

# INCIDENT ACTION PLAN

## ROOSTER COMB

WA-WFS-219  
N883

Monday



### OPERATIONAL PERIOD

8/30/2021 0600  
to  
8/31/2021 0600



# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> <p style="text-align: center;"><b>Rooster Comb</b></p>	<b>2. Operational Period:</b>	Date From: 8/30/2021 Time From: 0600	Date To: 8/31/2021 Time To: 0600
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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**
- Provide for structure Protection near the fire line.
  - Keep the fire South of Circle Street
  - Keep the fire East of Pitcher Canyon Rd
  - Keep the fire North/West of Methow Rd

**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 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 checked="" type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

**7. Prepared By:** David Winter      Position/Title: PSC      Signature: \_\_\_\_\_

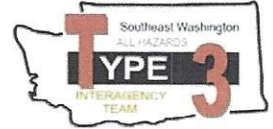
**8. Approved by Incident Commander:** Chris Hutsell      Signature: \_\_\_\_\_

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> Rooster Comb		<b>2. Operational Period: Date From:</b> 8/30/2021		<b>Date To:</b> 8/31/2021	
		<b>Time From:</b> 0600		<b>Time To:</b> 0600	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operation Section:</b>		
IC/UC's	Chris Hutsell, Tom Hayes (t)		Operations	Tom Hatley	
Deputy			Deputy Operations		
Safety Officer			Night Ops		
Information Officer	Kaye McKeller		Staging Area		
Liaison Officer			<b>Branch</b>	<b>I</b>	
<b>4. Agency/Organization Representatives:</b>			Division/Group	A	Anthony Browning
Agency/Organization	Name		Division/Group	Z	Steve Westlake
Chelan Co FD#1	Brian Brett		Division/Group		
			Division/Group		
			Division/Group		
			<b>Branch</b>	<b>II</b>	
			Division/Group		
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			<b>Branch</b>	<b>III</b>	
			Division/Group		
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			<b>Branch</b>	<b>IV</b>	
			Division/Group		
			Division/Group		
<b>5. Planning Section:</b>			Division/Group		
Chief	David Winter		Division/Group		
Deputy			Division/Group		
Resource Unit			Division/Group		
Situation Unit			<b>Branch</b>	<b>V</b>	
Documentation Unit			Division/Group		
Demobilization Unit			Division/Group		
GISS			Division/Group		
FBAN			Division/Group		
IMET			Division/Group		
Training Tech Spec			<b>Air Operations Branch</b>	<b>Director:</b>	
			Air Support Group Supervisor		
			Air Tactical Group Supervisor		
			Helibase Manager		
<b>6. Logistics Section</b>					
Chief	Devin McCosh				
Supply Unit			<b>8. Finance/Administration Section:</b>		
Facilities Unit			Chief	Esther Hernandez	
Ground Support Unit			Time Unit	John McNutt	
Communications Unit			Procurement Unit		
Medical Unit			Comp/Claims Unit		
			Cost Unit		
<b>Prepared By: Name:</b> David Winter			<b>Position/Title:</b> PSC		<b>Signature:</b> _____
<b>ICS 203</b>			<b>Date/Time:</b> 8/29/2021 2300 hours		<small>NIMS IAP</small>



## Fire Weather Forecast



**FORECAST NO:** 20210830

**NAME OF FIRE:** Rooster Comb

**PREDICTION FOR:** 08/30/2021

**SIGNED:**

**TIME/DATE ISSUED:** 08/30/2021 0200

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### WEATHER DISCUSSION:

Warm and dry weather is expected to continue through Monday. A cold frontal passage will also bring gusty winds on Monday, leading to elevated fire weather conditions! Cooler temperatures return mid-week, though the weather will remain dry.

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### WEATHER FORECAST FOR TODAY:

Sky/weather.....Sunny with smoke and haze.  
CWR.....0 percent.  
LAL.....1.  
Max temperature.....Around 80.  
Min humidity.....Near 18 percent.  
Wind (20 ft).....West winds 10 to 15 mph. Gusts up to 20 mph in the morning increasing to 30 mph in the afternoon.  
Mixing height.....Near the surface in the morning increasing to 7500 ft AGL in the afternoon.  
Transport winds.....West around 15 mph.  
Haines Index.....5 or moderate potential for large plume dominated fire growth.

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### WEATHER FORECAST FOR TONIGHT:

Sky/weather.....Mostly clear with smoke and haze.  
CWR.....0 percent.  
LAL.....1.  
Min temperature.....Around 53.  
Max humidity.....Near 55 percent.  
Wind (20 ft).....West winds 8 to 14 mph with gusts to around 25 mph.  
Mixing height.....3000 ft AGL in the evening decreasing to near the surface overnight.  
Transport winds.....West around 18 mph.  
Haines Index.....4 or low potential for large plume dominated fire growth.

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### OUTLOOK FOR TOMMOROW:

Sky/weather.....Mostly clear with smoke and haze.  
CWR.....0 percent.  
LAL.....1.  
Min temperature.....Around 53.  
Max humidity.....Near 55 percent.  
Wind (20 ft).....West winds 8 to 14 mph with gusts to around 25 mph.  
Mixing height.....3000 ft AGL in the evening decreasing to near the surface overnight.  
Transport winds.....West around 18 mph.  
Haines Index.....4 or low potential for large plume dominated fire growth.

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### EXTENDED FORECAST:

## SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b> Rooster Comb	<b>2. Operational Period:</b>	Date From: 8/30/21 Time From: 0600	Date To: 8/31/21 Time To: 0600
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Steep winding roads are throughout the incident. Slow down when driving on loose gravel and blind curves. Drive defensively with headlights on and use hands free devices.

Working on steep, uneven terrain. Be mindful of rolling materials.

Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.

Maintain situational awareness. Look up, Look down, Look around

Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.

Remain mindful of what is going on around you! LCES!

HEADS UP!!! Lookout for SNAGS when working around areas with burned trees. Evaluate all wind damaged trees with large limbs before working under around them.

Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures, persistent drought, and elevated fire danger rating values.

Avoid abandoned mine shafts.

Review medical plan for medical emergencies.

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<b>5. Prepared By:</b> ICS 208	Position/Title: SOFR Date/Time: 8/29/2021 / 2030	Signature: _____
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## Northwest MAC Group

Northwest Coordination Center  
150 SW Harrison St Suite 400  
Portland OR 97201  
503-808-2720

August 3, 2021

To: Incident Commanders on Pacific Northwest (PNW) IMTs, IMTs working in the Geographic Area, and all PNW Agency Administrators

From: Chuck Turley, PNW MAC Acting Chair on behalf of all PNW MAC Agency Executives

Subject: COVID Mitigation Expectations and Requirements

The frequency of COVID exposure and cases is increasing on our PNW wildfire incidents and within support functions. PNW MAC has reviewed the multiple guidance documents provided by CDC, Wildland Fire Medical and Public Health Advisory Team (MPHAT), and federal, state, and local entities. Beginning immediately our expectation and direction is that all PNW incidents and their support functions will implement and enforce the following:

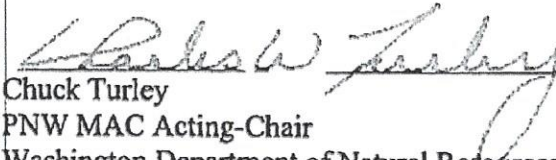
- for all resources assigned to an incident within the PNW, and for our NW IMTs assigned outside the PNW, wear a mask at all times whether inside or outside. Exceptions include working alone, working on the fire line, having a medical exemption, and/or pilots and flight crew during all phases of flights for the following missions: airtanker, smokejumper, ATGS, ASM, point-to-point, HELCO, short-haul, rappel, and aerial ignition,
- highly encourage limiting access to all fire related facilities, and
- highly encourage maximum use of virtual meetings to the extent possible.

The PNW MAC and partner agencies are not authorizing the "Module as One" concept nor any process that would lessen the expectations and requirements set forth in this letter.

This direction applies to all levels of incident operations and all aspects of an incident including but not limited to transportation to/from incidents, ICPs, spike camps, helibases, tanker bases, ground support units, dispatch centers, smokejumper bases, caches, etc.

Thank you for your vigilance of COVID protections.

Respectfully,

  
Chuck Turley  
PNW MAC Acting-Chair  
Washington Department of Natural Resources

8/3/2021  
Date

•Bureau of Land Management  
•U.S. Forest Service  
•U.S. Fish and Wildlife Service  
•National Park Service

•Bureau of Indian Affairs  
•Washington State Fire Marshal  
•Washington State Association of Fire Chiefs  
•Washington State Dept. of Natural Resources

•Oregon Department of Forestry  
•Oregon Fire Chiefs Association  
•Oregon State Fire Marshal







# ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

<b>1. Incident Name:</b> Rooster Comb Incident Channels		<b>2. Date/Time Prepared</b> Date: 08/29/2021 Time: 1930		<b>3. Operational Period:</b> Date To: 08/31/21 Time To: 0600				
<b>4. Communications</b>								
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
1	COMMAND	Birch		171.5000	146.2	166.3000	118.8	
2	TAC	Sliver	Div A	154.3850	107.2	154.3850	107.2	Simplex
3	TAC	Blue	Div Z	154.1600	107.2	154.1600	107.2	Simplex
4	A/G	DNR A/G		159.2700	103.5	159.2700	103.5	Simplex
5	TAC	Black	Additional Tac	154.3400	151.4	154.3400	151.4	Simplex
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<b>5. Special Instructions</b>								

# State Mobilization Resources Crew Time Reports

CTR Showing Muster, Travel & Check-in Only

CTR Showing Muster, Travel, Check-in & Initial Assmt

CREW TIME REPORT									
(1) CREW NAME <i>Central Region Strike Team # 2</i>				(2) CREW MEMBER <i>2705</i>					
(3) OFFICE RESPONSIBLE FOR FIRE			(4) FIRE NAME <i>Rook Candy Mountain Fire</i>			(5) FIRE NUMBER			
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE <i>7/2/14</i>		(10) DATE				
			Military Time		Military Time				
			ON	OFF	ON	OFF			
<i>M</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>13:00</i>	<i>15:00</i>					
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓					
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓					
<i>T</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>15:00</i>	<i>19:30</i>					
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓					
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓					
<i>C</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>19:30</i>	<i>20:00</i>					
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓					
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓					
(11) REMARKS									
<i>Master &amp; Travel to Rook Candy Mountain Fire</i>									
<i>C-Check-in</i>									
(12) OFFICER-IN-CHARGE (Signature)					(13) TITLE (Officer-in-Charge)				
(14) NAME (Person Posting to Emergency Time Report)					(15) DATE				

CREW TIME REPORT									
(1) CREW NAME <i>Central Region Strike Team # 2</i>				(2) CREW MEMBER <i>2705</i>					
(3) OFFICE RESPONSIBLE FOR FIRE			(4) FIRE NAME <i>Rook Candy Mountain Fire</i>			(5) FIRE NUMBER			
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE <i>7/2/14</i>		(10) DATE <i>7/3/14</i>				
			Military Time		Military Time				
			ON	OFF	ON	OFF			
<i>M/T</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>13:00</i>	<i>19:30</i>					
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓					
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓					
<i>C</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>19:30</i>	<i>20:00</i>					
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓					
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓					
<i>B</i>	<i>Steve Jones</i>	<i>ENGB</i>					<i>06:00</i>	<i>06:30</i>	
	<i>Robert Smith</i>	<i>FF1</i>					↓	↓	
	<i>Jon Blackwell</i>	<i>FF1</i>					↓	↓	
<i>1</i>	<i>Steve Jones</i>	<i>ENGB</i>					<i>06:30</i>	<i>18:30</i>	
	<i>Robert Smith</i>	<i>FF1</i>					↓	↓	
	<i>Jon Blackwell</i>	<i>FF1</i>					↓	↓	
(11) REMARKS									
<i>M/T Travel to Rook Candy Mountain Fire</i>									
<i>C Check-in</i>									
<i>B Briefing / RP Rig Prep</i>									
<i>1) Assigned to Division B - Structure Protection</i>									
<i>1/2 Hr Compensable Lunch</i>									
(12) OFFICER-IN-CHARGE (Signature)					(13) TITLE (Officer-in-Charge)				
(14) NAME (Person Posting to Emergency Time Report)					(15) DATE				

**Please Note:**

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

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

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

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

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

# STATE MOBE RESOURCES

## Emergency Equipment Shift Ticket

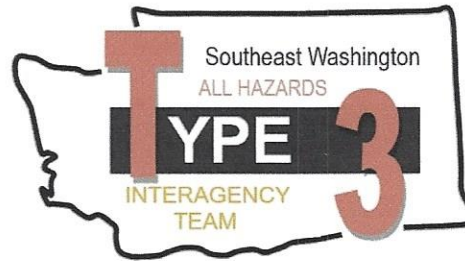
EMERGENCY EQUIPMENT SHIFT TICKET				Resource Order # <b>2105</b>	
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.					
1. AGREEMENT NUMBER			2. CONTRACTOR (name) <b>Tharston # 25</b>		
3. INCIDENT OR PROJECT NAME <b>Canyon Creek</b>		4. INCIDENT NUMBER <b>WA-WFS-805</b>		5. OPERATOR (name) <b>Steve Jones</b>	
6. EQUIPMENT MAKE <b>Ford</b>		7. EQUIPMENT MODEL <b>F450</b>		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER <b>B-251</b>		10. LICENSE NUMBER <b>34545C</b>		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR <b>7/2/14</b>	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) START      STOP      WORK      SPECIAL <b>06:30      20:00      13.5      Div B</b>		14. REMARKS (released, down time and cause, problems, etc.) <b>Type 6 Engine</b>		
			15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor		
			16. INVOICE POSTED BY (Recorder's initials)		
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <b>Steve Jones</b>			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED
NSN 7540-01-119-5628 50297-102				OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI	

Indicate type of engine or tender.

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

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

# 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:

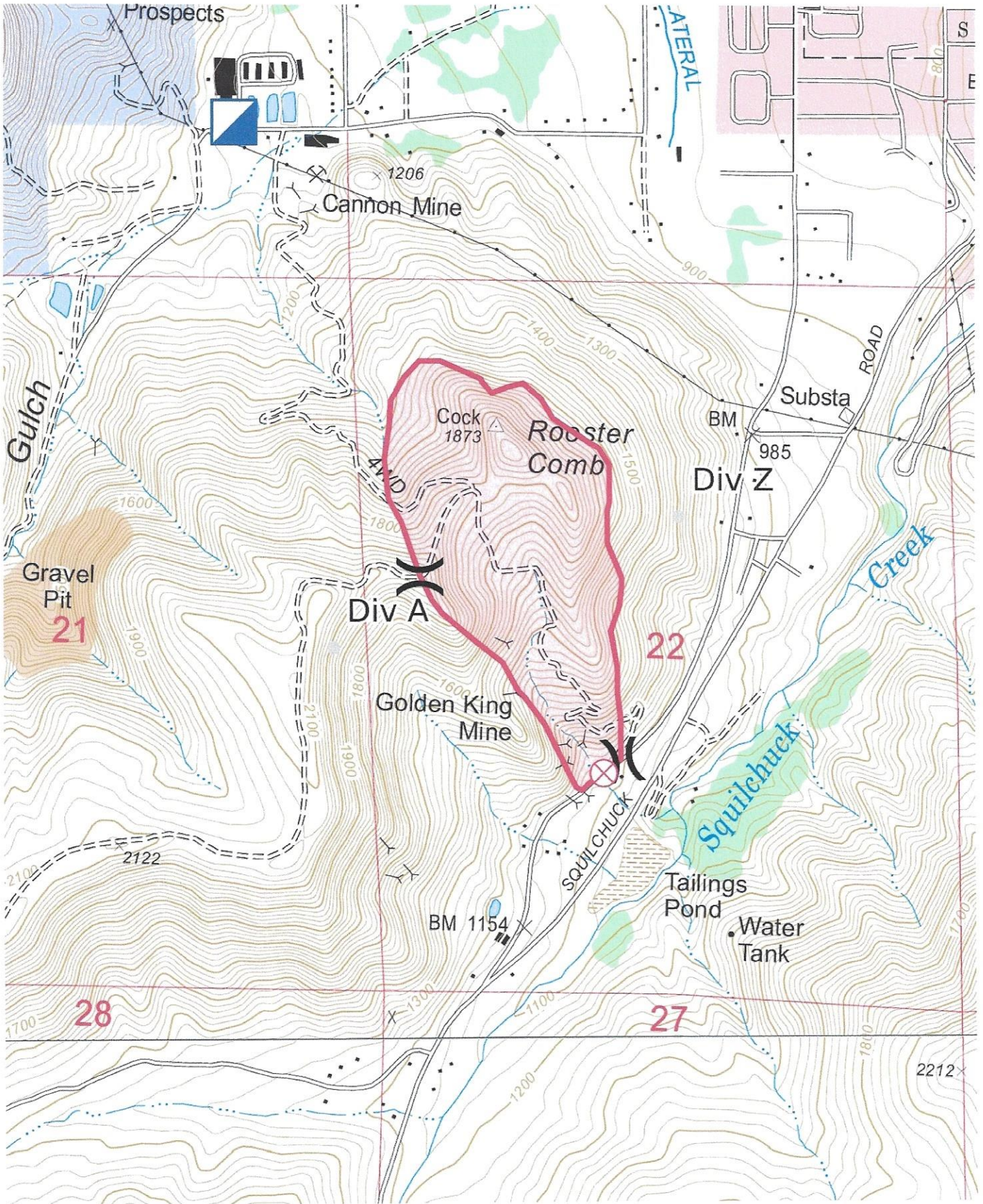
- 🔧 Work in an environment characterized by safe work practices.
- 🔧 Work in a fair and harassment free environment.
- 🔧 Say "No" to unwelcome advances or requests for favors.
- 🔧 File complaints or grievances through appropriate avenues.

There is zero tolerance for inappropriate behavior while assigned to the incident, including:

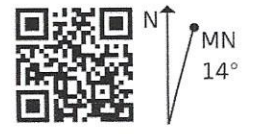
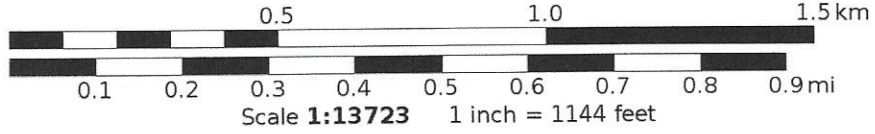
- 🔧 Illegal drug use
- 🔧 Alcohol use
- 🔧 Unsafe work practices and activities
- 🔧 Discrimination
- 🔧 Sexual harassment
- 🔧 Fighting, threatening, and abusive behaviors
- 🔧 Using social media and electronic communication devices for personal business while engaged in fire assignment duties.
- 🔧 Other 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!



Rooster Comb  
 WGS84  
 USNG Zone 10TGT  
 CALTOPO





<b>Medical Plan</b> (ICS 206)	<b>1. Incident Name</b>	<b>2. Operational Period:</b>	Date From/To:			
			Time From/To:			
<b>3. Medical Aid Stations:</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Paramedics on Site?</b>			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4. Transportation (indicate air or ground):</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Level of Service</b>			
Ballard Ambulance	1028 N Wenatchee, Wenatchee, WA	911/509.663.6513	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
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			
<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>Trama 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
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
<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 "8-line" procedure in the 2019 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>						
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.						
<b>7. Prepared by (Medical Unit Leader):</b>			Name:	Signature:		
<b>8. Approved by (Safety Officer):</b>			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"/> <b>RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b> <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> <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<sup>o</sup> - 3<sup>o</sup> 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		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, 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.