

Incident Action Plan

COLD CREEK FIRE



Operation Period: 0630 – 1800

September 15, 2020



Miriam Fire

WA-OWF-000639

Federal – P6PNLA520 (0617)

Fire Information Line: 509-761-4858

Email: sewaimtpio@gmail.com

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: DAY	
COLD CREEK	Date/Time From: 09/16/2020 0630 WED	Date/Time To: 09/16/2020 1800 WED

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 the fire South of the Columbia River, East of McNeil Canyon and Hwy 172, North of Hwy 2, and West of Hwy 17.

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:

Engagement of fire to provide for control with must be done with the highest priority on safety based on the terrain and topography being encounter. Throughout the incident perimeter there are significant hazards – employ the best tactics and risk mitigation to achieve the overall strategy of containing the fire.

Transition is a watch out, maintain situational awareness, communicate and share information to improve all personnel's awareness of the hazards and opportunities. Plan according, manage your fatigue and maintain awareness of personal 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 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: LEONARD JOHNSON	Signature:
ICS 202	IAP Page	Date/Time: 09/15/2020 0000

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: DAY	
COLD CREEK		Date/Time From: 09/16/2020 0630	Date/Time To: 09/16/2020 1800
		WED	WED
3. Incident Commander(s) and Command Staff:		OPS SECTION CHIEF	ELLIOTT, RICHARD E 509-201-6280
IC/UC	JOHNSON, LEONARD 360-581-9672	DEPUTY OPS SECTION CHIEF	
DEPUTY		STAGING AREA	
SAFETY OFFICER			
INFORMATION OFFICER	SHEARER, BENJAMIN 509-492-1461	DIVISION/GROUP	A
LIAISON OFFICER			BURTON, BRANDON 509-760-0101
4. Agency/Organization Representatives:		DIVISION/GROUP	K
Agency/Organization	Name	DIVISION/GROUP	P
			HARDGROVE, ADAM 509-460-9316
5. Planning Section:		DIVISION/GROUP	Z
CHIEF	SCHARNHORST, RYAN 509-432-1016	DIVISION/GROUP	NIGHTS
DEPUTY			EMERICK, MICHAEL 509-531-7193
RESOURCES UNIT	WINTER, DAVID	7b. Air Operations Branch:	
SITUATION UNIT		AIR OPS BRANCH DIRECTOR	
DOCUMENTATION UNIT		AIR ATTACK SUPERVISOR	
DEMOBILIZATION UNIT		AIR SUPPORT SUPERVISOR	
FIRE BEHAVIOR ANALYST		HELICOPTER COORDINATOR	
HUMAN RESOURCE SPECIALIST		AIR TANKER COORDINATOR	
TRAINING SPECIALIST		8. Finance/Administration Section:	
GIS SPECIALIST	MICKEY, RACHEL	CHIEF	THOMPSON, BOB 509-531-4842
TECHNOLOGY SUPPORT SPECIALIST		DEPUTY	
INCIDENT METEOROLOGIST		TIME UNIT	
6. Logistics Section:		PROCUREMENT UNIT	
CHIEF	AMBROSE, JOSH 360-310-0401	COMPENSATION UNIT	
DEPUTY		COST UNIT	
SUPPLY UNIT			
FACILITIES UNIT	MASSEY, COLE (T)		
GROUND SUPPORT UNIT	WILLIAMS, KENNY		
COMMUNICATIONS UNIT			
MEDICAL UNIT			
SECURITY UNIT			
FOOD UNIT			
7. Operations Section:			
DAY OPS SECTION CHIEF			
NIGHT OPS SECTION CHIEF			
PLANNING OPS			
9. Prepared By:	Name: DAVID WINTER	Position/Title: RESL	Signature:
ICS 203	IAP Page	Date/Time: 09/15/2020 0000	



Fire Weather Forecast



FORECAST NO: 20200915

NAME OF FIRE: Cold Creek

PREDICTION FOR: 9/16/20

SIGNED:

TIME/DATE ISSUED: 1820 / 09-15-2020

WEATHER DISCUSSION:

Southerly winds aloft will draw increasing amounts of smoke into central Washington tonight through Thursday. Surface winds will generally be light and terrain driven until a slow moving front approaches late Thursday. At this time, it looks like the frontal wind shift to the west will occur early Friday. The front will also bring the chance for showers Thursday afternoon into Friday.

WEATHER FORECAST FOR TODAY:

Sky/weather.....Smoky. A few clouds if you can see them through the smoke.
CWR.....0 percent.
LAL.....1.
Max temperature.....71.
Min humidity.....41 percent.
Wind (20 ft).....Light and variable wind early becoming east or southeast 3 to 6 mph around 1000 pdt.
Mixing height.....Likely less than 2000 ft AGL.
Transport winds.....Becoming east or southeast 4 to 7 mph by late morning and persisting through the afternoon.
Haines Index.....4 or low potential for large plume dominated fire growth.

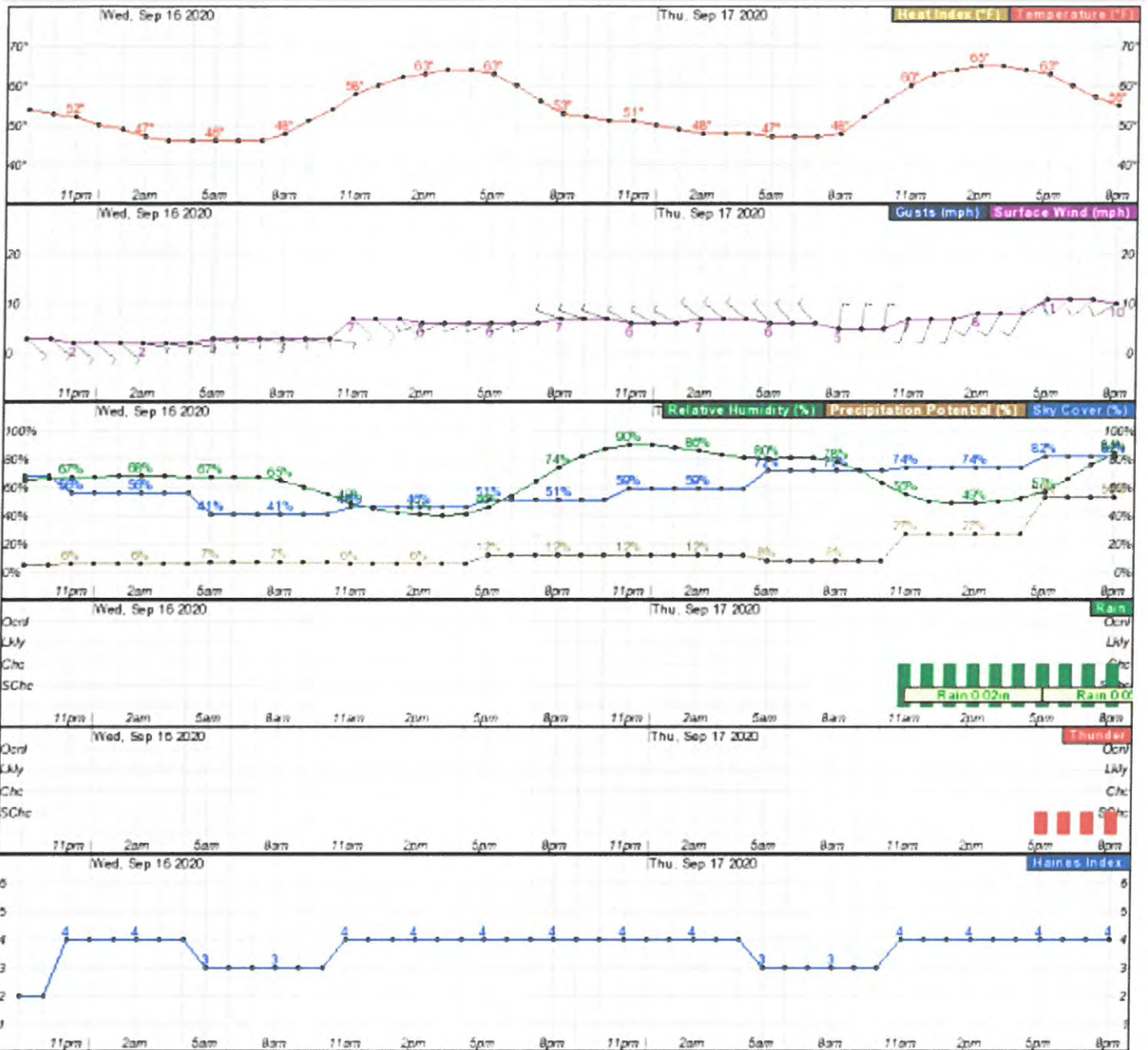
WEATHER FORECAST FOR TONIGHT:

Sky/weather.....More smoke.
CWR.....0 percent.
LAL.....1.
Min temperature.....52.
Max humidity.....85 percent.
Wind (20 ft).....Wind becoming west or northwest winds 3 to 5 mph by 1900 pdt.
Mixing height.....Decreasing to near the surface by 2000 pdt.
Transport winds.....Becoming west or northwest 4 to 7 mph by 2000 pdt.
Haines Index.....4 or low potential for large plume dominated fire growth.

OUTLOOK FOR TOMMOROW:

Sky/weather.....Smoky. A 20 percent chance of showers in the afternoon increasing to 50 percent Thursday night.
CWR.....5 percent.
LAL.....1.
Max temperature.....72.
Min humidity.....44 percent.
Wind (20 ft).....Northwest winds 3 to 5 mph in the morning shifting to the southeast 4 to 6 mph in the afternoon.
Mixing height.....As high as 3500 ft AGL in the afternoon.
Transport winds.....Becoming southeast 5 to 9 mph in the afternoon.
Haines Index.....4 or low potential for large plume dominated fire growth.

EXTENDED FORECAST:



Wednesday, September 16 at 4am

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: 09/16/2020 0630 WED	Date/Time To: 09/16/2020 1800 WED		

4. Operations Personnel			
OPERATIONS CHIEF	ELLIOTT, RICHARD E	BRANCH DIRECTOR	
DIVISION/GROUP SUPERVISOR	BURTON, BRANDON	AIR ATTACK SUPERVISOR	

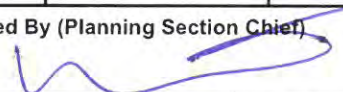
5. Resources Assigned this Period					
Strike Team / Task Force / Resource Designator	LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
CLE ELUM HC2IA					
TFLD			1		
TFLD			1		

6. Control Operations/Work Assignments:
 Scout primary and contingency lines utilizing MIST where required

 Begin primary line construction.

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						
LOGISTICS						
AIR TO GROUND						

9. Prepared By (Resource Unit Leader)	Approved By (Planning Section Chief) 	Date	Time
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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			
Date/Time From: 09/16/2020 0630 WED	Date/Time To: 09/16/2020 1800 WED	K	

4. Operations Personnel			
OPERATIONS CHIEF	ELLIOTT, RICHARD E	BRANCH DIRECTOR	
DIVISION/GROUP SUPERVISOR	SPRINGER	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-6	09/28		2		
MASTICATOR					


6. Control Operations/Work Assignments:
Construct primary control line for indirect suppression. Prepare road system for contingency lines.

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						
LOGISTICS						
AIR TO GROUND						

9. Prepared By (Resource Unit Leader)	Approved By (Planning Section Chief) 	Date	Time
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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						P	
Date/Time From: 09/16/2020 0630 WED		Date/Time To: 09/16/2020 1800 WED					
4. Operations Personnel							
OPERATIONS CHIEF		ELLIOTT, RICHARD E		BRANCH DIRECTOR			
DIVISION/GROUP SUPERVISOR		HARDGROVE, ADAM		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-2 GANNETT GLACIER HC21A							
O-5 FALLER MODULE - SWEDBERG FMOD		09/28		2			
6. Control Operations/Work Assignments:							
Construct primary control line and provide contingency plan.							
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							
LOGISTICS							
AIR TO GROUND							
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)			Date	Time
							

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

1. Incident Name:		3.	
COLD CREEK		Branch:	Division/Group: Z
2. Operational Period: DAY			
Date/Time From: 09/16/2020 0630 WED	Date/Time To: 09/16/2020 1800 WED		

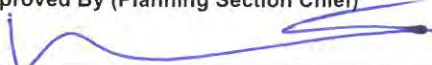
4. Operations Personnel			
OPERATIONS CHIEF	ELLIOTT, RICHARD E	BRANCH DIRECTOR	
DIVISION/GROUP SUPERVISOR	KIEHN, ERIC	AIR ATTACK SUPERVISOR	

5. Resources Assigned this Period					
Strike Team / Task Force / Resource Designator	LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
C-1 OWF WENATCHEE RIVER HC2I	09/18		17		
E-2 RAINSTORM ENG6	09/28	ERLENBACH, JORDAN	3		
TENDER					

6. Control Operations/Work Assignments:
Construct primary control line for Division Z and provide contingency planning.

7. Special Instructions:

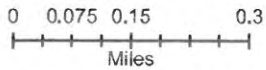
8. Division/Group Communication Summary						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
COMMAND						
TACTICAL						
LOGISTICS						
AIR TO GROUND						

9. Prepared By (Resource Unit Leader)	Approved By (Planning Section Chief) 	Date	Time
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COLD CREEK FIRE
WA-OWF-000639
IAP Map

09/16/2020 Day Shift

Approx: 96 ac



FIRE BOUNDARY

— Contours 200-foot

— Highway

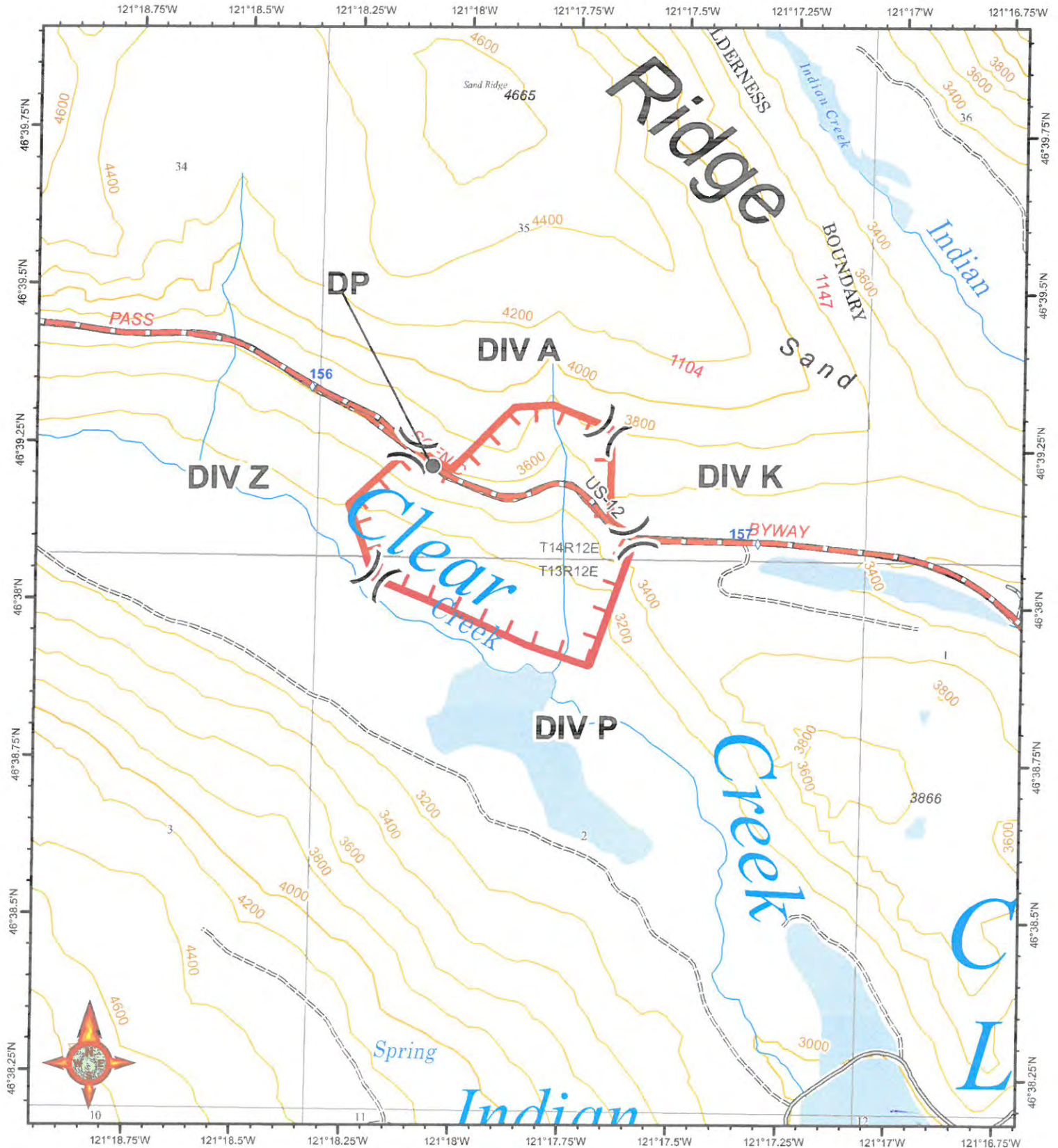
--- Local Road



Division Break



Drop Point



INCIDENT RADIO COMMUNICATIONS PLAN		1. Incident Name COLD CREEK		2. Date/ Time Prepared 9/15/2020 2200		3. Operational Period Date/Time 9/16/2020 0600	
4. Basic Radio Channel Utilization							
Mode: W=Wideband Analog, N=Narrowband Analog, D=Digital, M=Mixed							
Chan	Function	Frequency		Tone	Mode	Name	Remarks
		RX:	TX:				
1							
2	COMMAND	171.5000	168.7500	123.0 186.2	N	FS PIGTAIL	COMMAND REPEATER
3							
4							
5							
6	TACTICAL	168.6750	168.6750	0.0 0.0	N	WEN PROJ	TAC CHANNEL DIV A & P
7	TACTICAL	168.2000	168.2000	0.0 0.0	N	FS TAC	TACTICAL CHANNEL DIV K & Z
8							
9	AIR TO GROUND	167.4500	167.4500	0.0 0.0	N	A/G 40	AIR TO GROUND PRIMARY
10							
11							
12							
13							
14							
15							
16							

5. Prepared by (Communications Unit)

Josh Ambrose LOGS (3)

HEALTH AND SAFETY MESSAGE

“Choose safety, for your family”

INCIDENT: Miriam-Clear Fork

DATE: 8/28/18

TIME: ALL

Major Hazards and Risks: DRIVING, HEAVY EQUIPMENT OPERATION, HAZARD TREES, SAW OPERATIONS, STEEP TERRAIN, ROLLING MATERIAL, RUGGED ACCESS, CUMULATIVE FATIGUE, SPOTTING WILDLIFE, COVID!!!

Lookout(s)

- Experienced, competent, trusted
- Enough lookouts at good vantage points
- Knowledge of crew locations
- Knowledge of escape and safety locations
- Knowledge of trigger points
- Map, weather kit, watch, IAP

Communication(s)

- Radio frequencies confirmed
- Backup procedures and check-in times established
- Provide updates on any situation change
- Sound alarm early, not late

**Fuel + Weather + Topography = LCES
(Page 7-9 of the I.R.P.G)**

Escape Route(s)

- More than one escape route
- Avoid steep uphill escape routes
- Scouted for loose soils, rocks, vegetation
- Timed considering slowest person, fatigue, and temperature factors
- Marked for day or night
- Evaluate escape time vs. rate of spread
- Vehicles parked for escape

Safety Zone(s)

- Survivable without a fire shelter
- Back into clean burn
- Natural features (rock areas, water, meadows)
- Constructed sites (clear-cuts, roads, helispots)
- Scouted for size and hazards

Take Five at Two

It's 1400...

Time of Blow Up



What's your fire doing?

Fire Blowups and Burnovers:

- Of twenty fatal “Burnover” fires fifteen of them occurred between 1400-1630.
- This timeframe is the hottest, driest part of the day.
 - When fires can blow up quicker and faster.
 - 1400 is an appropriate time to take a tactical pause.

Reflect upon those that have lost their lives due to Burnovers.

Don't let it be YOU or your MATE that get hurt.

Fire and COVID-19 Briefing Checklist

Self-Awareness / Screening

- Immediately separate yourself from others.
- Notify supervisor if you or others experience:
 - Cough, more than expected
 - Shortness of breath or difficulty breathing
 - New loss of taste or smell
 - Fever Chills
 - Sore throat 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:
 - 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>.

EMERGENCY EQUIPMENT SHIFT TICKET

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspection

E-2XXX

1. AGREEMENT NUMBER		2. CONTRACT Some Fire Department		
3. INCIDENT Some Fire	4. IN WA-WFS-XXX	5. OPERATOR (name) FF Smith		
6. EQUIPMENT MAKE Ford	7. EQUIPMENT MODEL F550	8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT		
9. SERIAL NUMBER 123456	10. LICENSE NUMBER R12345C	11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)		
12. DATE MO/DAY/YR	13. EQUIPMENT USE		14. REMARKS (released, down time and cause, problems, etc.) Lt. Jones FF Smith Type 6 Engine	
	START	STOP		HOURS/DAYS/MILES(circle one) WORK SPECIAL
7/15/20	0700	1900	12	
				15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor
				16. INVOICE POSTED BY (Recorder's initials)
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE		18. GOVERNMENT OFFICER'S SIGNATURE	19. DATE SIGNED	

NSN 7540-01-119-562850297-102

OPTIONAL FORM 297 (Rev. 7-90)
USDA/USDI

Mobe Equipment Shift Ticket

CREW TIME REPORT						
(1) CREW NAME Some Fire District			(2) CREW NUMBER E-2145			
(3) OFFICE RESPONSIBLE FOR FIRE WSP Mobilization		(4) FIRE NAME TITAN	(5) FIRE NUMBER WA-WFS-3XXX			
(6)	(7)	(8)	DATE 8/16/2018		DATE	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	MILITARY TIME ON	MILITARY TIME OFF	MILITARY TIME ON	MILITARY TIME OFF
1	JOE CAPTAIN	ENGB	1730	1930		
1	MARY FIREFIGHTER	FF1	1730	1930		
1	WAYNE NOZZLEMAN	FF2	1730	1930		
2	JOE CAPTAIN	ENGB	1930	2230		
2	MARY FIREFIGHTER	FF1	1930	2230		
2	WAYNE NOZZLEMAN	FF2	1930	2230		
3	JOE CAPTAIN	ENGB	2230	2300		
3	MARY FIREFIGHTER	FF1	2230	2300		
3	WAYNE NOZZLEMAN	FF2	2230	2300		

(11) REMARKS
1 - Mobilization (Maximum 2 hours)
2 - Travel
3 - Check in

Pre trip COVID completed

(12) OFFICER-IN-CHARGE (Signature) (13) TITLE (Officer-in-Charge)

(14) NAME (Person Posting to Emergency Time Report) (15) DATE

CREW TIME REPORT						
(1) CREW NAME Some Fire District			(2) CREW NUMBER E-2145			
(3) OFFICE RESPONSIBLE FOR FIRE WSP Mobilization		(4) FIRE NAME TITAN	(5) FIRE NUMBER WA-WFS-3XXX			
(6)	(7)	(8)	DATE 8/16/2018		DATE	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	MILITARY TIME ON	MILITARY TIME OFF	MILITARY TIME ON	MILITARY TIME OFF
1	JOE CAPTAIN	ENGB	600	630		
2	MARY FIREFIGHTER	FF1	600	630		
2	WAYNE NOZZLEMAN	FF2	600	630		
	JOE CAPTAIN	ENGB	630	1200		
	MARY FIREFIGHTER	FF1	630	1200		
	WAYNE NOZZLEMAN	FF2	630	1200		
3	JOE CAPTAIN	ENGB	1200	1230		
3	MARY FIREFIGHTER	FF1	1200	1230		
3	WAYNE NOZZLEMAN	FF2	1200	1230		
	JOE CAPTAIN	ENGB	1230	1930		
	MARY FIREFIGHTER	FF1	1230	1930		

(11) REMARKS
1 - Shift Briefing
2 - Rig Readiness, gather supplies
3 - Compensable meal break

COVID Daily Check completed

(12) OFFICER-IN-CHARGE (Signature) (13) TITLE (Officer-in-Charge)

(14) NAME (Person Posting to Emergency Time Report) (15) DATE



Cold Creek Fire

IC- Leonard Johnson

Sep 15, 2020

IMT Fire Information Number – 509 761 4858

<u>PIO Ben Shearer</u>	<u>IMT INFORMATION LINE</u>
Phone: 509 761 4858 Email: SEWAIMTPIO@GMAIL.COM	<u>509-761 4858</u>
Facebook: Southeast Washington Interagency Incident Management Team	<u>FACEBOOK</u> <u>@sewaimt</u>

**We are requesting pictures of fire line activity.
Please identify people and agencies so they can get credit.**

**Before posting pictures to your own accounts: Please Use Hashtag
#ColdCreekfire**

When your taking pictures please make sure that the following things are in place:

If you are near the fire line, ALL PPE must be worn. Gloves, hats, etc.
Remember your COVID Face cover if you are not on the fire line.

Please do not post pictures to your personal and work social media that does not meet these standards.

Please wear your COVID mask/ face cover, any time you are in camp and around other people.

Please email pictures or you can text to my number 509. 761 4856

White Pass elev. 4,500 feet is a mountain pass in the Northwest United States, located in the Cascade Range of Washington, southeast of Mount Rainier and north of Goat Rocks. U.S. Highway 12 travels over White Pass, connecting Yakima County on the east with Lewis County. A shortcut route across White Pass between Packwood and Naches was first established 89 years ago as State Road 5 in 1931, and the link was completed in August 1951 along the current route, later designated U.S. Route 12.

Code of Conduct Incident Personnel



Each individual on this incident is responsible for:

- ☞ Being *ready and able* to perform their assigned duties effectively.
- ☞ Conducting themselves in a manner that treats people with dignity, equality, courtesy, and respect.
- ☞ Abiding by agency ethics and conduct regulations.
- ☞ Reporting any harassment or other inappropriate behavior.

Each individual of this incident has the right to:

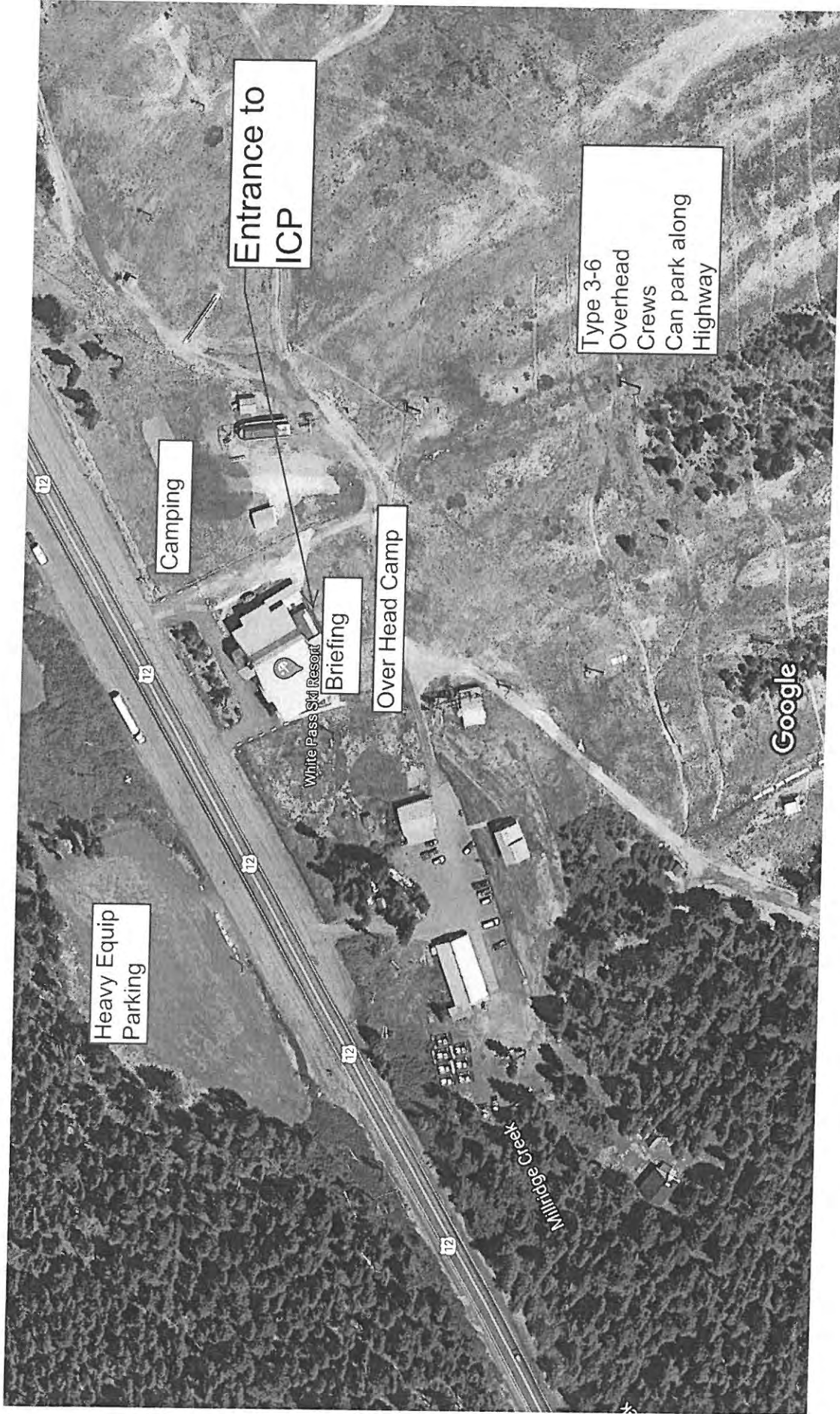
- ☞ Work in an environment characterized by safe work practices.
- ☞ Work in a fair and harassment free environment.
- ☞ Say "No" to unwelcome advances or requests for favors.
- ☞ File complaints or grievances through appropriate avenues.

There is zero tolerance for inappropriate behavior while assigned to the incident, including:

- ☞ Illegal drug use
- ☞ Alcohol use
- ☞ Unsafe work practices and activities
- ☞ Discrimination
- ☞ Sexual harassment
- ☞ Fighting, threatening, and abusive behaviors
- ☞ Using social media and electronic communication devices for personal business while engaged in fire assignment duties.
- ☞ Other violations of Fire Service, Washington DNR, and Federal agency standards of conduct.

Failure to adhere to the Code of Conduct could result in dismissal from the incident, with notification to your home unit.

The public expects our best efforts; they see us as professionals in what we say and do. Let's continue to show them we are!



Medical Plan (ICS 206)	1. Incident Name	2. Operational Period:	Date From/To: Time From/To:
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input 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:

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.

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:

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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3. Name:	4. ICS Position:	5. Home Agency (and Unit):
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6. Resources Assigned:		
Name	ICS Position	Home Agency (and Unit)

7. Activity Log:	
Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ 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, Extraction

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.