

INCIDENT ACTION PLAN

LYLE HILL FIRE

Tuesday, July 13, 2021

1800-0600 Operational Period

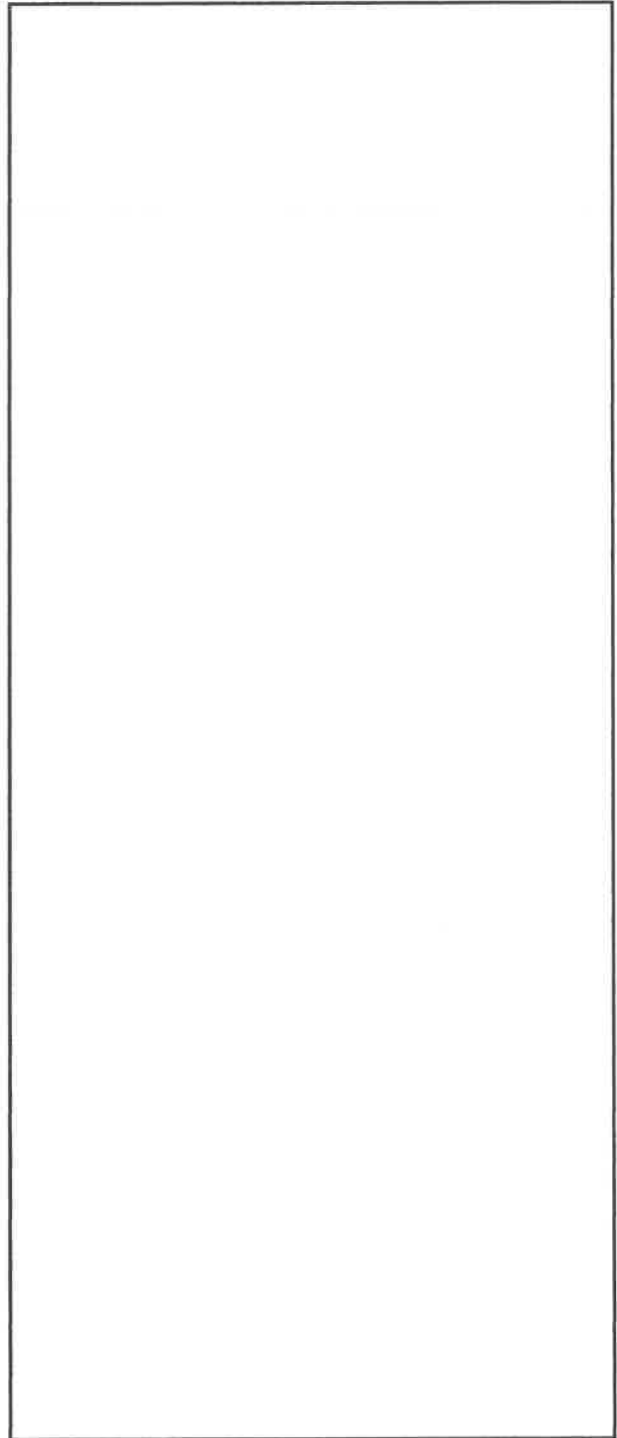
WA-SES-000354

WA-WFS-000205



221-LAK



% of Effort		
	Ground	Air
DIV A		
DIV M		
DIV		
DIV Z		



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:		2. Operational Period: NIGHT SHIFT	
LYLE HILL		Date/Time From: 07/13/2021 1800 TUE	Date/Time To: 07/14/2021 0600 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 to contain the fire south and west of the Centerville Hwy			
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:			
Develop situational awareness and engage the fire purposefully to reduce growth and the threat to residents in Lyle and surrounding community.			
General Situational Awareness:			
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Approved Site Safety Plan(s) Located			
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 type="checkbox"/>	_____
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 220	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input type="checkbox"/>	_____
<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/> ICS 206			
7. Prepared by: RYAN SCHARNHORST	Position/Title: PSC3	Signature: 	
8. Approved by Incident Commander:	Name: LEONARD JOHNSON	Signature: 	
ICS 202	IAP Page	Date/Time: 07/13/2021 1700	

ORGANIZATION ASSIGNMENT LIST (ICS 203)

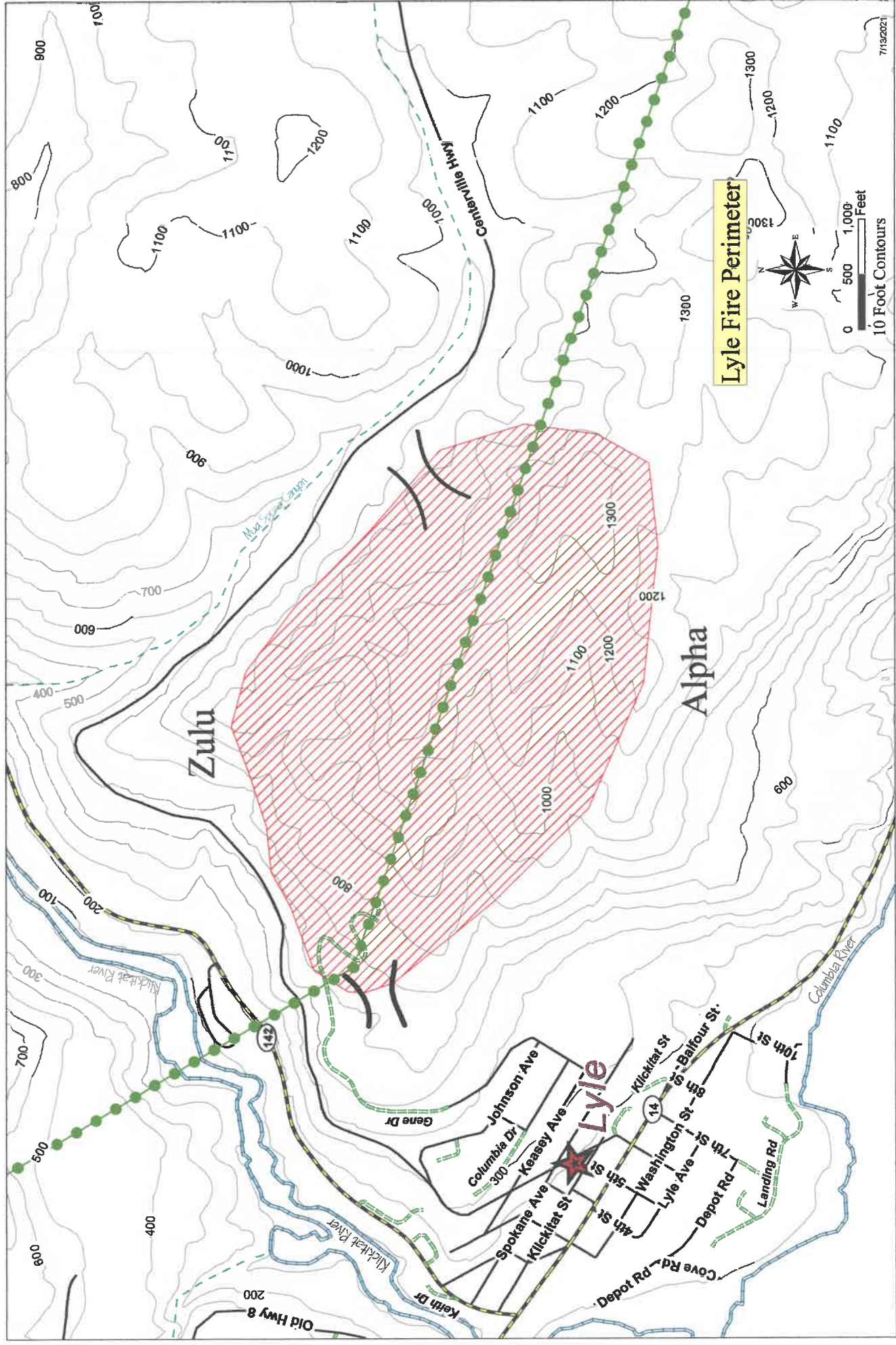
1. Incident Name: LYLE HILL		2. Operational Period: NIGHT SHIFT	
Date/Time From: 07/13/2021 1800		Date/Time To: 07/14/2021 0600	
TUE		WED	
3. Incident Commander(s) and Command Staff:		DEPUTY OPS SECTION CHIEF	
IC/UC	LEONARD JOHNSON	STAGING AREA	
DEPUTY			
SAFETY OFFICER	DON FORTIER	DIVISION/GROUP	NIGHT
INFORMATION OFFICER	COLE MASSEY (T)	DIVISION/GROUP	PAUL KIMBALL
INFORMATION OFFICER			
4. Agency/Organization Representative(s):		7b. Air Operations Branch:	
Agency/Organization	Name	AIR OPS BRANCH DIRECTOR	
WADNR	SETH JONES	AIR ATTACK SUPERVISOR	
	WYATT LEIGHTON	AIR SUPPORT SUPERVISOR	
		HELICOPTER COORDINATOR	
		AIR TANKER COORDINATOR	
5. Planning Section:		8. Finance/Administration Section:	
CHIEF	RYAN SCHARNHORST	CHIEF	BOB THOMPSON
DEPUTY	BRIAN DODGE (T)	DEPUTY	LISA EGTVEDT
RESOURCES UNIT		TIME UNIT	
SITUATION UNIT		PROCUREMENT UNIT	
DOCUMENTATION UNIT		COMPENSATION UNIT	
DEMOBILIZATION UNIT	JENNIFER NORTON (T)	COST UNIT	
FIRE BEHAVIOR ANALYST			
HUMAN RESOURCE SPECIALIST			
TRAINING SPECIALIST			
GIS SPECIALIST			
TECHNOLOGY SUPPORT SPECIALIST			
INCIDENT METEOROLOGIST			
6. Logistics Section:			
CHIEF	JOSH AMBROSE		
DEPUTY			
SUPPLY UNIT			
RADO	PAUL CARLYLE (T)		
GROUND SUPPORT UNIT			
RADO	ALANDRA SWORDS (T)		
RADO	ERIC SCHEARER (T)		
SECURITY UNIT			
FOOD UNIT			
7. Operations Section:			
OPS SECTION CHIEF	WESLEY LONG		
DAY OPS SECTION CHIEF			
NIGHT OPS SECTION CHIEF			
PLANNING OPS			
9. Prepared By: Name: RYAN SCHARNHORST		Position/Title: PSC3	Signature:
ICS 203	IAP Page	Date/Time: 07/13/2021 1546	

WEATHER	1. Incident Name Lyle Hill	2. Date Prepared 7/13/2021	3. Time Prepared 930
<p>.TONIGHT...</p> <p>SKY/WEATHER.....CLEAR (0-10 PERCENT). CWR.....0 PERCENT. LAL.....1. MIN TEMPERATURE.....65-68. MAX HUMIDITY.....63-68 PERCENT. WIND (20 FT).....WEST WINDS 5 TO 15 MPH. RIDGETOP WIND.....WEST WINDS 10 TO 15 MPH. MIXING HEIGHT.....500 FT AGL. TRANSPORT WINDS.....WEST AROUND 20 MPH. HAINES INDEX.....5 OR MODERATE POTENTIAL FOR LARGE PLUME DOMINATED FIRE GROWTH.</p> <p>.WEDNESDAY...</p> <p>Sky/weather.....Sunny (0-5 percent). Haze and areas of smoke. CWR.....0 percent. LAL.....1. Max temperature.....84-87. Min humidity.....30-35 percent. Wind (20 ft).....West winds 12 to 21 mph with gusts to around 30 mph. Ridgetop wind.....West winds 15 to 25 mph with gusts to 30 mph. Mixing height.....2300 ft AGL. Transport winds.....West around 25 mph. Haines Index.....4 or low potential for large plume dominated fire growth.</p> <p>.WEDNESDAY NIGHT...</p> <p>Sky/weather.....Mostly clear (5-15 percent). CWR.....0 percent. LAL.....1. Min temperature.....55-60. Max humidity.....75-80 percent. Wind (20 ft).....West winds 12 to 20 mph with gusts to around 25 mph. Ridgetop wind.....West winds 15 to 25 mph with gusts to around 30 mph. Mixing height.....600 ft AGL. Transport winds.....West around 25 mph. Haines Index.....4 or low potential for large plume dominated fire growth.</p>			
<p>9. Prepared by (Name and Position)</p> <p style="text-align: center;">Ryan Scharnhorst</p>			

Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name:		3.				
LYLE HILL		Branch:		Division/Group NIGHT		
2. Operational Period: NIGHT SHIFT						
Date/Time From: 07/13/2021 1800	TUE	Date/Time To: 07/14/2021 0600	WED			
4. Operations Personnel						
OPERATIONS CHIEF WES LONG		BRANCH DIRECTOR				
DIVISION/GROUP SUPERVISOR PAUL KIMBALL		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	
NW ENG #1			3			
NW ENG #2			3			
6. Control Operations/Work Assignments:						
Task: Patrol and reinforce control lines where needed. Provide for structural protection.						
Purpose: Keep the fire footprint as small as possible and limit fire spread. Limit any damage to primary residence.						
End State: Full suppression.						
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	
RYAN SCHARNHORST				07/13/2021	1546	



INCIDENT RADIO COMMUNICATIONS PLAN		1. Incident Name		2. Date/ Time Prepared		3. Operational Period Date/Time	
LYLE HILL		LYLE HILL		7/13/2021 0930		7/13/2021 1000-1800	
4. Basic Radio Channel Utilization							
Channel	Function	Frequency		Tone	Mode	Name	Remarks
		RX:	TX:				
1	TACTICAL	RX:	151.4150	103.5	N	DNR COM	
		TX:	151.4150	103.5			
2	REPEATER	RX:	159.3750	127.3	N	SE DEFIA	LYLE HILL COMMAND
		TX:	151.3700	127.3			
3	REPEATER	RX:	159.3000	103.5	N	GRAYBACK	
		TX:	151.2575	103.5			
4	TACTICAL	RX:	151.3100	103.5	N	DNR TAC 1	LYLE HILL TAC
		TX:	151.3100	103.5			
5	TACTICAL	RX:	151.3400	103.5	N	DNR TAC 2	LYLE HILL TAC
		TX:	151.3400	103.5			
6	REPEATER	RX:	154.1300	162.2	N	CO FIRE	
		TX:	158.8800	167.9			
7	REPEATER	RX:	154.8900	97.4	N	WEST OPS	
		TX:	158.8500	167.9			
8	TACTICAL	RX:	154.0700	82.5	N	KL TAC 1	
		TX:	154.0700	82.5			
9	TACTICAL	RX:	154.3550	82.5	N	KL TAC 2	
		TX:	154.3550	82.5			
10	REPEATER	RX:	169.9500	127.3	N	NSA DEFI	
		TX:	162.6125	162.2			
11	TACTICAL	RX:	169.1250	127.3	N	G WORK 1	
		TX:	169.1250	127.3			
12	TACTICAL	RX:	170.5000	123.0	N	GP WORK 1	
		TX:	170.5000	123.0			
13	REPEATER	RX:	170.3625	127.3	N	SIGNALP	
		TX:	163.0375	127.3			
14	TACTICAL	RX:	166.9750		N	YN TAC 1	
		TX:	166.9750				
15	TACTICAL	RX:	152.0075	100.0	N	CO PAGE	
		TX:					
16	TACTICAL	RX:	159.2700	103.5	N	DNR AIG 1	LYLE HILL AIR TO GROUND
		TX:	159.2700	103.5			
5. Prepared by (Communications Unit)							
JOSH AMBROSE_LSC (3)							

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Lyle Hill Fire

2. Operational Period: Date From: 7/13/2021
Time From: 7/14/2021

Date To: 1800
Time To: 0600

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

- Use extreme caution while traveling to and from fire. Route to ICP goes through a residential area and children are at play.
- Identify EMT's and Medics on your Division, write down their names and contacts info. Follow the Medical Incident Report (9 Line) if there is a Medical Incident.
- Maintain safe speed on roads in the fire area. Always use back up personnel
- Temperatures are hot maintain hydration. Use both water and electrolyte drinks.
- Avoid working under high voltage BPA power lines, use extreme caution if you need to work under power lines. Exit the area immediately during times of thick smoke.
- Terrain is hilly and steep in places. Watch for rollers. Do not work below others.
- Use extreme caution working around snags. Mark havard trees if you can safely.
- Report of Poison Oak in the fire area. Remember (leaves of Three, Let it be)
- Maintain: Lookouts, Communications, Escape Routes and Safety Zones (LCES)

Today's Watch Out Situation: #2 In Country Not Seen In Daylight



4. Site Safety Plan Required? Yes No
Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: Don Fortier Position/Title: SOFR Signature: _____

ICS 208

IAP Page _____

Date/Time: 7/13/2021 1500

Medical Plan (ICS 206)	1. Incident Name Lyle Hill	2. Operational Period:	Date From/To: 7/13/2021			
			Time From/To: 0600-1800			
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			
Klickitat Co. Sheriff's Office	Goldendale, WA	911	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
Lifeflight Network (Air)	Dallesport, WA	800.452.7434	<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			
			<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
Legacy 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
Klickitat Valley Hosp	310 S Roosevelt, Goldendale, WA (Helipad not designated)	509.733.4022		<input checked="" type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Skyline Hosp	211 Skyline Dr, Wh Salmon, WA N45 43.34 W121 28.28	509.493.1101		<input checked="" type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
North Shore Medical Group	212 Skyline Dr, White Salmon, WA	509.493.2133		<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 "8-line" procedure. 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:			

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 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.