

INCIDENT ACTION PLAN

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# LYLE HILL FIRE

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**Wednesday, July 14, 2021**

**1800-0600 Operational Period**

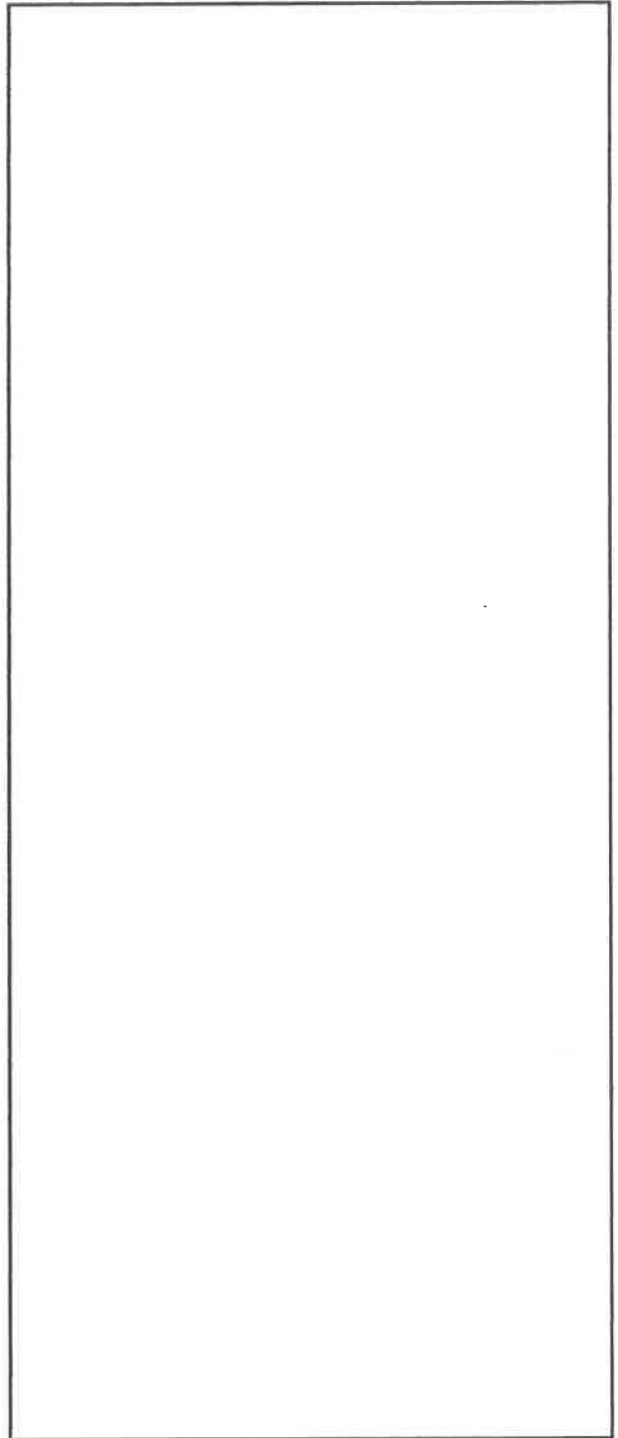
WA-SES-000354

WA-WFS-000205

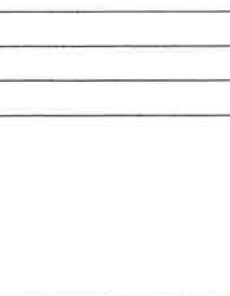

221-LAK



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



## INCIDENT OBJECTIVES (ICS 202)

|  |   |   |                                      |
|--|---|---|--------------------------------------|
| <b>1. Incident Name:</b>   | <b>2. Operational Period:</b> NIGHT SHIFT                           |   |                                      |
| LYLE HILL  | Date/Time From:<br>07/14/2021 1800                                  | WED   | Date/Time To:<br>07/15/2021 0600 THU |
| <b>3. Objective(s):</b>  |   |   |                                      |
| <p>Provide for the safety of firefighters and the public while fighting fire aggressively and applying the 10 and 18, LCES and risk management process.</p> <p>Engage and take suppression actions to limit fire acreage growth and protect structures to contain the fire south and west of the Centerville Hwy</p> <p>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.</p> <p>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.</p> <p>Maximize opportunities for cost savings without jeopardizing public or firefighter safety.</p> <p>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.</p> |   |   |                                      |
| <b>4. Operational Period Command Emphasis:</b>   |   |   |                                      |
| <p>Engaging fire must be done with the highest priority on safety based on the terrain, topography, and fire behavior encountered. As the incident continues to expand and challenge containment, be aware of the situations and hazards developing around you and our crew. Take the time to employ the best tactics and risk mitigation to achieve the overall strategy of containing the fire.</p> <p>Plan accordingly using risk mitigation, monitor the weather forecasts for upcoming changes and how that will impact fire behavior. Remain diligent about fatigue, and maintain awareness of personal and crew health.</p>   |   |   |                                      |
| <b>General Situational Awareness:</b>  |   |   |                                      |
| <p><b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><b>Approved Site Safety Plan(s) Located</b></p>   |   |   |                                      |
| <b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):  |   |   |                                      |
| <input checked="" type="checkbox"/> ICS 202  | <input type="checkbox"/> ICS 207                                    | <b>Other Attachments:</b>   |                                      |
| <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  |   |   |                                      |
| <b>7. Prepared by:</b> RYAN SCHARNHORST  | <b>Position/Title:</b> PSC3   | <b>Signature:</b>  |                                      |
| <b>8. Approved by Incident Commander:</b>  | <b>Name:</b> LEONARD JOHNSON  | <b>Signature:</b>  |                                      |
| ICS 202  | IAP Page  | <b>Date/Time:</b> 07/14/2021 1400   |                                      |

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

|  |                                  |   |                                  |
|--|----------------------------------|---|----------------------------------|
| <b>1. Incident Name:</b>                           |                                  | <b>2. Operational Period:</b> NIGHT SHIFT |                                  |
| LYLE HILL  |                                  | Date/Time From:<br>07/14/2021 1800        | Date/Time To:<br>07/15/2021 0600 |
|  |                                  | WED                                       | THU                              |
| <b>3. Incident Commander(s) and Command Staff:</b> |                                  | <b>DEPUTY OPS SECTION CHIEF</b>           |                                  |
| IC/UC  | LEONARD JOHNSON                  | STAGING AREA                              |                                  |
| DEPUTY   |                                  |   |                                  |
| SAFETY OFFICER                                     | DON FORTIER                      | DIVISION/GROUP                            | NIGHT                            |
| INFORMATION OFFICER                                | COLE MASSEY (T)<br>SHEARER, BEN  | DIVISION/GROUP                            | VIC LETZO                        |
| INFORMATION OFFICER                                |                                  | <b>7b. Air Operations Branch:</b>         |                                  |
| <b>4. Agency/Organization Representative(s):</b>   |                                  | AIR OPS BRANCH DIRECTOR                   |                                  |
| Agency/Organization                                | Name                             | AIR ATTACK SUPERVISOR                     |                                  |
| WADNR  | JORDAN TSUBOTA<br>WYATT LEIGHTON | AIR SUPPORT SUPERVISOR                    |                                  |
|  |                                  | HELICOPTER COORDINATOR                    |                                  |
|  |                                  | AIR TANKER COORDINATOR                    |                                  |
| <b>5. Planning Section:</b>                        |                                  | <b>8. Finance/Administration Section:</b> |                                  |
| 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                             |                                  |   |                                  |
| <b>6. Logistics Section:</b>                       |                                  |   |                                  |
| 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  |                                  |   |                                  |
| <b>7. Operations Section:</b>                      |                                  |   |                                  |
| OPS SECTION CHIEF                                  | WESLEY LONG                      |   |                                  |
| DAY OPS SECTION CHIEF                              |                                  |   |                                  |
| NIGHT OPS SECTION CHIEF                            |                                  |   |                                  |
| PLANNING OPS                                       |                                  |   |                                  |
| <b>9. Prepared By:</b>                             | <b>Name:</b> RYAN SCHARNHORST    | <b>Position/Title:</b> PSC3               | <b>Signature:</b>                |
| ICS 203  | IAP Page                         | <b>Date/Time:</b> 07/14/2021 0956         |                                  |

|                |                                      |                                      |                                 |
|----------------|--------------------------------------|--------------------------------------|---------------------------------|
| <b>WEATHER</b> | <b>1. Incident Name</b><br>Lyle Hill | <b>2. Date Prepared</b><br>7/14/2021 | <b>3. Time Prepared</b><br>2100 |
|----------------|--------------------------------------|--------------------------------------|---------------------------------|

.TONIGHT...

Sky/weather.....Clear (0-10 percent).  
 CWR.....0 percent.  
 LAL.....1.  
 Min temperature.....Around 60.  
 Max humidity.....72-77 percent.  
 Wind (20 ft).....West winds 11 to 21 mph with gusts to around 28  
 mph.  
 Ridgetop wind.....West winds 18 to 25 mph with gusts to around 32  
 mph.  
 Mixing height.....600 ft AGL.  
 Transport winds.....West around 19 mph.  
 Haines Index.....5 (moderate).

.THURSDAY...

Sky/weather.....Sunny (0-10 percent).  
 CWR.....0 percent.  
 LAL.....1.  
 Max temperature.....Around 80.  
 Min humidity.....34-39 percent.  
 Wind (20 ft).....West winds 11 to 21 mph with gusts to around 26  
 mph.  
 Ridgetop wind.....West winds 17 to 25 mph with gusts to around 30  
 mph.  
 Mixing height.....2700 ft AGL.  
 Transport winds.....West around 21 mph.  
 Haines Index.....4 (low).

9. Prepared by (Name and Position)

Jennifer Norton

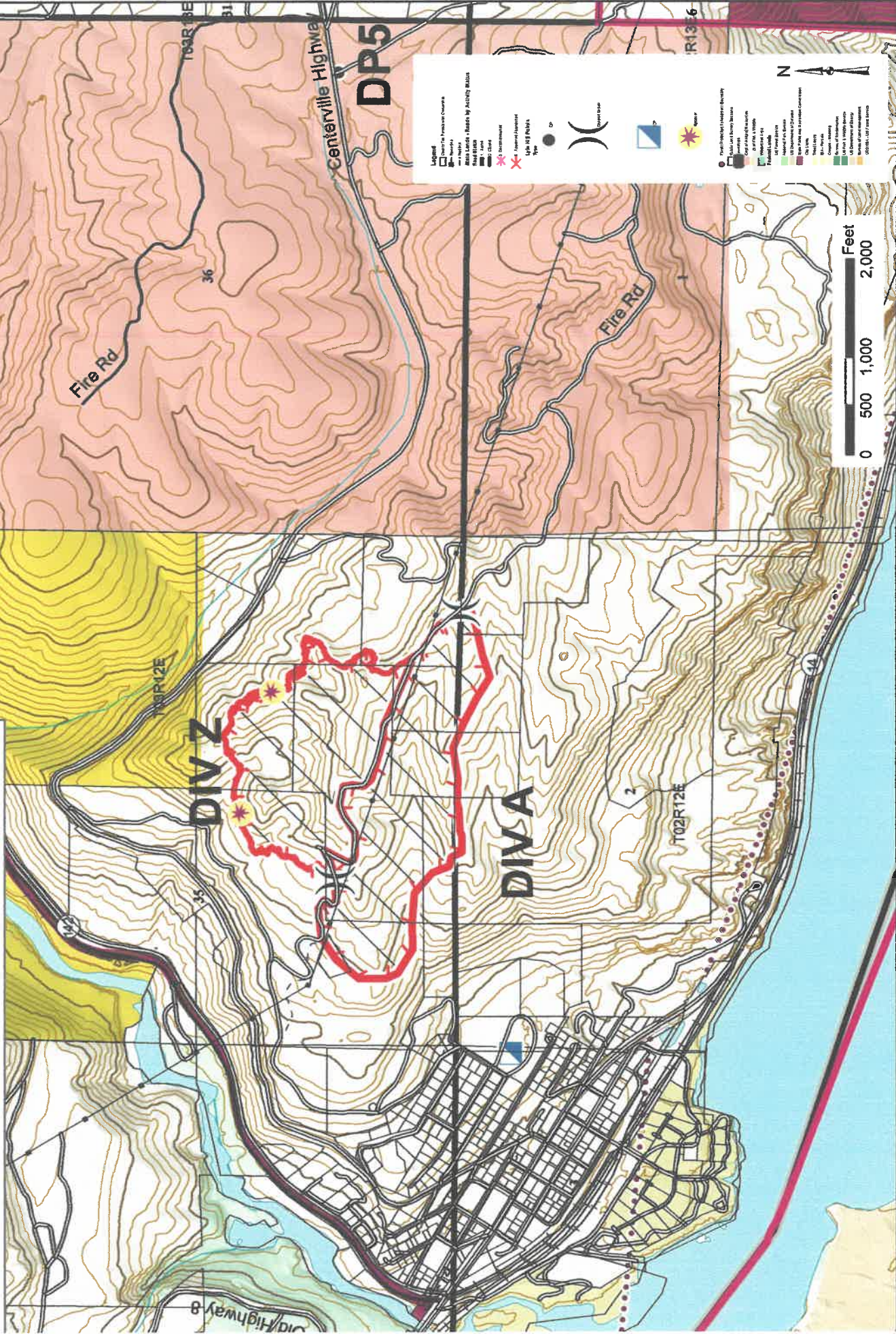
**Division/Group Assignment List (ICS 204 WF)**  
**Controlled Unclassified Information//Basic**

|   |         |                                  |   |                           |                   |                  |
|---|---------|----------------------------------|---|---------------------------|-------------------|------------------|
| <b>1. Incident Name:</b>  |         |                                  | <b>3.</b>                                   |                           |                   |                  |
| LYLE HILL   |         |                                  | Branch:                                     |                           | Division/Group    |                  |
| <b>2. Operational Period:</b> NIGHT SHIFT   |         |                                  |   |                           | <b>NIGHT</b>      |                  |
| Date/Time From:<br>07/14/2021 1800  | WED     | Date/Time To:<br>07/15/2021 0600 | THU   |                           |                   |                  |
| <b>4. Operations Personnel</b>  |         |                                  |   |                           |                   |                  |
| OPERATIONS CHIEF  |         | WES LONG 360-281-9585            |   | BRANCH DIRECTOR           |                   |                  |
| DIVISION/GROUP SUPERVISOR   |         | LEATZOW III, VICTOR 360-957-1158 |   | DIVISION/GROUP SUPERVISOR |                   |                  |
| AIR ATTACK SUPERVISOR   |         |                                  |   |                           |                   |                  |
| <b>5. Resources Assigned this Period</b>  |         |                                  |   |                           |                   |                  |
| Strike Team / Task Force / Resource Designator  |         | LWD                              | Leader                                      | Number Persons            | Drop Off PT./Time | Pick Up PT./Time |
| NW ENG #1   |         |                                  | MEGAN CRITES 360-770-3927                   | 5                         |                   |                  |
| NW ENG #2   |         |                                  | MATHEW FISHER 360-708-5831                  | 5                         |                   |                  |
| <b>6. Control Operations/Work Assignments:</b>  |         |                                  |   |                           |                   |                  |
| 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.  |         |                                  |   |                           |                   |                  |
| <b>7. Special Instructions:</b>   |         |                                  |   |                           |                   |                  |
|   |         |                                  |   |                           |                   |                  |
| <b>8. Division/Group Communication Summary</b>  |         |                                  |   |                           |                   |                  |
| Function  | Channel | RX Frequency N/W                 | RX Tone/NAC                                 | TX Frequency N/W          | TX Tone/NAC       | Mode             |
| COMMAND   | 5       | 159.2400                         | 192.8                                       | 151.2650                  | 192.8             |                  |
| TACTICAL  | 2       | 151.2125                         | 192.8                                       | 151.2125                  | 192.8             |                  |
| TACTICAL  | 1       | 151.3100                         | 192.8                                       | 151.3100                  | 192.8             |                  |
| AIR TO GROUND   | 7       | 166.6125                         | 0.0   | 166.6125                  | 0.0               |                  |
| <b>9. Prepared By (Resource Unit Leader)</b>  |         |                                  | <b>Approved By (Planning Section Chief)</b> |                           | <b>Date</b>       | <b>Time</b>      |
| RYAN SCHARNHORST  |         |                                  |   |                           | 07/14/2021        | 0956             |

# LYLE HILL FIRE 135 Acres

Briefing Map  
07/14/2021  
J. Smith

WA-SES-000354  
221-LAK



## SAFETY MESSAGE/PLAN (ICS 208)

**1. Incident Name:** Lyle Hill Fire

**2. Operational Period:** Date From: 7/15/2021  
Time From: 7/15/2021

Date To: 0600  
Time To: 1800

**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 contact info. Follow the Medical Incident Report (9 Line) if there is a Medical Incident. Spend some time today reviewing the Medical Incident Report.
- Temperature is a little cooler today but still 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.
- Use extreme caution working around snags. Mark Hazard 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)
- Take care and look out for each other.

**Today's Firefighting Order: #9 Maintain control of your forces at all times.**



**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: 7/15/2021 1400

|  |   |   |                  |                       |              |                                    |            |            |    |             |    |
|--|---|---|------------------|-----------------------|--------------|------------------------------------|------------|------------|----|-------------|----|
| <b>MEDICAL PLAN</b>  | 1. Incident Name  | 2. Date Prepared                          | 3. Time Prepared | 4. Operational Period |              |                                    |            |            |    |             |    |
|  | Lyle Hill Fire  | July 14, 2021                             | 1700             | 0600 - 1800           |              |                                    |            |            |    |             |    |
| <b>5. Incident Medical Aid Station</b>   |   |   |                  |                       |              |                                    |            |            |    |             |    |
| Medical Aid Stations   |   |   |                  | Location              |              |                                    |            | Paramedics |    |             |    |
| No Aid Station   |   |   |                  |                       |              |                                    |            | Yes        | No |             |    |
|  |   |   |                  |                       |              |                                    |            |            |    |             |    |
|  |   |   |                  |                       |              |                                    |            |            |    |             |    |
| <b>6. Transportation</b>   |   |   |                  |                       |              |                                    |            |            |    |             |    |
| <b>A. Ambulance Services</b>   |   |   |                  |                       |              |                                    |            |            |    |             |    |
| Name   |   | Address                                   |                  |                       | Phone        |                                    | Paramedics |            |    |             |    |
| Klickitat Co. EMS  |   | Dallesport WA                             |                  |                       | 911          |                                    | Yes No     |            |    |             |    |
| Klickitat Co. EMS  |   | White Salmon WA                           |                  |                       | 911          |                                    | X          |            |    |             |    |
| Lifeflight Network (Air)   |   | Dallesport WA                             |                  |                       | 800-452-7434 |                                    | X          |            |    |             |    |
| Airlift Northwest Yakima (Air)   |   | Yakima, Pasco, East Wenatchee WA          |                  |                       | 800-426-2430 |                                    | X          |            |    |             |    |
|  |   |   |                  |                       |              |                                    |            |            |    |             |    |
| <b>B. Incident Ambulances</b>  |   |   |                  |                       |              |                                    |            |            |    |             |    |
| Name   |   | Location                                  |                  |                       |              | Paramedics                         |            |            |    |             |    |
| Ballard Ambulance  |   | Fire Line Mike Battis Cell (509) 670 7744 |                  |                       |              | Yes No                             |            |            |    |             |    |
|  |   |   |                  |                       |              | X                                  |            |            |    |             |    |
|  |   |   |                  |                       |              |                                    |            |            |    |             |    |
| <b>7. Hospitals</b>  |   |   |                  |                       |              |                                    |            |            |    |             |    |
| Name   | Address   |   |                  | Travel Time           |              | Phone                              |            | Helipad    |    | Burn Center |    |
|  |   |   |                  | Air                   | Ground       |                                    |            | Yes        | No | Yes         | No |
| Skyline Hospital   | 211 Skyline Dr, Wh. Salmon, WA 98672 (509) 493-1101                             |   |                  | 10 Min.               | 15 Min       | 509-493-1101                       |            | X          |    |             | X  |
| Mid-Columbia Medical Center  | 1700 E 19 <sup>th</sup> St The Dalles OR 97058 (541) 296-1111                   |   |                  | 10 min.               | 30 min       | 509-733-4022                       |            | X          |    |             | X  |
| Harborview Medical Center  | 325 9 <sup>th</sup> Ave, Seattle, WA 98104 (206) 744-3000<br>N47 36.1 W122 19.3 |   |                  |                       |              | 206-744-3000<br>206-744-4074<br>ER |            | X          |    | X           |    |
| Legacy Emanuel Medical Center  | 2801 Gertenbein, Portland, OR N45.34 W122 40.16                                 |   |                  |                       |              | 503-413-2200<br>503-413-4121<br>ER |            | x          |    | X           |    |
|  |   |   |                  |                       |              |                                    |            |            |    |             |    |
| <b>8. Medical Emergency Procedures</b>   |   |   |                  |                       |              |                                    |            |            |    |             |    |
| <p>Identify crew EMTs on the line in each Division Prior to engaging. In Case of urgent situation, notify your supervisor and follow the <b>MEDICAL INCIDENT REPORT "9-Line"</b> procedure on pages 118-119 in the 2018 IRPG. Notify operations of needs and location on command channel. Operations will notify CWICC and ICP. Minimize radio traffic and maintain situation awareness.</p> |   |   |                  |                       |              |                                    |            |            |    |             |    |
| Prepared by (Medical Unit Leader)  |   |   |                  |                       |              | 10. Reviewed by (Safety Officer)   |            |            |    |             |    |
|  |   |   |                  |                       |              | Don Fortier                        |            |            |    |             |    |



|   |  |              |                            |   |                  |  |                       |
|---|--|--------------|----------------------------|---|------------------|--|-----------------------|
| <b>FEMA ICS FORM 205A<br/>INCIDENT TELEPHONE COMMUNICATION PLAN</b> |  |              |                            | <b>1. Incident Name</b><br>Lyle Hill Fire |                  | <b>2. Operational Period</b><br>07-14-2021 0600-1800               |                       |
| <b>3. Contact List</b>  |  |              |                            |   |                  |  |                       |
| <b>Incident Facilities/Contacts</b>                                 |  |              |                            | <b>Facility Address</b>                   |                  | <b>Phone Num</b>   |                       |
| Lyle School/Robert Allen  |  |              |                            | 625 Keasey Ave Lyle WA 98635              |                  | 509-250-1634   |                       |
| Lyle School/Jen Machado   |  |              |                            | 625 Keasey Ave Lyle WA 98635              |                  | 509-310-9702   |                       |
| Fire Camp phone   |  |              |                            |   |                  | 360-259-2495   |                       |
| <b>3. Contact List</b>  |  |              |                            |   |                  |  |                       |
| <b>Section &amp; Position</b>                                       |  | <b>STATE</b> | <b>F<br/>E<br/>M<br/>A</b> | <b>O<br/>F<br/>A</b>                      | <b>Name</b>      | <b>Email</b>   | <b>Cell Phone No.</b> |
| <b>Command Staff</b>  |  |              |                            |   |                  |  |                       |
| IMO IC  |  | X            |                            |   | Leonard Johnson  |  | 360-581-9672          |
| IMO Liaison Officer   |  | X            |                            |   |                  |  |                       |
| IMO PIO   |  | X            |                            |   | Ben Shearer      |  | 509-492-1461          |
| IMO Safety Officer  |  | X            |                            |   | Don Fortier      | <a href="mailto:Dfortier3001@gmail.com">Dfortier3001@gmail.com</a> | 509-797-5007          |
| <b>Operations Section</b>   |  |              |                            |   |                  |  |                       |
| IMO Operations Chief  |  | X            |                            |   | Wes Long         | chief@kcf3.com   | 360-281-9585          |
| IMO Dep. Operations   |  | X            |                            |   |                  |  |                       |
| IMO Night Division Supervisor                                       |  | X            |                            |   | Victor Leatzow   |  | 360-957-1158          |
| IMO Alpha Division Supervisor                                       |  | X            |                            |   | Paul Kimball     |  | 509-863-5133          |
| IMO Zulu Division Supervisor  |  | X            |                            |   | Aaron Bibe       |  | 509-591-8620          |
| <b>Planning Section</b>   |  |              |                            |   |                  |  |                       |
| IMO Planning Chief  |  | X            |                            |   | Ryan Scharnhorst | ryan.scharnhorst@pullman-wa.gov                                    | 509-432-1016          |
| IMO Resource Unit Leader  |  | X            |                            |   | Brian Dodge      | bdodge@pugetsoundfire.org  | 360-870-6700          |
| <b>Finance/Admin Section</b>  |  |              |                            |   |                  |  |                       |
| IMO Finance Section Chief   |  | X            |                            |   | Robert Thompson  | Bt99353@gmail.com  | 509-531-4842          |
| IMO Personnel Time Recorder   |  | X            |                            |   | Lisa Egtvedt     | Lisa.egevedt@dnr.wa.gov  | 360-333-5769          |
|   |  | X            |                            |   |                  |  |                       |
| <b>Logistics Section</b>  |  |              |                            |   |                  |  |                       |
| IMO Logistics Chief   |  | X            |                            |   | Josh Ambrose     | j.ambrose@ghfd2.net  | 360-310-0401          |
| IMO Deputy Logistics Chief  |  | X            |                            |   |                  |  |                       |
| IMO Ordering Manager  |  | X            |                            |   |                  |  |                       |
|   |  | X            |                            |   |                  |  |                       |
| <b>4. Prepared by</b><br>Jennifer Norton SCKN (t) 7-14-21           |  |              |                            | <b>Date</b>                               |                  | <b>5. Reviewed by</b>  |                       |
|   |  |              |                            |   |                  | <b>Date</b>  |                       |

## Finance

***“Employees are paid for actual hours worked, with no guarantee of a maximum shift length, unless otherwise specified in a formal, authorized agreement.”***

**–Interagency Incident Business Management Handbook, Chapter 10**

### **\*\*\*MORNING\*\*\***

- ✓ Only those invited to the PRE-BRIEFING Operations meeting may record time before the official briefing start time.
- ✓ Contract crews and equipment will start time according to terms of their contract.
- ✓ Hourly apparatus time starts upon leaving camp.
- ✓ Exception time recorded will be justified on the CTR/Shift Ticket.
- ✓ Line Resources must show a 30-minute break OR justified on the CTR.
- ✓ Mobilization resources assigned to the line should record 1/2 hour paid lunch in the comment section of their CTR

### **\*\*\*END OF SHIFT \*\*\***

- All Contract Crew time stops when they return to camp.
- Hourly apparatus time stops when they enter camp.
- All other personnel are allowed a reasonable time to do vehicle and tool maintenance, generally no more than 30 minutes.

### **\*\*\*OVER 16 HOUR SHIFT\*\*\***

- Shifts over 16 hours must be signed by the IC prior to submission to Finance.
- There must be a justification and a mitigation plan stated on the CTR

**Please turn in Equipment Shift Tickets and CTR's daily**

**Have a safe shift, stay hydrated**

# 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!

# Klickitat County Map

Customize a Subtitle Here



## Legend

County Boundary

Towns (Points)

City Limits

Roads

- City
- County
- Other Govt
- Private
- State

Parcels



100 ft



Created by Klickitat County. Klickitat County provides no warranty, expressed or implied, as to the accuracy, reliability or completeness of this data.

|   |                                      |   |   |
|---|--------------------------------------|---|---|
| <b>UNIT LOG</b>                           | <b>1. Incident Name</b><br>Lyle Hill | <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><br>7/13/2021 0600-1800 |
| <b>7. Personnel Roster Assigned</b>       |                                      |   |   |
| <b>Name</b>                               | <b>ICS Position</b>                  | <b>Home Base</b>                          |   |
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| <b>8. Activity Log</b>                    |                                      |   |   |
| <b>Time</b>                               | <b>Major Events</b>                  |   |   |
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| <b>9. Prepared by (Name and Position)</b> |                                      |   |   |

# 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"/> <b>RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b><br><i>Ex: Unconscious, difficulty breathing, bleeding severely, 2<sup>o</sup> - 3<sup>o</sup> burns more than 4 palm sizes, heat stroke, disoriented.</i><br><input type="checkbox"/> <b>YELLOW / PRIORITY 2 Serious injury or illness. Evacuation may be DELAYED if necessary.</b><br><i>Ex: Significant trauma, unable to walk, 2<sup>o</sup> - 3<sup>o</sup> burns not more than 1-3 palm sizes.</i><br><input type="checkbox"/> <b>GREEN / PRIORITY 3 Minor injury or illness. Non-Emergency transport</b><br><i>Ex: Sprains, strains, minor heat-related illness.</i> |  |
| Nature of Injury or Illness & Mechanism of Injury |  | Brief Summary of Injury or Illness<br><i>(Ex: Unconscious, Struck by Falling Tree)</i> |
| Transport Request                                 |  | Air Ambulance / Short Haul/Hoist<br>Ground Ambulance / Other                           |
| Patient Location                                  |  | Descriptive Location & Lat. / Long. (WGS84)  |
| Incident Name                                     |  | Geographic Name + "Medical"<br><i>(Ex: Trout Meadow Medical)</i>                       |
| On-Scene Incident Commander                       |  | Name of on-scene IC of Incident within an Incident<br><i>(Ex: TFLD Jones)</i>          |
| Patient Care                                      |  | Name of Care Provider<br><i>(Ex: EMT Smith)</i>  |

**3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)**

Patient Assessment: See IRPG page 106

Treatment:

**4. TRANSPORT PLAN:**

Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

**5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:**

*Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication*

**6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable**

| Function    | Channel Name/Number | Receive (RX) | Tone/NAC * | Transmit (TX) | Tone/NAC * |
|-------------|---------------------|--------------|------------|---------------|------------|
| COMMAND     |                     |              |            |               |            |
| AIR-TO-GRND |                     |              |            |               |            |
| TACTICAL    |                     |              |            |               |            |

**7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.**

**8. ADDITIONAL INFORMATION: Updates/Changes, etc.**

**REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.**