
- Provide support and coordination as required.

### Phase 3

- Provide documentation to Plans

## HUMAN RESOURCES

### Phase 3

- Provide for and coordinate CISM activities as needed.

## LIASION

### Phase 2 & 3

- Provide assistance and support as directed by Incident Commander.

## INFORMATION

## Phase 2 & 3

- Provide assistance and support as directed by Incident Commander.

## FINANCE

## Phase 2 & 3

- Provide assistance and support as directed by Incident Commander.

## LOGISTICS

## Phase 2 & 3

- Provide assistance and support as directed by Incident Commander.

## PLANS

## Phase 2 & 3

- Provide assistance and support as directed by Incident Commander.
- Receive and coordinate related documentation.

# FIELD RESOURCES ADDENDUM

## DIVISION/GROUP SUPERVISOR

- Respond to assist IWI commander. Assume command as needed.
- Relay important benchmarks to commo
  - Arrival of medical or other assigned resources on scene
  - Need for additional resources or special needs
  - ETA of patient extrication and transport times via various methods
  - Changes in patient condition
- Consider alternate plans for transport
- Assign ground contact for air ambulance

## SAFETY OFFICER

- Determine home agency/unit of injured and provide to DIVS/GRP
- Ensure incident area remains free of unnecessary traffic/personnel
- Supervise dust abatement or other needs at Helispot

# MCI (Mass Casualty Incident)

## DIVISION/GROUP SUPERVISOR

- Triage of patients- Determine number of each type (red, yellow, green)
  - Re-evaluate patient status
- Determine and assign resources needed for treatment
  - Establish Treatment Section as needed
  - Prioritize treatment resources to needed patients
- Establish Staging Area as needed. Assign Staging Area Manager
- Establish Transport Section as needed
  - Assign Transport Section Officer
  - Determine number of ambulances (air/ground) needed
  - Stage ambulances until needed

## SAFETY OFFICER

- Conduct Hazard Analysis
- Provide overall scene safety
- Assist with establishing patient list and transport destination
- Determine traffic plan and transport corridors
- Conduct search area for additional patients



# Holden Village/Martin Fire Medical Response

**Medical**-In the event of a medical emergency that requires more trained medical resources than are available in the division, mutual aid can be requested from Holden Village and/or Rio Tinto. Both locations have trained medical staff and will be scanning the command channel.

## Medical Extraction

**Primary**-The primary extraction route for medical evacuation, in or around Holden Village, is to transport patient/patients to **H-131 (N 48°11.795', W 120°46.196')** for helicopter pick up.

**Alternate**-**H-301 (N 48°11.833, W 120°46.637')** can be used as an alternative helispot in the event there is strong down canyon winds that prevent helicopter access to H-131.

**Contingency**-The contingency plan is to load patients into a vehicle and drive to the type 3 approved helispot **H-135 (N 48°12.168', W 120°35.470')** in Lucerne for helicopter extraction.

**Emergency**-The emergency option would be to transport patient/patients by vehicle to the Forest Service boat dock in **Lucerne (N 48°12.145', W 120°35.383')** and extract patient/patients by boat. Pomas Fire has a contractor boat staged at Lucerne that can transport a supine or seated patient. **Travel time by boat to 25 Mile boat launch is roughly 40 minutes at full throttle**, but at "normal" speeds approximately one hour. Where we would ideally meet a ground ambulance. The boat has lights, no radar, and could in an emergency **travel at night but transport time would be upwards of 2 hours** due to slower speed to avoid driftwood.

\*National Park Service or other boats may be available\*

**Emergency Alternate**-If patients are unable to move or it is a NIGHT operation,

- 1) EMPF Will be in Place at Night Spike
- 2) Direct Comms via Starlink phone call to Holden Village **24 Hour Number: 1-509-699-2404** to reach Civilian Medical Staff (see below)
- 3) Whidbey SAR (Navy MH-60 with full ALS, night vision, hoist, short haul, and rappel capability on 24/7 alert with 30 min recall on weekdays and 60m on weekends) is likely the most capable resource and is familiar with the area. **An unofficial text/call heads up to their HELICOPTER INLAND RESCUE TECH REP Austin Hughes (425-446-2737)** can help expedite response time while waiting for the official AFRCC mission code to be issued. There is also the option of requesting mutual aid from IMCO and/or Holden Village for use of their clinic or aid room and staff to care for a critical patient overnight.
- 4) Call in to CWICC (509) 884-3473 or reach CWICC via USFS Old Maid Repeater Channel 12 in Comm Plan

## Civilian Medical Staff

**Holden Village** - 1x ER/Cardiac nurse "Berti" and 1x recently retired ER doctor "Al". The village has an aid room with IV supplies, oxygen (large quantity), OTC medications and oral antibiotics. They have standing orders and availability of online medical directions from their offsite medical director.

**IMCO (Rio Tinto Mine support contractor)** - Paramedic on staff. Full ALS capability including cardiac monitoring/defib and RSI. Also, large supplies of oxygen. They have a well-stocked clinic/aid room and are willing to support critical patients for overnight care if needed. Additionally, they have a rugged van-ambulance with a gurney and medical supplies.

***\*This plan is laid out for medical response in and close to Holden Village. Continue to follow OWF Type 3 Team protocol and radio into COMMS with any medical incident.***

## Contacts:

<b>Kelli &amp; Bob Owen</b> – Lucerne Guard Station Volunteers	Phone: (206) 909-5367
<b>Ken Ezpeleta</b> - Rio Tinto Superintendent Email: <a href="mailto:kenneth.ezpeleta@riotinto.com">kenneth.ezpeleta@riotinto.com</a>	Phone: (661) 528-9661
<b>Austin Hughes</b> - SAR Whidby Helicopter Rescue Tech Rep	Phone: (425) 446-2737
<b>Sid Burns</b> - Domke Lake Resort Owner	Phone: (509) 504-9368

## Village Contacts:

<b>24 Hour Number:</b> 1-509-699-2404	
<b>Holden Village Channel</b> - (151.86500 MHz) – Is monitored 24 hours a day.	
<b>Directors:</b> Home: 1-509-699-2442 Office: 1-509-699-2405	
<b>Jeff Pierce</b> - Holden Fire Marshall Email: <a href="mailto:FireMarshal@holdenvillage.org">FireMarshal@holdenvillage.org</a>	Phone: 971-678-5933
<b>Holden Control Room</b> - Holden Control Room	Phone: 360 592-7910
<b>Ben Gerhardt</b> - Operations Manager (downlake only), 1-906-231-2215, Email: <a href="mailto:operations@holdenvillage.org">operations@holdenvillage.org</a>	Phone: 1-509-699-2434
<b>Paul Thorson</b> - Holden Village Lodging Registration	Phone: 612-433-9940
<b>Tristan Ipock</b> - Holden Village Facilities	Phone: 210 542-5048
<b>Rachel Cornwell</b> - Safety Director	Phone: 360 306-1845