

INCIDENT ACTION PLAN

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# TAYLOR POND FIRE

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WA-MCR-000508

**Tuesday, August 18, 2020**

**1800-0600 Operational Period**

CTL-221  
PR-NFT2 (1502)



<b>Incident Objectives</b>	1. Incident Name <b>Taylor Pond</b>	2. Date Prepared <b>8/18/2020</b>	3. Time Prepared <b>1400</b>
4. Operational Period (Date and Time) <b>8/18/2020 1800-0600</b>			
5. General Control Objectives for the Incident (include Alternatives)			
<p><b>Provide for the safety of firefighters and training center personnel through appropriate risk mitigation actions in all actions while fighting fire.</b></p> <p><b>Provide for the protection of critical infrastructures and sensitive habitat while limiting burned acreage growth.</b></p> <p><b>Keep the fire south of the 3000 Road, west of the Filey Road, north of the Yakima Ridge and east of gridline 12.</b></p> <p><b>Protection of the critical infrastructures of Wanapum Village and the Sage Grouse Habitat.</b></p>			
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)			
<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 checked="" 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) <b>Ryan Scharnhorst</b>	10. Approved by (IC)	

<b>ORGANIZATION ASSIGNMENT LIST</b>			
1. Incident Name <b>Taylor Pond</b>		<b>9. OPERATIONS SECTION</b>	
2. Date 8/18/2020	3. Time 1600	Chief	DJ Goldsmith 509-951-8755
4. Operational Period 8/18/2020 1800-0600		Planning Operations	Tom Hatley 509-953-8933
<b>5. INCIDENT COMMANDER &amp; STAFF</b>		<b>a. Division A</b>	
Incident Commander	Chris Hutsell 509-750-6858	Division Supervisor	Sean Merrill
Incident Commaner		Deputy	
Safety Officer	Jason Kenney 253-686-7301	<b>b. Division L</b>	
Line Safety	Ken Foss 253-318-2678	Division Supervisor	Aaron Bibe 509-591-8620
Information Officer	Ben Shearer 509-492-1461	Deputy	
Liasion Officer		<b>c. Division M</b>	
		Division Supervisor	Jordan Tsubota 541-980-1110
<b>6. AGENCY REPRESENTATIVE</b>		Deputy	
<b>Agency</b>	<b>Name</b>	<b>d. Division Z</b>	
Yakima Training Center	Col. Wittmer	Division Supervisor	Seth Jones 509-961-4870
Yakima Training Center	Fire Chief Sullivan	Deputy	
		<b>e. Division Night</b>	
		Division Supervisor	
		Deputy	
		<b>d. Air Operations</b>	
<b>7. PLANNING SECTION</b>		Air Ops Branch Director	
Chief	Ryan Scharnhorst 509-432-1016	Air Support Supervisor	
Deputy	Tara Baker 509-989-5074	Air Attack Supervisor	
Status Check-In		Helicopter Coordinator	
Resource Unit		Air Tanker Coordinator	
Documentation Unit		<b>10. FINANCE SECTION</b>	
Demobilization Unit		Chief	Kelli Mansfied 509-945-2989
Human Resources		Deputy	Kenya Bugner 509-607-1851
Technical Specialist (Name/Specialty)		TIME(t)	Eryn Micallef
		PTRC	
		Cost Unit	
		<b>11. CONTACTS / OTHER INFORMATION</b>	
<b>8. LOGISTICS SECTION</b>		CWICC	509.884.3473 fax 509.884.3549
Chief	Josh Ambros 360-310-0401	CWICC Expanded	509-415-3327
Deputy			
Base Camp	Cole Massey 509-876-7974		
Facilities Unit			
Ground Support Unit	Kenny Williams 509-521-9681		
Communications Unit			
RADO			
Medical Unit		Prepared by (Resource Unit Leader)	
Food Unit		Ryan Scharnhorst	

<b>WEATHER</b>	1. Incident Name <b>Taylor Pond</b>	2. Date Prepared <b>8/18/2020</b>	3. Time Prepared <b>1400</b>
9. Prepared by (Name and Position) <i>Ryan Scharnhorst</i>			

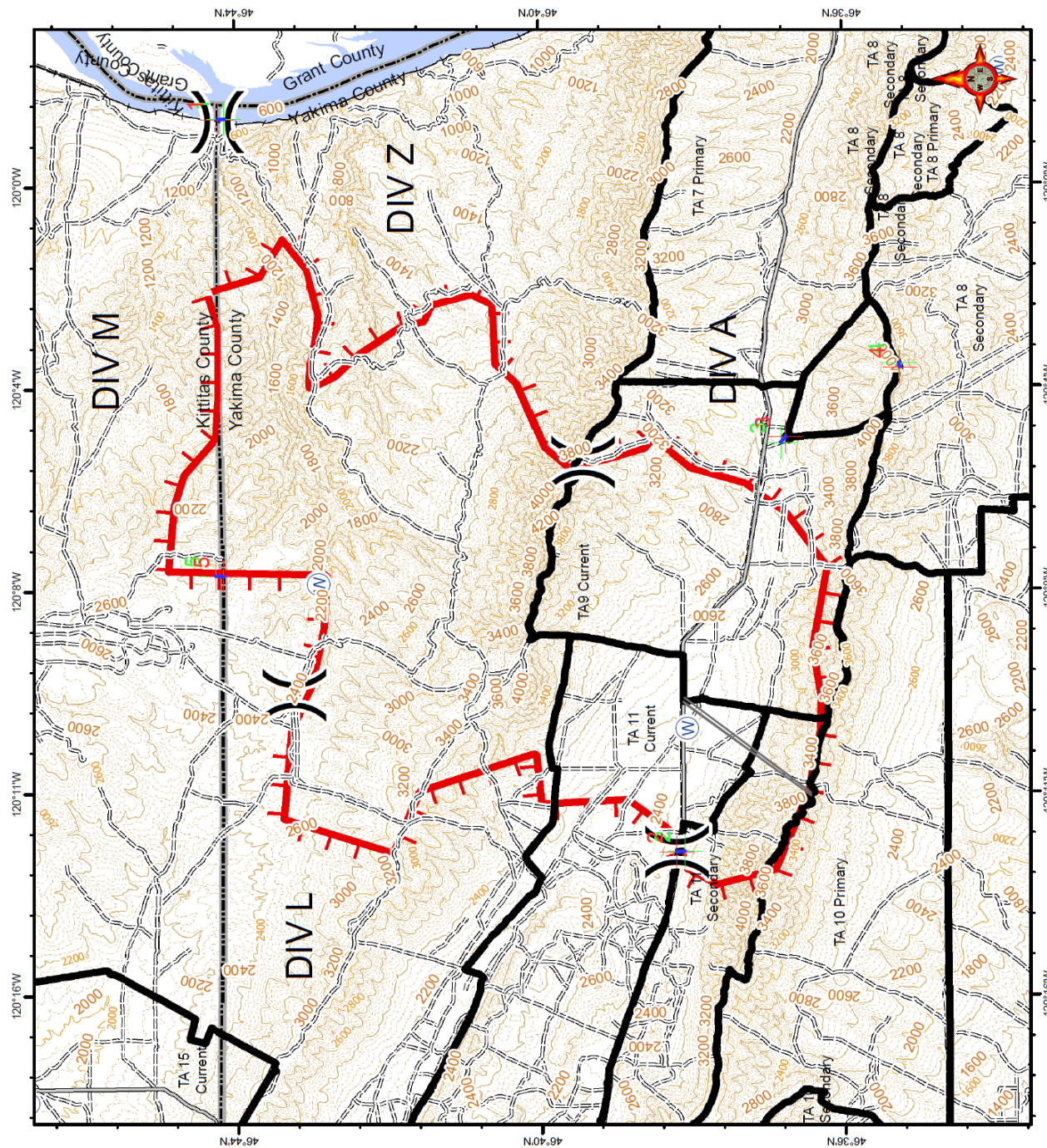
<b>DIVISION ASSIGNMENT LIST</b>			1. Branch		2. Division / Group		<b>Night</b>	
3. Incident Name <b>Taylor Pond</b>				4. Operational Period Date: <b>8/18/2020</b> Time: <b>1400</b>				
<b>5. Operations Personnel</b>								
Operations Chief		<i>DJ Goldsmith 509-951-8755</i>			Branch Director			
Safety Officer		<i>Jason Kenney 253-686-7301</i>			Division Supervisor			
<b>6. Resources Assigned this Period</b>								
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks		
C-4	HC2	Chriprez	20	509-571-7196	<input type="checkbox"/>	North Pacific Forestry		
					<input type="checkbox"/>			
E-9	YTC ENG T5		3		<input type="checkbox"/>			
E-14	YTC ENG T5		3		<input type="checkbox"/>			
					<input type="checkbox"/>			
E-11	ENG T4		3	509-429-2862	<input type="checkbox"/>	Chewack		
E-12	ENG T6	Parker	3	509-630-3682	<input type="checkbox"/>	Parker		
					<input type="checkbox"/>			
B-229	ENG T5		3		<input type="checkbox"/>	YTC		
B-329	ENG T5		3		<input type="checkbox"/>	YTC		
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
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					<input type="checkbox"/>			
					<input type="checkbox"/>			
			38		<input type="checkbox"/>			
<p>Provide for life safety and wellness of firefighters.  Keep fire growth to a minimum and contain to current footprint, if able.  Protect critical infrastructures: Wanapum Village and Sage Grouse Habitat.</p>								
<b>8. Special Instructions</b>								
<p>Follow PNWCG recommendations for COVID-19 Pandemic.  Monitor yourselves for heat exhaustion as the temperatures can be extreme, even in the shade or at night.</p>								
<b>9. Communication Summary</b>								
Function	Name	Mode	Frequency					
COMMAND	Selah	N	RX: 169.6750 Tone: 100.0 TX: 164.9875 Tone: 131.8					
TACTICAL	YTC M/A2	N	RX: 173.4875 Tone: 173.4875 TX: Tone:					
TACTICAL		N	RX: Tone: TX: Tone:					
			See Communication Plan ICS205 for Details					
Prepared by (RESL)			Approved by (PSC)			Date:	Time:	
			<b>Ryan Scharnhorst</b>			8/18/2020	1600	

MAP

1. Incident Name  
**Taylor Pond**

2. Date Prepared  
**8/18/2020**

3. Time Prepared  
**1600**



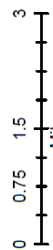
**Taylor Pond**  
**WA-MCR-000508**  
**IAP Map**

08/18/2020 Day Shift  
Perimeter as of: 08/17/2020 @ 2323  
Approx: 36932 ac



Division Break

- Uncontrolled Fire Edge
- Light-Duty Road
- Unimproved Road
- Railroad
- Water Source



Tara Baker  
08 17 20  
2334 Hours

Datum: North American 1983 HARN

9. Prepared by (Name and Position)

Tara Baker SITL

**Communications**

1. Incident Name  
**Taylor Pond**

2. Date Prepared  
**8/17/2020**

3. Time Prepared  
**1600**

INCIDENT RADIO COMMUNICATIONS PLAN I-205		1. INCIDENT NAME <b>TAYLOR POND</b>		2. DATE/TIME PREPARED 8/17/2020 1740		3. OPERATIONAL PERIOD DATE/TIME 8/17/2020 1800			
4. BASIC RADIO CHANNEL UTILIZATION									
Ch #	Function	Channel Name	Assignment	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode Analog (A) Digital (D) Mixed (M)	Remarks
1		YTC M/A 1		163.4875	0.0	163.4875	0.0	A	
2		YTC M/A 2		173.4875	0.0	173.4875	0.0	A	
3		VTAC 11		151.1375	0.0	151.1375	0.0	A	
4		VTAC 12		154.4525	0.0	154.4525	0.0	A	
5		WA REDNET		153.8300	0.0	153.8300	0.0	A	
6		SELAH		169.6750	100.0	164.0875	131.8	A	
7		DNR COMM		151.4150	103.5	151.4150	103.5	A	
8		VTAC 13		158.7375	0.0	158.7375	0.0	A	
9		VTAC 14		159.4725	0.0	159.4725	0.0	A	
10		CH 10		162.4500	0.0		0.0	A	
11		CH 11		162.5000	0.0			A	
12		GH 12		162.5500	0.0		0.0	A	
13		CH 13		162.4000	0.0		0.0	A	
14	AIR TO GROUND	AIRGAURD		168.6250	0.0	168.6250	110.9	A	AIR TO GROUND
15	AIR TO GROUND	A/G 12		167.0750	0.0	167.0750	0.0	A	AIR TO GROUND
16	AIR TO GROUND	A/G 40		167.4500	0.0	167.4500	0.0	A	AIR TO GROUND
5. Special Instructions:									
6. I-205 Prepared By: Communications Unit Leader				Name: <b>Josh Ambrose</b>		Signature:			

9. Prepared by (Name and Position)

Josh Ambrose 360-310-0401

Safety Message	1. Incident Name Taylor Pond	2. Date Prepared 8/18/2020	3. Time Prepared 2145
<p><b>Fire Behavior:</b> Any new spot fires need to be approached as a new start, meaning you will have to anchor and establish LCES.</p> <p><b>Environmental:</b> Steep slopes on the fire line may cause you to lose your footing. Watch where you put your foot down and where your next step will be. Prevent dehydration by drinking plenty of water. Bees could become a nuisance on this fire, if you are allergic, make it known. Rattlesnakes in the area avoid if possible.</p> <p><b>Driving:</b> Each time we get behind the steering wheel of our vehicles we are faced with a risk. As we do this, it is a must that we have good situational awareness, and good attitudes. We must continue to drive defensively at all times, and always expect the unexpected. Maintain proper following distances, and maintain speeds that match the existing conditions. There is plenty of wildlife crossing the roads in front of us, continue to watch for wildlife as well as livestock. Use backsters when backing and ground guides when passing in close proximity.</p> <p><b>Mop-Up:</b> It is a must that you establish and maintain LCES and mitigate the 18 watch out situations. We must use extreme caution while working near snags, identify and remove the hazard or avoid it. Continue to stay focused, always look up for hazards as you advance into the black while mopping-up, and don't bunch up. Don't get complacent, stay focused on the task at hand.</p> <p><b>Air Operations:</b> Use the aircraft assigned as needed, please use good judgment when requesting a helicopter, as our pilots will do their best to get your job done; sometimes we may be asking a little too much of them. Remember our pilots do have problems with low light, shadowed areas and smoke, don't ask them to exceed their limitations. Stay clear of snags when helicopters are working near you.</p>			
<p>9. Prepared by (Name and Position) Jason Kenney 253-686-7301</p>			



<b>UXO</b>	1. Incident Name <b>Taylor Pond</b>	2. Date Prepared <b>8/18/2020</b>	3. Time Prepared <b>1400</b>
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## **Unexploded Ordnance Safety**

Unexploded ordnance (UXO) is most likely to be encountered on military or former military sites. UXO poses risk of injury or death to anyone in the vicinity.

### **Situation Awareness**

- Early identification of potential UXO is the first and most important step in reducing risk posed by UXO.
- Many types of UXO may be encountered:
 

Small arms munitions	Projectiles
Grenades	Rockets
Mortars	Guided missiles
Bombs	Sub munitions
- UXO may be found fully intact or in fragments. All UXO, whether intact or in fragments, presents a potential hazard and should be treated as such.
- Deteriorated UXO presents a particular hazard because it may contain chemical agents that could become exposed.

### **Hazard Control**

- If you see UXO, stop and do not move closer.
- Isolate and clearly mark the area.
- Deny entry to others.
- Never transmit radio frequencies near UXO.
- Never remove anything near UXO.
- Never touch, move, or disturb UXO.
- Keep a minimum of 1,000 feet away from areas on fire that contain suspected UXO.
- Report discovery of UXO to your immediate supervisor.
- U.S. Army Operations Center for incidents involving explosives and ammunition:  
(703) 697-0218.

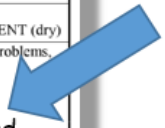
<b>Finance</b>	1. Incident Name <b>Taylor Pond</b>	2. Date Prepared <b>8/18/2020</b>	3. Time Prepared <b>1400</b>
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# ~ FINANCE ~

**EMERGENCY EQUIPMENT SHIFT TICKET**  
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections. E-2XXX

1. AGREEMENT NUMBER		2. CONTRACTOR (name) <b>Some Fire Department</b>	
3. INCIDENT OR PROJECT NAME <b>Some Fire</b>		4. INCIDENT NUMBER <b>WA_WFS_XXX</b>	
5. OPERATOR (name) <b>FF Jones</b>		6. EQUIPMENT MAKE <b>Ford</b>	
7. EQUIPMENT MODEL <b>F550</b>		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER <b>123456</b>		10. LICENSE NUMBER <b>C1572xx</b>	
11. OPERATING SUPPLIES FURNISHED BY <input checked="" 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.)	
START	STOP	HOURS/DAYS/MILES(circle one) WORK	SPECIAL
7/15/2020	0700	1800	11
<b>COVID check completed</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		18. GOVERNMENT OFFICER'S SIGNATURE	19. DATE SIGNED

NSN 7540-01-119-562850297-102      OPTIONAL FORM 297 (Rev. 7-90)      USDA/USDI



**CREW TIME REPORT**

(1) CREW NAME <b>Some Fire District</b>			(2) CREW NUMBER <b>E-2145</b>		
(3) OFFICE RESPONSIBLE FOR FIRE <b>WSP Mobilization</b>		(4) FIRE NAME <b>TITAN</b>		(5) FIRE NUMBER <b>WA-WFS-9XXX</b>	
(6)	(7)	(8)	DATE 8/16/2018		(10)
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	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					
<b>Pre trip COVID completed</b>					
(12) OFFICER-IN-CHARGE (Signature)			(13) TITLE (Officer-in-Charge)		
(14) NAME (Person Posting to Emergency Time Report)				(15) DATE	



**Have you provided Finance with the following? Please provide them with following as soon as possible!**

- ✓ Contracts
- ✓ WFS Agreements
- ✓ Resource Order
- ✓ Crew Time Reports (CTR)
- ✓ Shift Tickets
- ✓ Contract Crew Manifest
- ✓ State Mobe Resource Manifest
- ✓ Contract resource equipment inspections

**Thank You!**

9. Prepared by (Name and Position)

Kelli Mansfield 509-945-2989

<b>Information</b>	1. Incident Name <b>Taylor Pond</b>	2. Date Prepared <b>8/18/2020</b>	3. Time Prepared <b>1400</b>
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**Taylor Pond FIRE**

**IC- Chris Hutsell**

Aug 18, 2020

IMT Fire Information Number – (509) 761-4858

JBLM Media line – (253) 967-0158

<b><u>PIO Ben Shearer</u></b>	<b><u>IMT INFORMATION LINE</u></b>
<b>Phone: 509-492-1461 Not for public</b> <b>Email: SEWAIMTPIO@GMAIL.COM</b>  <b>Facebook: Southeast Washington Interagency Incident Management Team</b>	<b><u>509-761-4858</u></b>  <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.  
Remember your COVID face cover if you are not on the fire line.

Do not take/share pictures of any buildings/ people/ vehicles on the Yakima Firing Center! There are many types of operations and training events here. Some of them are high security issues. There are some locations marked with PVC markers around the site including possibly within the footprint of the fire. Make sure your pictures do not have any of these sites in the picture.

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

Please email pictures to the above address, or you can text to 509-761-4858.

**Yakima Training Center History**

In 1941, just prior to World War II, military units in the Pacific Northwest began using the Yakima Anti Aircraft Artillery Range for range firing and small unit tests and in 1942 the first temporary buildings were constructed.

The single largest exercise ever conducted at Yakima Firing Center occurred in 1976, when 26,000 active, reserve, and National Guard, and sister services converged on the installation for Joint Training Exercise BRAVE SHIELD.

9. Prepared by (Name and Position)	Ben Shearer 509-492-1461
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<b>Medical Plan</b> (ICS 206)	<b>1. Incident Name</b>	<b>2. Operational Period:</b>	Date From/To:	8/18/2020		
	<b>Taylor Pond</b>		Time From/To:	1800-0600		
<b>3. Medical Aid Stations:</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Paramedics on Site?</b>			
Military Medivac	YTC Base	509-225-8008	<input checked="" 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>			
Advanced Life Systems	2106 W Washington Ave #3, Yakima, WA	911/509.574.0625	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS			
American Medical Response	229 S 2nd Ave, Yakima, WA	911/509.453.6561	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS			
Airlift Northwest (Air)	Seattle, WA	800.426.2430	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS			
Lifeflight Network (Air)	Several locations in Eastern WA	800.232.0911	<input checked="" 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			
<b>5. Hospitals:</b>						
<b>Hospital Name</b>	<b>Address Latitude/Longitude</b>	<b>Contact Number(s)/Frequency</b>	<b>Travel Time Air Ground</b>	<b>Trauma Center</b>	<b>Burn Center</b>	<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
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
Yakima Valley 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
Yakima Regional Hosp	110 S 9th Ave, Yakima, WA N46 35.765 W120 31.31	509.575.5000		<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
<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 <b>follow the MEDICAL INCIDENT REPORT procedure 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><b>Overhead</b> Check temperatures and conduct self-screening every morning. Document on log sheet at ICP.</p> <p><b>Line Personnel</b> Check temperatures and conduct self-screening every morning. Document screening by recording time completed in the REMARKS section of your Crew Time Record (CTR).</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>COVID-19</b>	1. Incident Name <b>Taylor Pond</b>	2. Date Prepared <b>8/18/2020</b>	3. Time Prepared <b>1400</b>
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## WILDLAND FIRE COVID-19 SCREENING TOOL

Today or in the past 24 hours, have you had any of the following symptoms<sup>4</sup>?

Symptom
Cough more than expected?
Shortness of breath or difficulty breathing?
Fever?
Chills?
Muscle pain outside your normal for firefighting?
Sore throat?
New loss of taste or smell?
<i>* Take temperature with no-touch thermometer, if available *</i>

### 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                      ○ Sore throat
  - Chills                      ○ 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.nwcf.gov/coronavirus>.

NFES 002646 (06/2020)

9. Prepared by (Name and Position)

Ryan Schanrhorst



# MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report					
<p><b>FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.</b></p> <p><b>FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.</b></p>					
<p><b>Use the following items to communicate situation to communications/dispatch.</b></p>					
<p><b>1. CONTACT COMMUNICATIONS / DISPATCH</b> (Verify correct frequency prior to starting report)  <i>Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."</i></p>					
<p><b>2. INCIDENT STATUS:</b> Provide incident summary (including number of patients) and command structure.  <i>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."</i></p>					
Severity of Emergency / Transport Priority	<input type="checkbox"/> <b>RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b> <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> <b>YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.</b> <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> <b>GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport</b> <i>Ex: Sprains, strains, minor heat-related illness.</i>				
Nature of Injury or Illness & Mechanism of Injury			<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>		
Transport Request			<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>		
Patient Location			<i>Descriptive Location &amp; Lat. / Long. (WGS84)</i>		
Incident Name			<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>		
On-Scene Incident Commander			<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>		
Patient Care			<i>Name of Care Provider (Ex: EMT Smith)</i>		
<p><b>3. INITIAL PATIENT ASSESSMENT:</b> Complete this section for each patient as applicable (start with the most severe patient)</p>					
<p>Patient Assessment: See IRPG page 106</p>					
<p>Treatment:</p>					
<p><b>4. TRANSPORT PLAN:</b></p>					
<p>Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:</p>					
<p>Helispot / Extraction Site Size and Hazards:</p>					
<p><b>5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:</b></p>					
<p><i>Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication</i></p>					
<p><b>6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable</b></p>					
Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					
<p><b>7. CONTINGENCY: Considerations:</b> If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.</p>					
<p><b>8. ADDITIONAL INFORMATION:</b> Updates/Changes, etc.</p>					
<p><b>REMEMBER:</b> Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.</p>					