

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: DAY	
COLD CREEK	Date/Time From: 09/22/2020 0630 TUE	Date/Time To: 09/22/2020 0630 TUE

3. Objective(s):

Provide for the safety of firefighters and the public while fighting fire aggressively and applying the "10 and 18," LCES and risk management process.

Engage and take suppression actions to limit fire acreage growth and protect structures.

- Establish containment lines south of Highway 12 to contain the fire.
- Establish containment lines for fire encroaching on wilderness north of Highway 12, keeping the fire south and west of Indian Creek and east of Spiral Butte.

Maintain best management practices to limit the spread and exposure of the COVID-19 virus within the crew, on the line, in camp or to the surrounding community.

Act professionally and in a manner to foster good relationships with public, landowners, cooperators, and agencies. Provide timely and accurate information as it becomes available.

Maximize opportunities for cost savings without jeopardizing public or firefighter safety.

Maintain awareness of firefighting impact on the landscape, including areas of eco-systems or habitat, minimize and report damage in areas that may be affected and implement tactics accordingly.

4. Operational Period Command Emphasis:

Engaging fire must be done with safety being the highest priority, basing it on the the terrain, topography and the fire behavior encountered. Portions of the incident are starting to stabilize; resource movements that support other priorities require good briefings to maintain situational awareness. Avoid becoming complacent with your surroundings and do not make assumptions that the recent precipitation has made fuels less receptive to fire.

Plan accordingly using risk mitigation. Monitor the weather forecasts for upcoming changes and how that will impact your assignment. Remain diligent about fatigue, and maintain your awareness of personal and crew health.

General Situational Awareness:

5. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 207	Other Attachments: _____ _____ _____ _____
<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 208	
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	
<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	
<input checked="" type="checkbox"/> ICS 206		

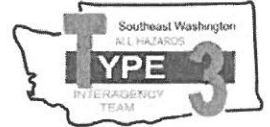
7. Prepared by: RYAN SCHARNHORST	Position/Title: PLANS SECTION CHIEF	Signature: _____
8. Approved by Incident Commander:	Name: <u>L. R. JOHNSON</u>	Signature: <u>[Signature]</u>
ICS 202	IAP Page	Date/Time: <u>9/21/20</u> <u>2051</u>

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: DAY	
COLD CREEK		Date/Time From: 09/22/2020 0630	Date/Time To: 09/22/2020 0630
		TUE	TUE
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UC	JOHNSON, LEONARD 360-581-9672	OPS SECTION CHIEF	ELLIOTT, RICHARD E 509-201-6280
DEPUTY		NIGHT OPS SECTION CHIEF	
SAFETY OFFICER	RODGERS, BRENDA 509-578-9318 ROGERS, BONNIE (T)	PLANNING OPS	
INFORMATION OFFICER	SHEARER, BENJAMIN 509-492-1461 MUELLER, MICHAEL 509-433-2178	DEPUTY OPS SECTION CHIEF	
LIAISON OFFICER		STAGING AREA	
4. Agency/Organization Representative(s):			
Agency/Organization	Name	DIVISION/GROUP	
USFS	MICHELLE CAPP	A	BACHMAN, RUSSELL ROBERT 509-492-0061
NACHES DISTRICT FMO	JASON EMHOFF	K	WALLACE, BRUCE 509-899-1057 SPRINGER, ERIN 503-341-6387 (T)
5. Planning Section:		DIVISION/GROUP	P
CHIEF	SCHARNHORST, RYAN 509-432-1016		CAMPBELL, JON; HARDGROVE, ADAM (T) 509-460-9316
DEPUTY	WINTER, DAVID	DIVISION/GROUP	NIGHTS
SITUATION UNIT	CLARK, KEN (T)		KIEHN, ERIC 206-650-6869
DOCUMENTATION UNIT		7b. Air Operations Branch:	
DEMOBILIZATION UNIT		AIR OPS BRANCH DIRECTOR	
FIRE BEHAVIOR ANALYST		AIR ATTACK SUPERVISOR	
HUMAN RESOURCE SPECIALIST		AIR SUPPORT SUPERVISOR	
TRAINING SPECIALIST		HELICOPTER COORDINATOR	
GIS SPECIALIST	DONOVAN, ELIZEBETH	AIR TANKER COORDINATOR	
TECHNOLOGY SUPPORT SPECIALIST		8. Finance/Administration Section:	
RESOURCES ADVISOR	ZIMMER, WILLIAM	CHIEF	GAYLORD, LAURETTE 208-731-3415
6. Logistics Section:		DEPUTY	
CHIEF	AMBROSE, JOSH 360-310-0401	TIME UNIT	FREDERICK, JULIEANN LOWELL, ANNA
DEPUTY	PRESTON, CINDY 509-607-9724	PROCUREMENT UNIT	
SUPPLY UNIT	SMITH, LIZ	COMPENSATION UNIT	
FACILITIES UNIT	MASSEY, COLE (T) 509-5876-7974	COST UNIT	
GROUND SUPPORT UNIT			
MEDICAL UNIT			
SECURITY UNIT			
FOOD UNIT			
COMMUNICATIONS UNIT			
9. Prepared By:	Name: DAVID WINTER	Position/Title: RESL	Signature:
ICS 203	IAP Page	Date/Time: 09/21/2020 1526	



Fire Weather Forecast



FORECAST NO: 20200922

NAME OF FIRE: Cold Creek

PREDICTION FOR: Day Shift

SIGNED:

TIME/DATE ISSUED: 1400 09/21/2020

WEATHER DISCUSSION:

Mild fall weather conditions will prevail Tuesday with breezy west winds. The burn area should see rain starting late Tuesday night or early Wednesday morning and continuing through the day on Wednesday with gusty southwest winds. Showers and breezy conditions will continue into Saturday.

WEATHER FORECAST FOR TODAY:

Sky/weather.....Mostly sunny.
CWR.....0 percent.
LAL.....1.
Max temperature.....60-63 degrees.
Min humidity.....35-40 percent.
Wind (20 ft).....West winds 4 to 6 mph.
Mixing height.....3000 ft AGL.
Transport winds.....West around 9 mph.
Haines Index.....2 or very low potential for large plume dominated fire growth.

WEATHER FORECAST FOR TONIGHT:

Sky/weather.....Mostly cloudy. Rain possible late.
CWR.....1 percent.
LAL.....1.
Min temperature.....Around 45.
Max humidity.....85 percent.
Wind (20 ft).....West winds 5 to 7 mph.
Mixing height.....3000 ft AGL in the evening decreasing to 1000 ft overnight.
Transport winds.....Southwest around 9 mph.
Haines Index.....2 or very low potential for large plume dominated fire growth.

OUTLOOK FOR TOMMOROW:

Sky/weather.....Cloudy. Rain.
CWR.....75 percent.
LAL.....1.
Max temperature.....Around 55.
Min humidity.....75 percent.
Wind (20 ft).....Southwest winds 10 to 15 mph with gusts to 30 mph.
Mixing height.....1000 ft AGL.
Transport winds.....Southwest around 14 mph.
Haines Index.....2 or very low potential for large plume dominated fire growth.

EXTENDED FORECAST:

Division/Group Assignment List (ICS 204 WF)
Controlled Unclassified Information//Basic

1. Incident Name:		3.	
COLD CREEK		Branch:	Division/Group: A
2. Operational Period: DAY			
Date/Time From: 09/22/2020 0630 TUE	Date/Time To: 09/22/2020 0630 TUE		

4. Operations Personnel			
OPERATIONS CHIEF	ELLIOTT, RICHARD E	BRANCH DIRECTOR	
DIVISION/GROUP SUPERVISOR	BACHMAN, RUSSELL ROBERT	AIR ATTACK SUPERVISOR	

5. Resources Assigned this Period					
Strike Team / Task Force / Resource Designator	LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
C-6 SRV #10 HC2I	10/01	GUARDADO, MAGDALENO	19		
O-43 - O-48 SMOKE JUMPERS	10/01	SURGENOR, CHRISTOPHER	4		
O-8 SCOTT, STEPHEN TFLD			1		
O-7 THORP, ERIC TFLD			1		

6. Control Operations/Work Assignments:
 Task: Mop-up 200' on spot fire. Patrol Alpha west fire perimeter.
 Purpose: Confine the fire to minimal footprint on the landscape with a contingency line in place should the line be tested.
 End state: Full suppression of the fire.

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	2	171.5000	123.0	168.7500	186.2	A
TACTICAL	3	151.3400	118.8	151.3400	118.8	A
AIR TO GROUND	8	168.5750		168.5750		A
AIR TO GROUND	9	172.4625		172.4625		A
AIR GUARD	10	168.6250		168.6250	110.9	A

9. Prepared By (Resource Unit Leader) DAVID WINTER	Approved By (Planning Section Chief) RYAN SCHARNHORST	Date 09/21/2020	Time 1526
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Division/Group Assignment List (ICS 204 WF)
Controlled Unclassified Information//Basic

1. Incident Name:		3.	
COLD CREEK		Branch:	Division/Group:
2. Operational Period: DAY			K
Date/Time From: 09/22/2020 0630 TUE	Date/Time To: 09/22/2020 0630 TUE		

4. Operations Personnel			
OPERATIONS CHIEF	ELLIOTT, RICHARD E	BRANCH DIRECTOR	
DIVISION/GROUP SUPERVISOR	WALLACE, BRAD 509-899-1057 SPRINGER, ERIN (T)	AIR ATTACK SUPERVISOR	

5. Resources Assigned this Period					
Strike Team / Task Force / Resource Designator	LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
C-12 OWF ENTIAT HC2I	09/30	BOOTS, ROY	21		
C-15 OWF CLE ELUM HC2I	09/29	PHILLIPS, EHREN	13		
C-16 HC2IA GANNET GLACIER			20		
AHTANUM			20		
O-2 MCLEAN, GUY FELB	09/29		1		
O-24 WOODRUFF, TAYLOR (T) FELB	09/29		1		
O-25 PEDINGS, KRIS FAL2	09/29		1		


6. Control Operations/Work Assignments:
 Task: Construct primary line from Hwy 12 to Indian Creek. Plan and place contingency line. MIST tactic for suppression in the wilderness area. Utilize READ where needed. Grid and mop-up within 200 feet of perimeter line.
 Purpose: Confine fire to minimize footprint with a contingency line established.
 End State: Full suppression of fire perimeter.

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	2	171.5000	123.0	168.7500	186.2	A
TACTICAL	4	151.3325	118.8	151.3325	118.8	A
AIR TO GROUND	8	168.5750		168.5750		A
AIR TO GROUND	9	172.4625		172.4625		A
AIR GUARD	10	168.6250		168.6250	110.9	A


9. Prepared By (Resource Unit Leader)	Approved By (Planning Section Chief)	Date	Time
DAVID WINTER	RYAN SCHARNHORST	09/21/2020	1526

Division/Group Assignment List (ICS 204 WF)
Controlled Unclassified Information//Basic

1. Incident Name:				3.		
COLD CREEK				Branch:	Division/Group: P	
2. Operational Period: DAY						
Date/Time From: 09/22/2020 0630 TUE		Date/Time To: 09/22/2020 0630 TUE				
4. Operations Personnel						
OPERATIONS CHIEF		ELLIOTT, RICHARD E		BRANCH DIRECTOR		
DIVISION/GROUP SUPERVISOR		CAMPBELL, JONATHON HARDGROVE, ADAM (T)		AIR ATTACK SUPERVISOR		
5. Resources Assigned this Period						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
C-5 ASI ARDEN SOLUTIONS INC HC2		09/22	AGUIARA, ANTONIO	20		
C-8 WYEAST HC2		09/26	WILLIAMSON, ANDREW	20		
C-9 WILD FIRE SERVICES HC2		09/29	RAMOS, JESUS	20		
O-5 FMOD SWEDBERG CONTRACTING		09/28	GREEN, CRAIG	2		
E-1 SPENCER WILDFIRE ENG6		09/29	ANDY, VICTOR	3		
E-4 WILDFIRE SERVICES ENG5		09/28	KURVINK, STEVE	3		
E-13 MOUNTAIN WEST FIRE ENG6		09/30	SULLIVAN, SETH	2		
E-15 ENG6 BLACK PINE		09/29	BEATTY, JOSEPH	3		
E-9 K WATER SERVICES WTS2		09/29	MARKUS, RONNY	1		
E-10 WTS2 EVAN FINK WATER TENDERS		09/29	FINK, EVAN	1		
6. Control Operations/Work Assignments:						
Task: Patrol, grid and mop-up perimeter 200'.						
Purpose: Strengthen containment lines. Find and extinguish hot spots within 200 feet of the line						
End State: Full suppression of fire perimeter with contingency line in place.						
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	2	171.5000	123.0	168.7500	186.2	A
TACTICAL	5	154.4525	118.8	154.4525	118.8	A
AIR TO GROUND	8	168.5750		168.5750		A
AIR TO GROUND	9	172.4625		172.4625		A
AIR GUARD	10	168.6250		168.6250	110.9	A
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)		Date	Time
DAVID WINTER			RYAN SCHARNHORST 		09/21/2020	1526

Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name:			3.			
COLD CREEK			Branch:		Division/Group:	
2. Operational Period: DAY						
Date/Time From: 09/22/2020 0630 TUE		Date/Time To: 09/22/2020 0630 TUE		NIGHTS		
4. Operations Personnel						
OPERATIONS CHIEF		ELLIOTT, RICHARD E		BRANCH DIRECTOR		
DIVISION/GROUP SUPERVISOR		KIEHN, ERIC (360) 650-6869		AIR ATTACK SUPERVISOR		
5. Resources Assigned this Period						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
E-3 HI-COUNTRY ENG6		09/28	ANDRIST, TIM	3		
E-5 EARLY WINTERS ENG5		09/28	BURKHART, AARON	4		
E-8 DELANGE ENTERPRISES WTS2		09/28	ANDERSON, ROBIN	1		
6. Control Operations/Work Assignments:						
Task: Patrol the fire perimeter and strengthen existing containment lines.						
Purpose: Limit fire growth and keep to a minimal footprint.						
End state: 100% suppression of fire perimeter.						
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	2	171.5000	123.0	168.7500	186.2	A
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)		Date	Time
DAVID WINTER			RYAN SCHARNHORST 		09/21/2020	1526

Cold Creek WA-OWF-639 IAP Map

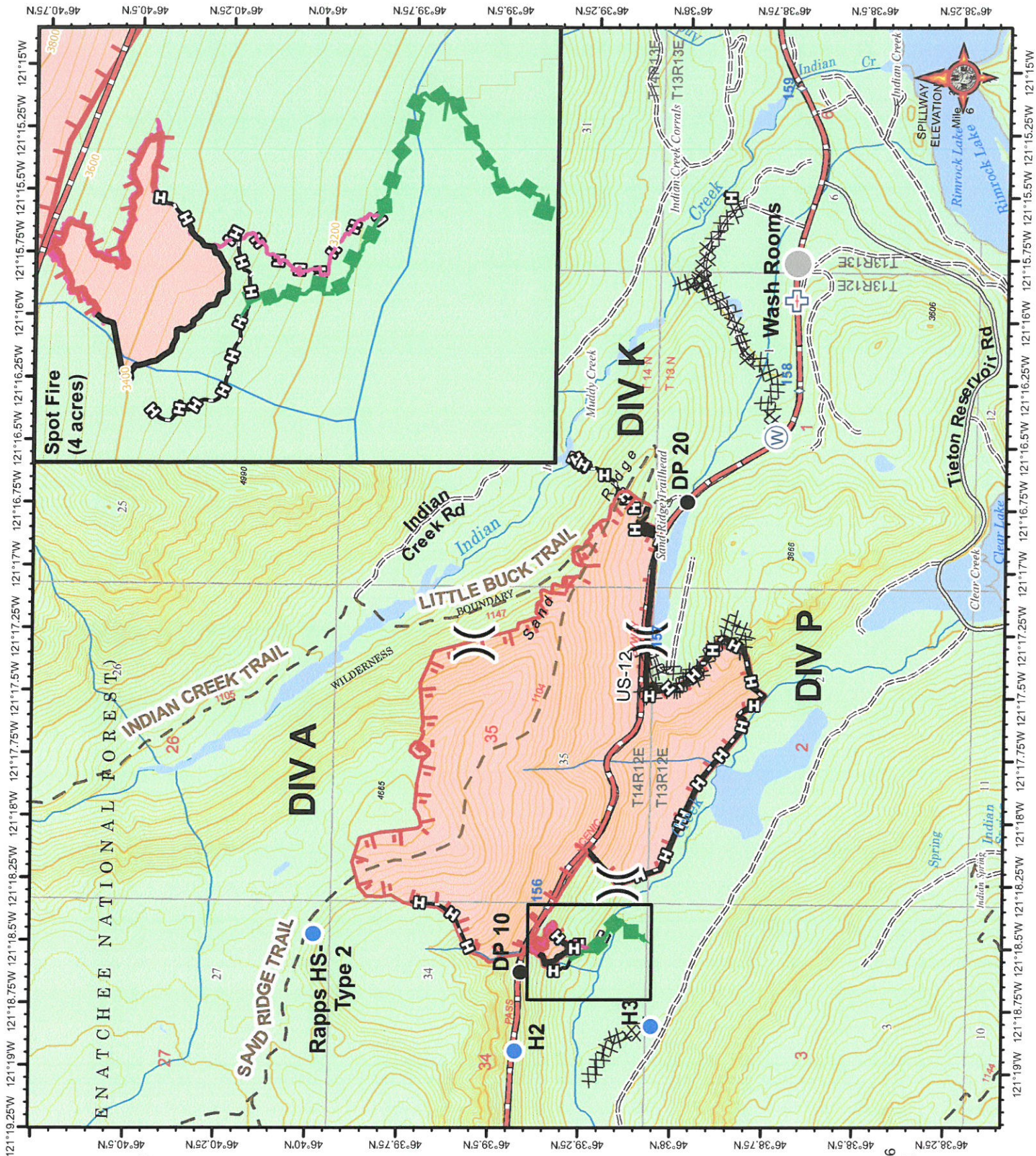
09/22/20 Day Shift
Perimeter as of: 09/21/20 @ 2000
Approx: 564 ac

- Division Break
- Drop Point
- First Aid Station
- Hellspot
- Water Source
- Other
- Uncontrolled Fire Edge
- Completed Line
- Completed Dozer Line
- Completed Hand Line
- Escape Route
- Hose Lay
- Highway
- Highway
- Light-Duty Road
- Unimproved Road
- Trails



E Donovan
09 21 20
2041 Hours

Datum: North American 1983 HARN



Spot Fire
(4 acres)



INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

Controlled Unclassified Information//Basic

1. Incident Name:	2. Date/Time Prepared:	3. Operational Period:
COLD CREEK	Date: 09/21/2020 Time: 1526	DAY
	Date/Time From: 09/22/2020 0630	Date/Time To: 09/22/2020 0630
	TUE	TUE

4. Basic Radio Channel Use:										
Zone Group	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode (A, D, or M)	Remarks
	1	COMMAND	FS BETHL	COMMAND 2	171.5000	123.0	168.7500	162.2	A	SEC COMMAND RPT
	2	COMMAND	FS PIGTAIL	COMMAND 1	171.5000	123.0	168.7500	186.2	A	COMMAND REPEATER
	3	TACTICAL	DNR TAC 2		151.3400	118.8	151.3400	118.8	A	DIV A TAC
	4	TACTICAL	DNR TAC 5		151.3325	118.8	151.3325	118.8	A	DIV K TAC
	5	TACTICAL	VTAC 12		154.4525	118.8	154.4525	118.8	A	DIV P TAC
	7	TACTICAL	VTAC 14		159.4725	118.8	159.4725	1118.8	A	CAMP CHANNEL
	6	TACTICAL	VTAC 13		158.7375	118.8	158.7375	118.8	A	DIV Z TAC
	8	AIR TO GROUND	A/G 1		168.5750		168.5750		A	A/G PRIMARY
	9	AIR TO GROUND	A/G 2		172.4625		172.4625		A	AIR TO GROUND
	10	AIR TO GROUND	A/G 40		167.4500		167.4500		A	AIR TO GROUND
	16	AIR GUARD	AIR GUARD		168.6250	0.0	168.6250	110.9		Emergency Use Only

5. Special Instructions:

6. Prepared By	Name:
(Communications Unit Leader)	Signature:
ICS 205	Date/Time: 09/21/2020 1526
IAP Page	

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name: Cold Creek Fire, WA-OWF-000639		2. Operational Period: Date From: 9/22/20 Date To: 9/22/20 Time From: 0900 Time To: 1930		3. Sunrise: 0651 Sunset: 1901		
4. Remarks (safety notes, hazards, air operations special equipment, etc.): MTR/SUA Roosevelt A B C Boardman A B C Okanogan A B C IR-326 IR-341 NOTAM closing Tieton Airstrip active until 09/25/2020		5. Ready Alert Aircraft: Medivac: N205RH New Incident: N205RH				
7. Personnel:		8. Frequencies:		9. Fixed-Wing (category/kind/type, make/model, N#, base): Air Tactical Group Supervisor Aircraft:		
Name:	Phone Number:	AM	FM	A/A Prime.	A/A Sec.	
Air Operations Branch Director	N/A	118.0750				
Air Support Group Supervisor	N/A	123.7000		168.5750 172.4625	Primary Secondary	
Air Tactical Group Supervisor	TBD			Rx 171.5 Tx 168.75	Other Fixed-Wing Aircraft:	
Helicopter Coordinator	N/A					
Helibase Manager	TBD					
10. Helicopters (use additional sheets as necessary):						
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks
N624CK	I	Sikorsky S-61A	Tieton Airstrip	0900	0930	Buckets
11. Prepared by: Name: _____ Position/Title: _____ Signature: _____ ICS 220, Page 1 Date/Time: _____						

Fire and COVID-19 Briefing Checklist

Self-Awareness / Screening

- Immediately separate yourself from others.
- Notify supervisor if you or others experience:
 - o Cough, more than expected
 - o Shortness of breath or difficulty breathing
 - o New loss of taste or smell
 - o Fever o Chills
 - o Sore throat o Muscle pain
- Review and follow crew and division plans to isolate, triage, and transport symptomatic personnel.

Hygiene on the Fireline

- Properly wash or sanitize your hands often, especially before and after eating or entering a public place, and after coughing or sneezing.
- Avoid handshakes and communal use items.
- Maintain a supply of hand sanitizer and hand wipes. Inform supervisor of needed resupply.
- Disinfect high touch surfaces often:
 - o Radios, phones, doors, pumps, fuel cans, etc.

Social Distancing and Protective Equipment

- Initiate, practice, and remind others of social distancing.
- Conduct briefings and conversations outdoors and at least 6 feet apart.
- Utilize face coverings as a tool when practical.
- Clean or replace dirty face coverings, equipment, and PPE.

Communications

- Face coverings and social distancing complicate communications. Ensure effective sender/receiver messaging.

Protect yourself, your crew, and your camp!

Find more information: <https://www.nwccg.gov/coronavirus>.

Property Damage or Loss

Document loss or damage on the Property Loss or Damage Report Fire Suppression – OF-289 to support the reimbursement request. Paint the picture of what happened so that the individual(s) reviewing the claim can make an appropriate decision.

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. CREW NAME OR NO. [O#, A#, E# or C#]	2. ID NO. (FORM of-288, Emerg. Firefighter Time Report) Not Applicable
		3. ISSUED TO (Name and Address) (Individual Name [point of contact], Home Unit & Address, email and telephone numbers – fax, cell, work, etc.)	
4. ISSUING OFFICE OR CAMP			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Govt <input type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other _____	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No. if applicable) If request is for such items as parts of an equipment or vehicle, include approximate year of age of equipment.)			QUANTITY
a.			
b.			
c.			
9. Employee report on circumstances of loss or damaged to property listed: (Be specific – date, place, division on fire; be descriptive of damage, loss, how did it occur, etc.)			
#1. Your resource order number #3 Your name, address, email and phone number #4 WA-OWF-2020-000639 #5 Cold Creek #6 P6 PNLA 0617 #7 mark appropriate with an X		#8. Provide a good description & approximate age of equipment and quantity. #9. Paint a clear story of what happened. #10 Signature #11 Date	
10. SIGNATURE		11. DATE	
12. Witness report: (Be specific –date, place, division on fire. Be descriptive of damage, loss, how did it occur, what did you see, etc.)			

If there was a witness have them complete #12, and then provide to your incident supervisor for their completion on the reverse side of the form.

INCIDENT SUPERVISOR – please complete your section and turn into Finance.

DO NOT WAIT UNTIL DEMOBE TO COMPLETE THIS FORM. NO ONE ON THE INCIDENT MANAGEMENT TEAM CAN MAKE THE FINAL DETERMINATION ON ALL CLAIMS, THIS IS MADE AT THE FOREST LEVEL. PLEASE COMPLETE AS SOON AS POSSIBLE AND KNOW THAT YOU MAY OR MAY NOT RECEIVE APPROVAL PRIOR TO DEPARTING THE INCIDENT. IT IS CRITICAL THAT YOU INCLUDE YOUR EMAIL AND PHONE NUMBER IN BOX THREE!

Cold Creek Fire Tentative DEMOB List

09/22/2020 (Tuesday)

07:15	O-45	Glatt, Nicholas	Smoke
07:30	O-48	Surgenor, C.	Smoke
07:30	O-28	Burton	DIVS(T)
15:00	E-8	Delange Ent.	WTS2
15:00	O-12	Rich Elliott	OSC3
19:00	C-5	ASI Arden	HC2
19:30	O-43, O-44, O-46, O-47, O-7, O-8		Smoke Jumpers

Medical Plan (ICS 206)	1. Incident Name Cold Creek	2. Operational Period:	Date From/To:			
			Time From/To:			
3. Medical Aid Stations:						
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?			
Schmidtgall, Michael	HWY 12 & Tieton	541-969-2824	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Front Line EMS	HWY 12 & Tieton	910-391-9053	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Lifeline Ambulance	HWY 12 & Tieton	308-430-2287 Nights	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4. Transportation (indicate air or ground):						
Name	Location	Contact Number(s)/Frequency	Level of Service			
Advanced Life Systems	2106 W Washington Ave #3, Yakima, WA	911/509.574.0625	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
American Medical Response	229 S 2nd Ave, Yakima, WA	911/509.453.6561	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
Airlift Northwest (Air)	Wenatchee, WA	800.426.2430	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
Lifeflight Network (Air)	Several locations in Eastern WA	800.232.0911	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
AS350 B3, N359TA (Air)	Wenatchee, WA	CWICC 509.884.3473	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
5. Hospitals:						
Hospital Name	Address Latitude/Longitude	Contact Number(s)/Frequency	Travel Time Air Ground	Trauma Center	Burn Center	Helipad
Harborview Medical Cntr	325 9th Ave, Seattle, WA N47 36.1 W121 19.3	206.744.3000 206.744.4074 ER		<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Legecy Emanuel Medical Cntr	2801 Gentenbein, Portland, OR N45 32.59 W122 40.16	503.413.2200 503.413.4121 ER		<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Virgina Mason Memorial Hosp	2811 Tieton Dr, Yakima, WA N46 35.75 W120 32.07	509.575.8000		<input checked="" type="checkbox"/> Yes Level: 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input checked="" type="checkbox"/> Yes Level: 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
West Side Medi-Center	4001 Tieton Dr, Yakima, WA	509.965.1770		<input type="checkbox"/> Yes Level: ___	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes Level: ___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:						
<p>Identify crew EMTs on the line for each Division prior to engaging. In case of urgent situation, notify your supervisor and follow the MEDICAL INCIDENT REPORT procedure on pages 118-119 in the 2018 IRPG. Notify operations of needs and location on command channel. Operations will notify CWICC and base camp. Minimize radio traffic and maintain situational awareness.</p>						
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.						
7. Prepared by (Medical Unit Leader):			Name:	Signature:		
8. Approved by (Safety Officer):			Name:	Signature:		

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		Brief Summary of Injury or Illness <i>(Ex: Unconscious, Struck by Falling Tree)</i>
Transport Request		Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location		Descriptive Location & Lat. / Long. (WGS84)
Incident Name		Geographic Name + "Medical" <i>(Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		Name of on-scene IC of Incident within an Incident <i>(Ex: TFLD Jones)</i>
Patient Care		Name of Care Provider <i>(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.