

INCIDENT ACTION PLAN

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# ROAD 11 FIRE

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**Sunday, July 12, 2020**


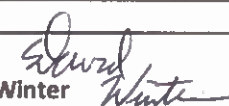
**0600-1800**

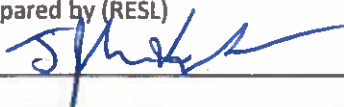

WA-WFS-314



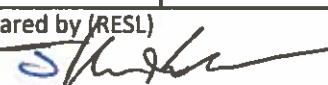

<b>Incident Objectives</b>	1. Incident Name <b>Road 11</b>	2. Date Prepared <b>7/12/2020</b>	3. Time Prepared <b>0:15</b>									
4. Operational Period (Date and Time) <b>7/12/2020 0600-1800</b>												
5. General Control Objectives for the Incident (include Alternatives) <ul style="list-style-type: none"> <li>• Provide for firefighter and public safety at all times. This includes the application of the "10 and 18", LCEs, and the Risk Management Process.</li> <li>• Fight fire aggressively to limit acreage burned while providing for firefighter and public safety.</li> <li>• Maximize opportunity for cost saving without jeopardizing public or firefighter safety.</li> <li>• Maintain best management practices to limit the spread and exposure of the COVID-19 virus within the crew, on the line, in camp, and to the surrounding community.</li> <li>• Act professionally and in a manner that fosters good relationships with the public, private landowners, timber industry representatives, elected officials and other stakeholders.</li> <li>• Follow agency policies at all times and respect the policies of the host agency.</li> </ul>												
6. Weather Forecast for Operational Period  See attached weather forecast.												
7. General Safety Message <ul style="list-style-type: none"> <li>• Provide for firefighter and public safety at all times.</li> <li>• Monitor compliance of 10 and 18 by all incident personnel.</li> <li>• Adhere to 2:1 work/rest ratio for all fire line personnel.</li> <li>• Aviation safety is high priority. Assess the risk against the benefit of the mission.</li> <li>• Ensure all assigned personnel understand emergency medical reporting &amp; transport procedures including locations of nearest emergency responders &amp; facilities.</li> </ul>												
8. Attachments (check if attached) <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Organization List (ICS 203)</td> <td><input checked="" type="checkbox"/> Assignment List (ICS 204)</td> <td><input type="checkbox"/> Air Operations (ICS 220)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Weather</td> <td><input type="checkbox"/> Communication Plan (ICS 205)</td> <td><input type="checkbox"/> HR Message</td> </tr> <tr> <td><input checked="" type="checkbox"/> Safety Message</td> <td><input checked="" type="checkbox"/> Medical Plan (ICS 206)</td> <td><input checked="" type="checkbox"/> Incident Maps</td> </tr> </table>				<input checked="" type="checkbox"/> Organization List (ICS 203)	<input checked="" type="checkbox"/> Assignment List (ICS 204)	<input type="checkbox"/> Air Operations (ICS 220)	<input checked="" type="checkbox"/> Weather	<input type="checkbox"/> Communication Plan (ICS 205)	<input type="checkbox"/> HR Message	<input checked="" type="checkbox"/> Safety Message	<input checked="" type="checkbox"/> Medical Plan (ICS 206)	<input checked="" type="checkbox"/> Incident Maps
<input checked="" type="checkbox"/> Organization List (ICS 203)	<input checked="" type="checkbox"/> Assignment List (ICS 204)	<input type="checkbox"/> Air Operations (ICS 220)										
<input checked="" type="checkbox"/> Weather	<input type="checkbox"/> Communication Plan (ICS 205)	<input type="checkbox"/> HR Message										
<input checked="" type="checkbox"/> Safety Message	<input checked="" type="checkbox"/> Medical Plan (ICS 206)	<input checked="" type="checkbox"/> Incident Maps										
ICS-202	9. Prepared by (PSC) <i>David Winter</i> <b>David Winter</b>		10. Approved by (IC)									



<b>DIVISION ASSIGNMENT LIST</b>			1. Branch	2. Division / Group	<b>A</b>	
3. Incident Name <p style="text-align: center;"><b>Road 11</b></p>			4. Operational Period Date: <b>7/12/2020</b> Time: <b>0600-1800</b>			
<b>5. Operations Personnel</b>						
Operations Chief		<i>Rich Elliott 509.201.6280</i>		Branch Director		
Safety Officer		<i>Ryan Cloud 509.528.6169</i>		Division/Group Supervisor <i>Antony Browning 541.980.7415</i>		
<b>6. Resources Assigned this Period</b>						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
	Type 2IA				<input type="checkbox"/>	
					<input type="checkbox"/>	
	Central ST				<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			0		<input type="checkbox"/>	
<b>7. Work Assignments</b>						
<b>8. Special Instructions</b>						
<b>9. Communication Summary</b>						
Function	Name	Mode	Frequency			
COMMAND		N	RX: xxx Tone xxx TX: xxx Tone xxx			
TACTICAL			RX: xxx Tone xxx TX: xxx Tone xxx			
AIR	AIR to GRND					
			See Communication Plan ICS205 for Details			
Prepared by (RESL)		Approved by (PSC)		Date:	Time:	
		 David Winter		7/12/2020	0:15	

<b>DIVISION ASSIGNMENT LIST</b>		1. Branch	2. Division / Group		<b>B</b>	
3. Incident Name <p style="text-align: center;">Road 11</p>			4. Operational Period Date: <b>7/12/2020</b> Time: <b>0600-1800</b>			
<b>5. Operations Personnel</b>						
Operations Chief		Rich Elliott 509.201.6280		Branch Director		
Safety Officer		Ryan Cloud 509.528.6169		Division/Group Supervisor <p style="text-align: right;">Brandon Burton 509.760.0101</p>		
<b>6. Resources Assigned this Period</b>						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
	Baker HC1				<input type="checkbox"/>	
					<input type="checkbox"/>	
	Spokane County ST				<input type="checkbox"/>	
					<input type="checkbox"/>	
	Grant County ST				<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			0		<input type="checkbox"/>	
<b>7. Work Assignments</b>						
<b>8. Special Instructions</b>						
<b>9. Communication Summary</b>						
Function	Name	Mode	Frequency			
COMMAND		N	RX: xxx Tone xxx TX: xxx Tone xxx			
TACTICAL			RX: xxx Tone xxx TX: xxx Tone xxx			
AIR	AIR to GRND					
			See Communication Plan ICS205 for Details			
Prepared by (RESL)		Approved by (PSC)		Date:	Time:	
		 David Winter		7/12/2020	0:15	

<b>DIVISION ASSIGNMENT LIST</b>			1. Branch	2. Division / Group	<b>M</b>	
3. Incident Name <p style="text-align: center;"><b>Road 11</b></p>			4. Operational Period Date: <b>7/12/2020</b> Time: <b>0600-1800</b>			
<b>5. Operations Personnel</b>						
Operations Chief		<i>Rich Elliott 509.201.6280</i>		Branch Director		
Safety Officer		<i>Ryan Cloud 509.528.6169</i>		Division/Group Supervisor <i>Mike Emerick 509.531.7193</i>		
<b>6. Resources Assigned this Period</b>						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
	Type 2IA				<input type="checkbox"/>	
					<input type="checkbox"/>	
	NE ST				<input type="checkbox"/>	
					<input type="checkbox"/>	
	SE ST				<input type="checkbox"/>	
					<input type="checkbox"/>	
	Dozer				<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			0		<input type="checkbox"/>	
<b>7. Work Assignments</b>						
<b>8. Special Instructions</b>						
<b>9. Communication Summary</b>						
Function	Name	Mode	Frequency			
COMMAND		N	RX: xxx Tone xxx TX: xxx Tone xxx			
TACTICAL			RX: xxx Tone xxx TX: xxx Tone xxx			
AIR	AIR to GRND					
See Communication Plan ICS205 for Details						
Prepared by (RESL)		Approved by (PSC)		Date:	Time:	
		 <b>David Winter</b>		7/12/2020	0:15	

<b>DIVISION ASSIGNMENT LIST</b>			1. Branch	2. Division / Group	<b>Z</b>	
3. Incident Name <p style="text-align: center;">Road 11</p>			4. Operational Period Date: <b>7/12/2020</b> Time: <b>0600-1800</b>			
<b>5. Operations Personnel</b>						
Operations Chief		<i>Rich Elliott 509.201.6280</i>		Branch Director		
Safety Officer		<i>Ryan Cloud 509.528.6169</i>		Division/Group Supervisor <i>Aaron Bibe 509.591.8620</i>		
<b>6. Resources Assigned this Period</b>						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
	Type 2IA				<input type="checkbox"/>	
					<input type="checkbox"/>	
	NW ST				<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			0			
<b>7. Work Assignments</b>						
<b>8. Special Instructions</b>						
<b>9. Communication Summary</b>						
Function	Name	Mode	Frequency			
COMMAND		N	RX: xxx Tone xxx TX: xxx Tone xxx			
TACTICAL			RX: xxx Tone xxx TX: xxx Tone xxx			
AIR	AIR to GRND					
See Communication Plan ICS205 for Details						
Prepared by (RESL)		Approved by (PSC)		Date:	Time:	
		 David Winter		7/12/2020	0:15	

<b>SAFETY MESSAGE</b>	1. Incident Name	2. Date Prepared	3. Time Prepared
	Road 11 Fire	7/12/2020	0:15

As transition occurs from one IMT to another, it becomes a **Watch Out** situation. Have the flexibility to adjust and be patient.

**Driving** – Lets use our best skilled, experience, trained and knowledgeable **DRIVERS**. Lots of blind curves, narrow roads. Stay alert. Wear your seatbelt, use your headlights, and Drive Defensively.

**L.C.E.S.** – Engaging always requires Lookouts, Communications, Escape Routes and Safety Zones. **Situational Awareness!**

**Steep Terrain** – Watch your footing, slips, trips and falls. Keep people properly spaced, be heads up for rolling material and for roll outs with spot fires.

**Air Operations** – Maintain a Safe distance from helicopters.

**Snags** – Look up, look down and look all around. Scout for any hazard trees in the work area and make them known to everyone in your area. Make sure Safety Zones are clear of snags.

**Rattle Snakes/Bees** – Be alert for nests and if you see or hear a snake leave it alone.

**Hydration** – Drink plenty of fluids, stay hydrated!

**COVID** – Maintain Module of One. Wear Face Covering when appropriate. Maintain 6’ Separation.



10. Fight fire aggressively, having provided for safety first.

9. Prepared by (Name and Position)

Ryan Cloud SOFR



# 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

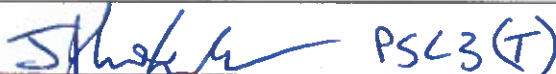
- Initiate, practice, and remind others of social distancing.
- Conduct briefings and conversations outdoors and at least 6 feet apart.
- Utilize face coverings as a tool when practical.
- Clean or replace dirty face coverings, equipment, and PPE.

## Communications

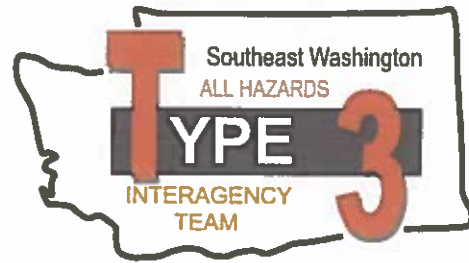
- Face coverings and social distancing complicate communications. Ensure effective sender/receiver messaging.

## Protect yourself, your crew, and your camp!

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

WEATHER	1. Incident Name Road 11 Fire	2. Date Prepared 7/12/2020	3. Time Prepared 0:15
.SUNDAY...			
Sky/weather.....Sunny. CWR.....0 percent. LAL.....1. Max temperature.....Around 71. Min humidity.....24 percent. Wind (20 ft).....Morning: West winds 10 to 15 mph Afternoon: West winds 15 to 20 mph with gusts to 30 mph Mixing height.....600 ft AGL in the morning increasing to 5600 ft AGL in the afternoon. Transport winds.....West around 21 mph. Haines Index.....3 or very low potential for large plume dominated fire growth.			
.SUNDAY NIGHT...			
Sky/weather.....Mostly clear. CWR.....0 percent. LAL.....1. Min temperature.....Around 47. Max humidity.....58 percent. Wind (20 ft).....Northwest winds 7 to 12 mph. Mixing height.....600 ft AGL in the evening decreasing to Near the surface overnight. Transport winds.....Northwest around 14 mph. Haines Index.....3 or very low potential for large plume dominated fire growth.			
9. Prepared by (Name and Position)			
 PSL3(T)			

# 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!

# STATE MOBE RESOURCES Crew Time Reports

CREW TIME REPORT						
(1) CREW NAME			(2) CREW NUMBER			
(3) OFFICER RESPONSIBLE FOR FIRE			(4) FIRE NAME		(5) FIRE NUMBER	
(6)			(7)		(8)	
RE-MARKS NO	NAME OF EMPLOYEE	CLASSIFICATION	DATE 7/16/17		DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
B	Steve Jones	ENGB	0600	0630		
RP	Robert Smith	FF2	↓	↓		
	Jim Blackwell	FF2	↓	↓		
1	Steve Jones	ENGB	0630	2000		
	Robert Smith	FF2	↓	↓		
	Jim Blackwell	FF2	↓	↓		
(11) REMARKS						
<i>B Briefing / RP Rig Prep</i>  <i>1) Assigned to Division B - Structure Protection</i> <i>1/2 Hr Compensable Lunch</i>						
(12) OFFICER IN CHARGE (Signature)				(13) TITLE (Officer in Charge)		
(14) NAME (Person Posting to Emergency Time Report)					(15) DATE	

247-101

STANDARD FORM 261 (5/78)  
Prescribed by USDA-USDI (NWC Handbook No. 2)

**Please Note:**

Camp set up is not eligible for reimbursement and should not be recorded on the CTR.

*Line personnel only* - Lunch breaks are considered on-duty time and should be recorded in the Remarks Section as "1/2 Hr Compensable Lunch".

Excessive muster and travel time will be deducted from your recorded hours unless a reasonable justification is provided to and approved by the assigned Mobilization Representative.

Time required for vehicle/equipment servicing or maintenance is not compensable.

If the apparatus is out of service and the crew is reassigned to other units, it must be documented on the CTR. If it is not documented, the hours for those personnel will not be compensable.

# STATE MOBE RESOURCES

## Emergency Equipment Shift Ticket

EMERGENCY EQUIPMENT SHIFT TICKET				Resource Order # <b>2105</b>		
1. AGREEMENT NUMBER			2. CONTRACTOR (name) <b>Thurston # 25</b>			
3. INCIDENT OR PROJECT NAME <b>Canyon Creek</b>		4. INCIDENT NUMBER <b>WA-WFS-805</b>		5. OPERATOR (name) <b>Steve Jones</b>		
6. EQUIPMENT MAKE <b>Ford</b>		7. EQUIPMENT MODEL <b>F450</b>		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT		
9. SERIAL NUMBER <b>B-251</b>		10. LICENSE NUMBER <b>34545C</b>		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)		
12. DATE MO/DAY/YR <b>7/2/14</b>	START <b>06:30</b>	STOP <b>20:00</b>	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) WORK <b>13.5</b> SPECIAL <b>Dir B</b>		14. REMARKS (released, down time and cause, problems, etc.) <b>Type 6 Engine</b>	
			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 <b>Steve Jones</b>			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED	

FINANCE

Indicate type of engine or tender.

On the initial travel day, keep track of both the hours worked and miles driven. (Travel time is calculated as miles from home unit to incident divided by 45 mph.)

DO NOT include muster, check-in, briefing, demobe or rehab time on the equipment.

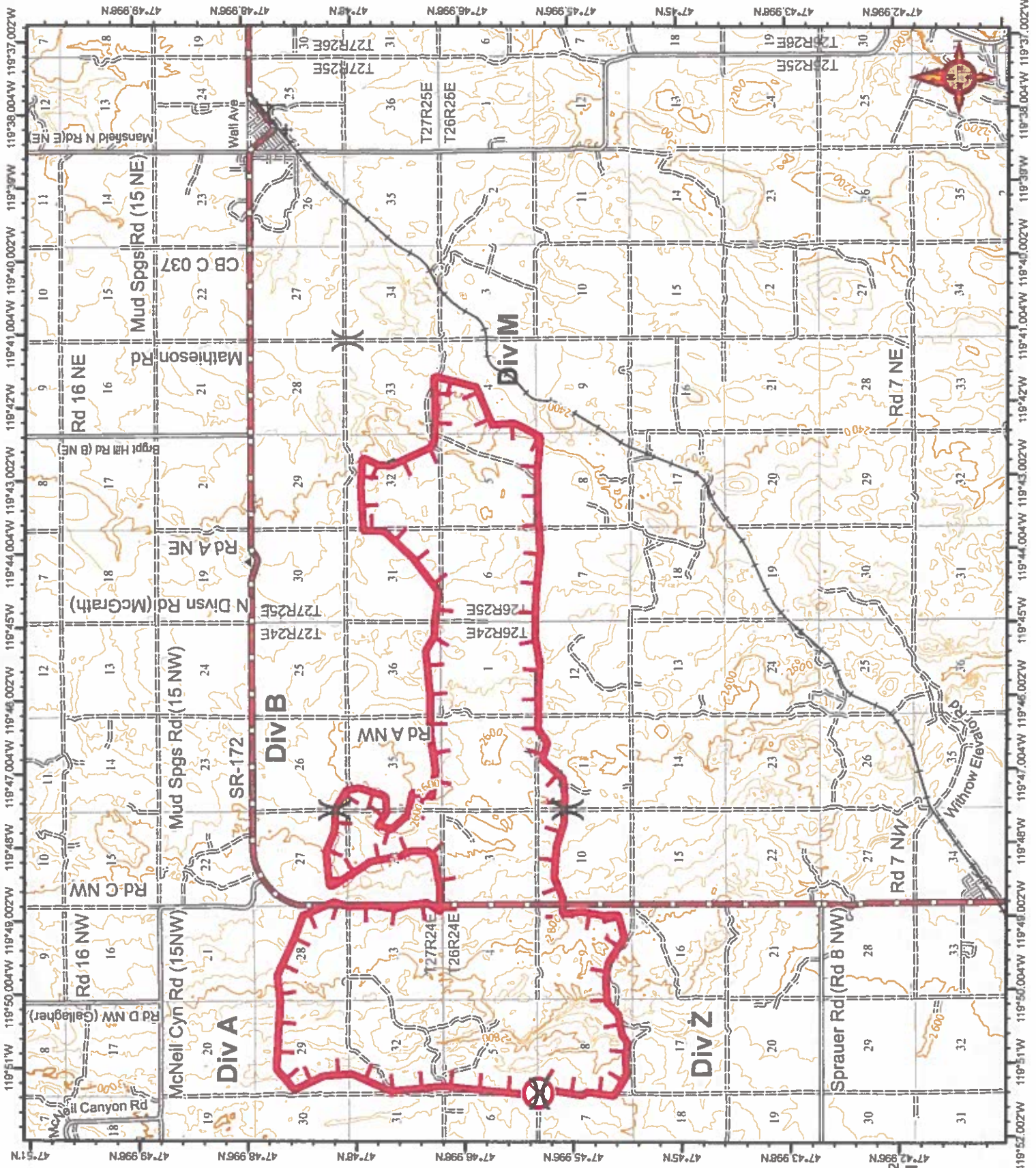
# Road 11 WA-WFS-314 IAP Map

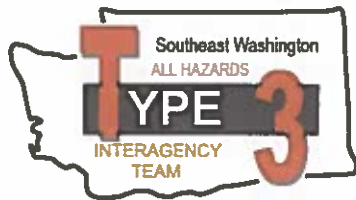
07/12/2020 Day Shift  
Perimeter as of: 07/12/20 @ 0131  
Approx: 2,000 ac

-  Highway
-  Primary Road
-  Light-Duty Road
-  Unimproved Road



David Winters  
07/12/20  
0135 Hours





## Road 11 Fire

July 12, 2020  
Fire Information Number – 509 761 4958

<b><u>PIO Ben Shearer</u></b>	<b><u>INFORMATION LINE</u></b>
Phone: 509 492-1461 Email: SEWAIMTPIO@gmail.com	<b><u>509-761-4958</u></b>
Facebook: Southeast Washington Interagency Incident Management Team	<b><u>FACEBOOK</u></b> <b><u>@sewaimt</u></b>

**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:  
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.

Make sure the activity you are capturing is what you want the public to see! You might want the picture of your crew eating lunch. Think twice before you post it on your account.

Please do not take pictures of people laying around the fire line. Beware of how the picture looks. Sometimes distances can be deceiving. You might be at a safe distance, but if it looks like the plane is dropping water right behind you, that is what the public will think.

Remember your COVID Face cover if you are not social distanced.

Please email pictures or you can text to my number 509. 492.1461

Refer the public to the PIO information line, and the SEWAIMT Facebook.

I will try to give divisions a call if media wants to come out. If Media shows up unescorted please ask them to call me, and please report it up the chain of command.

<b>Medical Plan</b> (ICS 206)	<b>1. Incident Name</b> Road 11 Fire	<b>2. Operational Period:</b>	Date From/To: 0600-1800 Time From/To: Day			
<b>3. Medical Aid Stations:</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Paramedics on Site?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4. Transportation (indicate air or ground):</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Level of Service</b>			
Ballard Ambulance	1028 N Wenatchee, Wenatchee, WA	911/509.663.6513	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
Douglas County Ambulance	138 Main St. Mansfield, WA	509.683.1114	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
Airlift Northwest (Air)	Seattle, 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			
<b>5. Hospitals:</b>						
<b>Hospital Name</b>	<b>Address</b> Latitude/Longitude	<b>Contact</b> Number(s)/Frequency	<b>Travel Time</b> Air Ground	<b>Trama</b> Center	<b>Burn</b> Center	<b>Helipad</b>
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
Lake Chelan Comm Hosp	503 E. Highland Ave. Chelan, WA 98816	509.682.3300		<input type="checkbox"/> Yes Level: 2,3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Three Rivers Hospital	507 Hospital Way, Brewster, WA 98812	509.689.2517		<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: 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes Level: 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes Level: __	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Special Medical Emergency Procedures:</b>						
<p>Identify crew EMTs on the line for each Division prior to engaging. In case of urgent situation, notify your supervisor and follow the <b>MEDICAL INCIDENT REPORT "9-line" procedure on pages 108-109 in the 2014 IRPG</b>. Notify operations of needs and location on command channel. Operations will notify CWICC and base camp. Minimize radio traffic and maintain situational awareness.</p> <p><input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.</p>						
<b>7. Prepared by (Medical Unit Leader):</b>		Name:	Signature:			
<b>8. Approved by (Safety Officer):</b>		Name:	Signature:			



<b>UNIT LOG</b>	<b>1. Incident Name</b> Road 11 Fire	<b>2. Date Prepared</b>	<b>3. Time Prepared</b>
	<b>4. Unit Name/Designators</b>	<b>5. Unit Leader (Name and Position)</b>	<b>6. Operational Period</b> 0600-1800 Day
<b>7. Personnel Roster Assigned</b>			
<b>Name</b>	<b>ICS Position</b>	<b>Home Base</b>	
<b>8. Activity Log</b>			
<b>Time</b>	<b>Major Events</b>		
<b>9. Prepared by (Name and Position)</b>			

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# MEDICAL PLAN (ICS 206 WF)

Medical Incident Report					
<b>FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.</b>					
<b>Use items one through nine to communicate situation to communications/dispatch.</b>					
<b>1. CONTACT COMMUNICATIONS/DISPATCH</b> <i>Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)</i>					
<b>2. INCIDENT STATUS: Provide incident summary and command structure.</b>					
Nature of Injury/Illness			<i>Describe the injury (Ex: Broken leg with bleeding)</i>		
Incident Name			<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>		
Incident Commander			<i>Name of IC</i>		
Patient Care			<i>Name of Care Provider (Ex: EMT Smith)</i>		
<b>3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.</b>					
Number of Patients:	Male / Female	Age:	Weight:		
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? Lat/Long (Datum WGS84) Ex: N 40° 42.45' x W 123° 03.24'					
<b>4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY</b>					
<b>SEVERITY</b>			<b>TRANSPORT PRIORITY</b>		
<input type="checkbox"/> <b>URGENT-RED</b> Life threatening injury or illness. <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2<sup>nd</sup> - 3<sup>rd</sup> burns more than 4 palm sizes, heat stroke, disoriented.</i>			Ambulance or MEDEVAC helicopter. Evacuation need is <b>IMMEDIATE</b> .		
<input type="checkbox"/> <b>PRIORITY-YELLOW</b> Serious injury or illness. <i>Ex: Significant trauma, not able to walk, 2<sup>nd</sup> - 3<sup>rd</sup> burns not more than 1-2 palm sizes.</i>			Ambulance or consider air transport if at remote location. Evacuation may be <b>DELAYED</b> .		
<input type="checkbox"/> <b>ROUTINE-GREEN</b> Not a life threatening injury or illness. <i>Ex: Sprains, strains, minor heat-related illness.</i>			Non-Emergency. Evacuation considered <b>Routine of Convenience</b> .		
<b>5. TRANSPORT PLAN:</b>					
<b>Air Transport: (Agency Aircraft Preferred)</b>					
<input type="checkbox"/> Helispot		<input type="checkbox"/> Short-haul/hoist		<input type="checkbox"/> Life Flight	<input type="checkbox"/> Other
<b>Ground Transport: Click here to enter text.</b>					
<input type="checkbox"/> Self-Extract		<input type="checkbox"/> Carry-Out		<input type="checkbox"/> Ambulance	<input type="checkbox"/> Other
<b>6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:</b>					
<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)					
<b>7. COMMUNICATIONS:</b>					
Function	Channel Name/Number	Receive (Rx)	Tone/NAC *	Transmit (Tx)	Tone/NAC *
<i>Ex: Command</i>	<i>Forest Rpt, Ch. 2</i>	<i>158.3250</i>	<i>110.9</i>	<i>171.4325</i>	<i>110.9</i>
COMMAND					
AIR-TO-GRND					
TACTICAL					
*(NAC for digital radio system)					
<b>8. EVACUATION LOCATION:</b>					
Lat/Long (Datum WGS84) EX: N 40 42.45' x W 123 03.24'					
Patient's ETA to Evacuation Location:					
Helispot/Extraction Size and Hazards:					
<b>9. CONTINGENCY:</b>					
<b>Considerations:</b> <i>if primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...</i>			<b>REMEMBER:</b> <b>Confirm ETA's of resources ordered Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively.</b>		