

INCIDENT ACTION PLAN

MOE CANYON

WA-SES-000445



Weekly

8/11/2021 0700

to

8/18/2021 1800



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">Moe Canyon</p>	2. Operational Period:	Date From: 8/11/2021 Time From: 0700	Date To: 8/18/2021 Time To: 1800
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3. Objective(s):

Management Objectives

- Provide for emergency personnel and public safety at all times.
- Ensure COVID-19 precautions and best practices are met at all times.
- Protect property, improvements, and infrastructure.
- Ensure coordinated, timely and accurate release of public information.
- Foster and maintain relationships with all cooperators and stakeholders.
- Protect economic, natural, cultural and heritage resources.
- Maintain fiscal accountability and keep costs commensurate with values at risk.

Control Objectives

- Keep the fire within the existing perimeter.
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General Situational Awareness:

Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history and drought stressed trees.

In the COVID-19 environment, high density populations or large groups are particularly at risk. To help protect yourself, your family and to ensure all employees return home safely, make sure to practice social distancing.

Enhanced hygiene (especially handwashing), PPE & monitoring practices help limit the infection rate of first responders.

5. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> ICS 203 | <input checked="" type="checkbox"/> ICS 215A | <input type="checkbox"/> ICS 205 A | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 220 | <input type="checkbox"/> Training Message | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> ICS 205 | <input type="checkbox"/> Facility Maps | <input type="checkbox"/> Travel Map | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> ICS 206 | <input checked="" type="checkbox"/> Weather Forecast | <input type="checkbox"/> Demob Plan | <input type="checkbox"/> County Health Message |
| <input checked="" type="checkbox"/> ICS 208 | <input type="checkbox"/> Fire Behavior | <input type="checkbox"/> Finance Message | <input checked="" type="checkbox"/> ICS 214 |

7. Prepared By: _____ Position/Title: PSC Signature: _____

8. Approved by Incident Commander: _____ Position/Title: Gale(t), Stigall(A) Signature: _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Moe Canyon		2. Operational Period: Date From: 8/11/2021 Time From: 0700		Date To: 8/18/2021 Time To: 1800	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Gale(t), Stigall(A)	Operations			
Deputy		Deputy Operations			
Safety Officer		Night Ops			
Information Officer		Staging Area	DP 3		
Liaison Officer		Branch	I		
4. Agency/Organization Representatives:		Division/Group	Patrol and Mopup		
Agency/Organization	Name	Division/Group			
		Division/Group	C		
		Division/Group			
		Division/Group			
		Branch	II		
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch	III		
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch	IV		
		Division/Group			
5. Planning Section:		Division/Group			
Chief		Division/Group			
Deputy		Division/Group			
Resource Unit		Division/Group			
Situation Unit		Branch	V		
Documentation Unit		Division/Group			
Demobilization Unit		Division/Group			
GISS		Division/Group			
FBAN		Division/Group			
IMET		Division/Group			
Training Tech Spec		Air Operations Branch		Director:	
		Air Support Group Supervisor			
		Air Tactical Group Supervisor			
6. Logistics Section		Helibase Manager			
Chief					
Supply Unit		8. Finance/Administration Section:			
Facilities Unit		Chief			
Ground Support Unit		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
		Cost Unit			
Prepared By: Name:		Position/Title: PSC	Signature: _____		
ICS 203		Date/Time: 8/10/2021 2300 hours			

Weather Forecast 08/11/21

Wednesday

Widespread haze. Sunny and hot, with a high near 100. Calm wind becoming southeast around 5 mph in the afternoon.

Wednesday Night

Widespread haze. Mostly clear, with a low around 72.

Thursday

Widespread haze. Sunny and hot, with a high near 101.

Thursday Night

Widespread haze. Mostly clear, with a low around 72.

Friday

Widespread haze. Sunny and hot, with a high near 103.

Friday Night

Widespread haze. Mostly clear, with a low around 73.

Saturday

Widespread haze. Sunny and hot, with a high near 102.

Saturday Night

Widespread haze. Mostly clear, with a low around 71.

Sunday

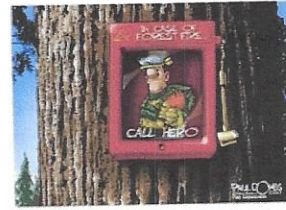
Widespread haze. Sunny, with a high near 95

Expect a cool morning across the Inland Northwest. High pressure will build back over the region with drier and warmer weather early this week. Locally breezy north winds are possible by mid week which may increase the [haze](#) and [smoke](#) from area fires. The main story will be the extreme heat that returns by Thursday and lasts through the weekend.

You will need to pull another weather forecast to show weather predictions past Sunday.



Moe Canyon Safety Message August 11-18, 2021



Hazard Trees - Snags and fire-weakened green trees will continue to present a hazard on the incident. Factors to consider when assessing for hazard trees:

- Trees have been burning for an extended period
- High risk tree species (rot and shallow root system)
- Dead or broken tops and limbs overhead
- Accumulation of down limbs
- Leaning or hung-up trees

To mitigate hazard trees:

- Identify kill zone and inform others. (Flag, describe or post lookouts to keep others out).
- Consider wind and weather. Any increase in wind or change in wind direction means danger, stay alert!
- Remain alert to noise or movement - it could signal immediate danger. Face your danger to decide escape.

The basic mitigation to remember - Look Up, Look Down, Look Around

Driving - Lights and seat belts on anytime the vehicle is moving, walk around the vehicle before backing, ask someone to be a back up guide if available, keep speeds down and drive defensively.

There will be a **HEAVY** traffic loading on SR 97A!!! Use extra caution when driving.....

Ensure LCES is in place for all operations - Don't assume they are. Daily briefings and confirmation are essential and required.

Limit your exposure time when traveling!!!

Always take care of people who are trying to make you look good and make it as easy as possible for them to do so!

"We are born with two ends. One to sit on and one to think with. Success depends on which one you use; heads you win... tails you lose." Anonymous

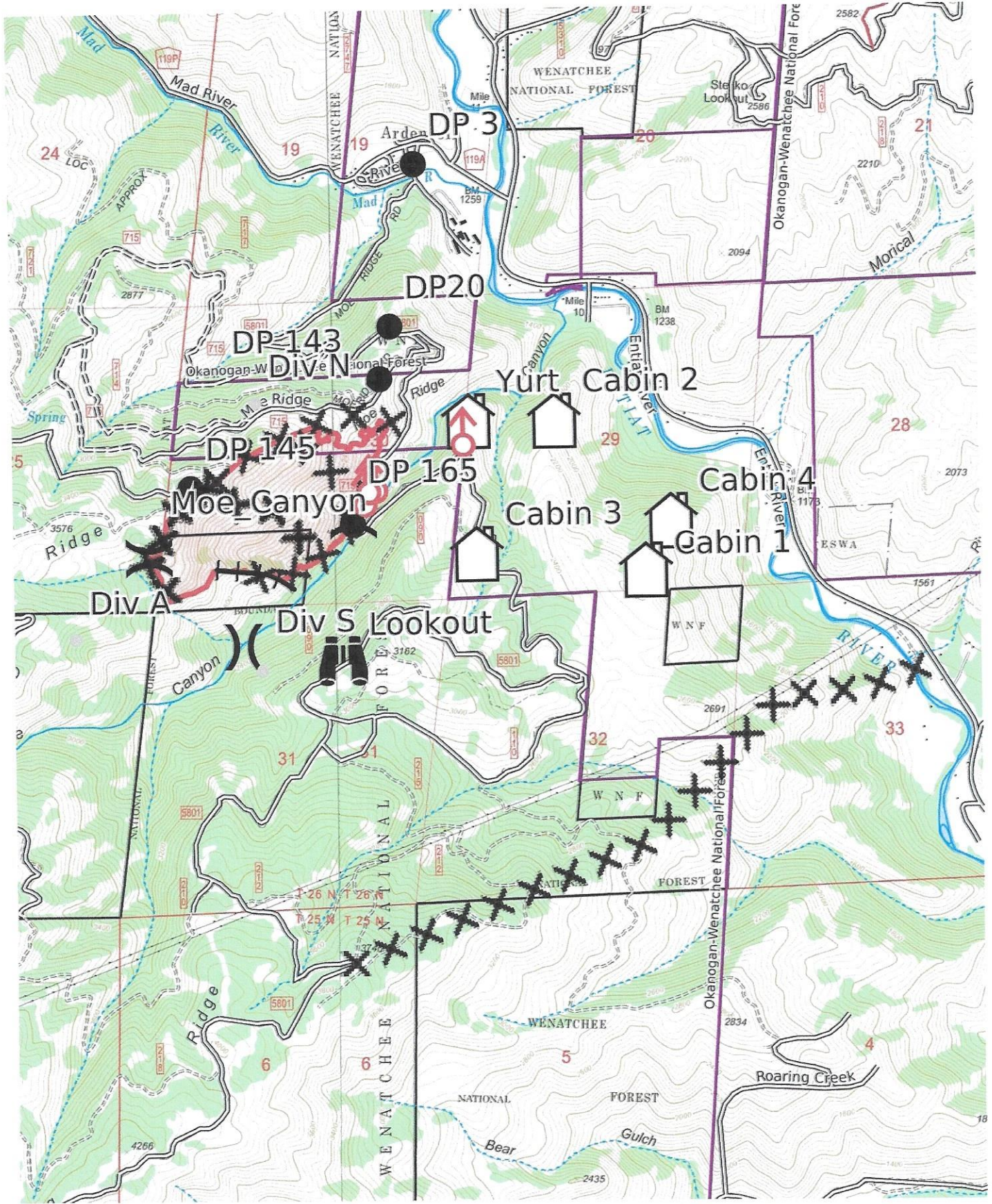
INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

Controlled Unclassified Information//Basic

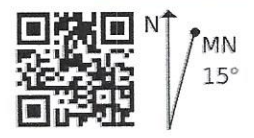
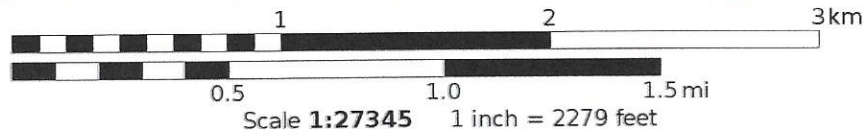
1. Incident Name: MOE CANYON		2. Date/Time Prepared: Date: 08/05/2021 Time: 1932	
3. Operational Period:		Date/Time From: 08/06/2021 0600	Date/Time To: 08/07/2021 0600
		FRI	SAT

4. Basic Radio Channel Use:											
Zone Group	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode (A, D, or M)	Remarks	
	1	COMMAND	BADGER		173.0500	146.2	164.9125	127.3			
	2	TACTICAL	SLIDE		173.0500	146.2	164.9125	141.3			
	3	TACTICAL	WEN PROJ		168.6750		168.6750				
	4	AIR TO GROUND	A/G 40		167.4500		167.4500				
	5	COMMAND	TYEE		173.0500	146.2	164.9125	110.9			
	6	TACTICAL	DUNCAN		173.0500	146.2	164.9125	146.2			
	7	TACTICAL	BURCH		171.5000	146.2	166.3000	118.8			
	8	TACTICAL	ALPINE		171.5000	146.2	166.3000	156.7			
	9	TACTICAL	FS TAC		168.2000		168.2000				
	10	TACTICAL	WEN TAC		167.5500		167.5500				
	11	TACTICAL	DNRBADGR		159.4425	127.3	151.2125	127.3			
	12	TACTICAL	DNRCHELN		159.2250	156.7	151.4750	156.7			
	13	TACTICAL	DNR COM		151.4150	103.5	151.4150	103.5			
	14	AIR TO GROUND	DNR A/G1		159.2700	103.5	159.2700	103.5			
	15	TACTICAL	CO KEYST		154.4300	110.9	153.8900	131.8			
	16	TACTICAL	CO GOLD		154.2200	107.2	154.2200	107.2			

5. Special Instructions:	
6. Prepared By (Communications Unit Leader)	Signature:
ICS 205	Date/Time: 08/05/2021 1932



Moe Canyon
 WGS84
 USNG 10TFT-10TGT
 CALTOPO



Medical Plan (ICS 206)	1. Incident Name	2. Operational Period:	Date From/To:			
			Time From/To:			
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			
Ballard Ambulance	1028 N Wenatchee, Wenatchee, WA	911/509.663.6513	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
Lifeline Ambulance - Station1	501 N Wenatchee, Wenatchee, WA	911/509.663.8091	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
Lifeline Ambulance - Station2	230 Grant Rd, East Wenatchee, WA	911/509.663.8091	<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			
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
Confluence Health Hospital	1201 S Miller St, Wenatchee, WA N47 24.42 W120 19.26	509.662.1511		<input checked="" type="checkbox"/> Yes Level: 2,3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Confluence Health Center	820 N Chelan Ave, Wenatchee, WA	509.663.8711		<input type="checkbox"/> Yes Level: ___	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lake Chelan Comm Hosp	503 E Highland Ave, Chelan, WA	509.682.3300		<input checked="" type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cascade Med Cntr	817 Commercial St, Leavenworth, WA	509.548.5815		<input checked="" type="checkbox"/> Yes Level: 5	<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 "9-line" procedure on pages 108-109 in the 2014 IRPG. 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>						
7. Prepared by (Medical Unit Leader):			Name:	Signature:		
8. Approved by (Safety Officer):			Name:	Signature:		

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following items to communicate situation to communications/dispatch.

1. **CONTACT COMMUNICATIONS / DISPATCH** (Verify correct frequency prior to starting report)
Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."
2. **INCIDENT STATUS:** Provide incident summary (including number of patients) and command structure.
Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

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

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.