

INCIDENT ACTION PLAN STEPTOE CANYON

WA-WFS-211

PNN6KC



Remember – Only you can
PREVENT THE MADNESS!

NIGHT SHIFT

7/22/2021 2000

to

7/23/2021 0600



Thursday

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Steptoe Canyon	2. Operational Period:	Date From: 7/22/2021 Time From: 0600	Date To: 7/23/2021 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**
- Keep the fire North of Steptoe Canyon Rd and away from structures along the road.
 - Keep the fire South of the dozer / handline.
 - Keep the fire East of the Snake River.
 - Keep the fire West of Steptoe Canyon 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 checked="" 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 checked="" 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: David Winter Position/Title: PSC Signature:

8. Approved by Incident Commander: Walter Escobar Signature:

SAFETY MESSAGE

Incident: Steptoe Canyon

Date: July 22-23, 2021 1800-1800

➤ Major Hazards and Risks:

**Rattlesnakes
Dehydration
of Spread**

**Roads
Traffic/public
Accountability/Communication**

**Steep Ground
Dry**

**Bees
Conditions/Fast Rate**

□ Narrative:

Practice your defensive driving skills. Keep your speed down, lights on, seat belts on, and give the other person the right of way. Wash your windows and lights routinely and keep vehicle interiors free of trash and litter.

Communications: Ensure communications are in place and all personnel know frequencies. Ensure all personnel have received instructions and they are understood. Ensure all personnel know operational assignments and emergency procedures.

Steep and rocky terrain make foot travel hazardous.

Be informed of current and expected fire behavior and weather conditions.!

Do not think that you are communicating, just because you are talking!

Dehydration

Maintain an adequate fluid intake to prevent dehydration.

---Watch Out Situation ---

...Expect the



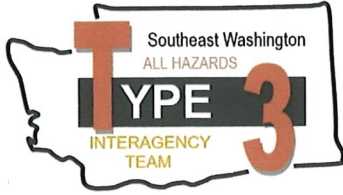
11. UNBURNED FUEL BETWEEN YOU AND
THE FIRE

...UNEXPECTED!!

“Safe Driving Habits”

(a ‘Get Out of Jail Free’ card to health and long life)

- Yield a full lane to oncoming vehicles
- Be prepared to stop in less than half the distance you can see on blind corners and the ridge crests
- Keep your speed down!
Do not force loaded vehicles onto the fill slope



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 Operations meeting may record time before the morning briefing starting 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.
- Crew/Single Resource 30 minute lunches will be shown OR justified on the 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.

Weather Forecast 7-22-21

DISCUSSION...

Breezy northwest winds and very dry today. Winds will decrease Thursday evening, but then pick up again late Friday morning and Friday afternoon. This diurnal wind variation of breezy northwest winds and then relaxing in the evening is expected through the weekend. Relative humidity recoveries will be poor through the weekend as well. Temperatures will warm back up above normal for the weekend reaching near 100 by Sunday.

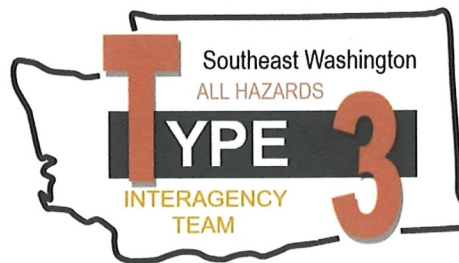
TODAY...

Sky/weather.....Sunny. Haze in the afternoon.
CWR.....0 percent.
LAL.....1.
Max temperature.....85.
Min humidity.....14 percent.
Wind (20 ft).....Northwest winds 6 to 10 mph with gusts up to 18 mph.
Mixing height.....1000 ft AGL in the morning increasing to 6500ft AGL in the afternoon.
Transport winds.....West-Northwest around 9 mph.
Haines Index.....5 or moderate potential for large plume dominated fire growth.

TONIGHT...

Sky/weather.....Mostly clear. Haze through the night.
CWR.....0 percent.
LAL.....1.
Min temperature.....62.
Max humidity.....39 percent.
Wind (20 ft).....Northwest winds 6 to 10 mph decreasing to 3 to 6 mph after 2100 PDT. Gusts up to 18 mph in the evening.
Mixing height.....4000 ft AGL in the evening decreasing to near the surface overnight.
Transport winds.....West around 6 mph.
Haines Index.....4 or low potential for large plume dominated fire growth.

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:

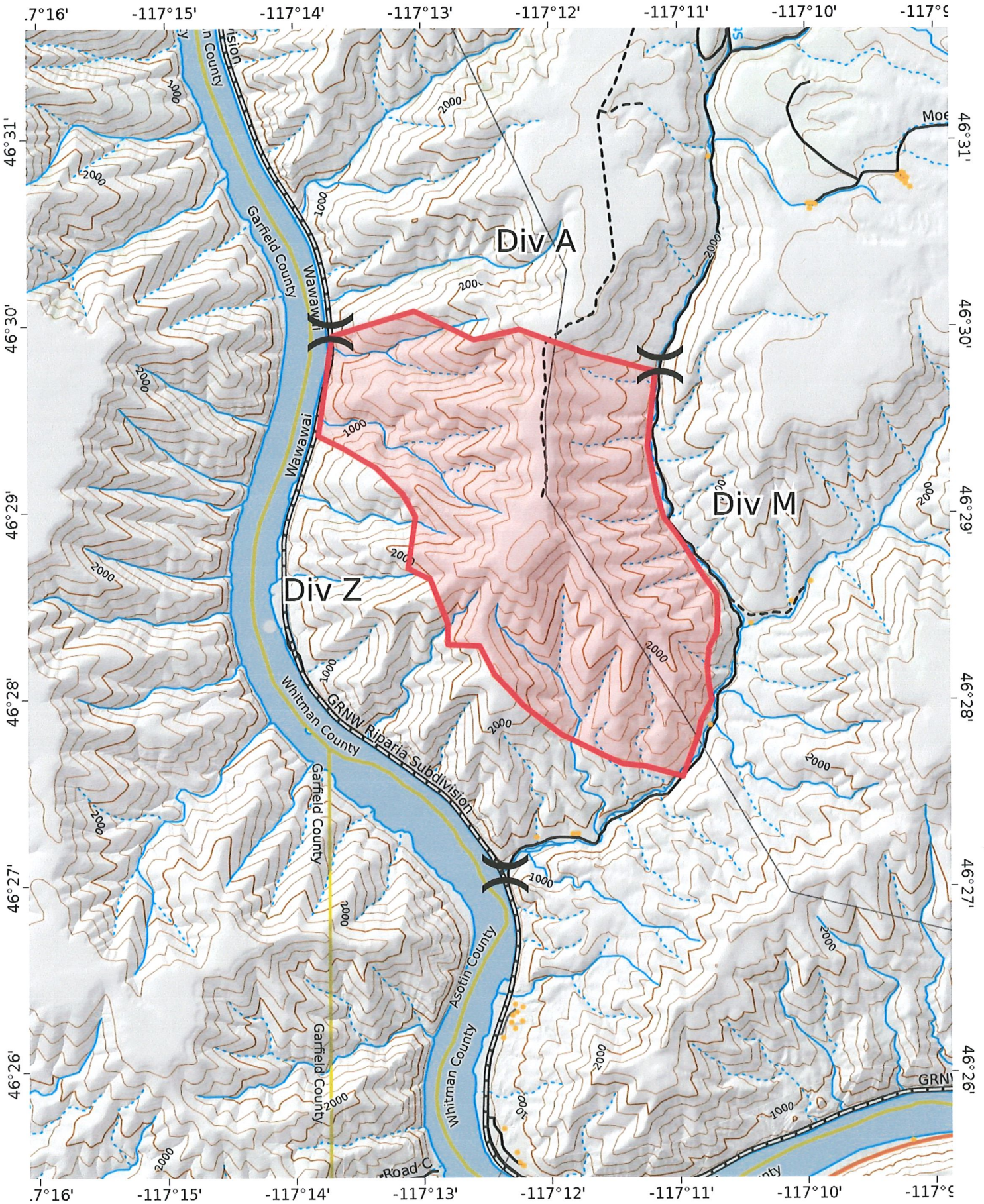
- ☞ Work in an environment characterized by safe work practices.
- ☞ Work in a fair and harassment free environment.
- ☞ Say "No" to unwelcome advances or requests for favors.
- ☞ File complaints or grievances through appropriate avenues.

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

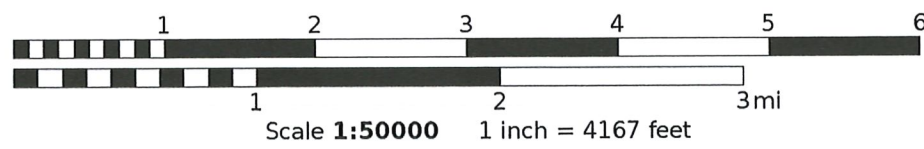
- ☞ Illegal drug use
- ☞ Alcohol use
- ☞ Unsafe work practices and activities
- ☞ Discrimination
- ☞ Sexual harassment
- ☞ Fighting, threatening, and abusive behaviors
- ☞ Using social media and electronic communication devices for personal business while engaged in fire assignment duties.
- ☞ Other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



Steptoe Canyon
 WGS84
 USNG Zone 11TMM
 C.A.L.T.O.P.O.



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			
Pullman Fire	Pullman, WA	Whitcom 509.332.2521	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS			
Colfax Ambulance	Colfax, WA	Whitcom 509.332.2521	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS			
Lifeflight Network (Air)	Several locations in Eastern WA	800.232.0911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input 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
Pullman Regional Hosp	825 SE Bishop Blvd, Pullman, WA	509.336.7380 ER		<input checked="" type="checkbox"/> Yes Level: 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gritman Medical Ctr	700 S. Main St., Moscow, ID	208.883.6276 ER		<input checked="" type="checkbox"/> Yes Level: 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
St Joseph Regional Med Ctr	415 6th St, Lewiston, ID N46 25.00 W117 1.46	208.799.5799 ER		<input checked="" type="checkbox"/> Yes Level: 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tri State Hospital	1221 Highland Ave, Clarkston N46 24.16 W117 3.29	509.758.4665 ER		<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
Whitman Community Hosp	1200 W. Fairview St., Colfax, WA	509.397.3435		<input checked="" type="checkbox"/> Yes Level: <u>4</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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: <u>1</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 BMIDC 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 Incident Report

Use items one through nine to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS/DISPATCH

Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)

2. INCIDENT STATUS: Provide incident summary and command structure

Nature of Injury/Illness		Describe the injury (Ex: Broken leg with bleeding)
Incident Name:		Geographic Name + "Medical" (Ex: Trout Meadow Medical)
Incident Commander:		Name of IC
Patient Care:		Name of Care Provider (Ex: EMT Smith)

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report. See page 100 for detailed Patient Assessment.

Number of Patients:	Male/Female	Age:	Weight:
Conscious?	<input type="checkbox"/> YES	<input type="checkbox"/> NO = MEDEVAC!	
Breathing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO = MEDEVAC!	
Mechanism of Injury: <i>What caused the injury?</i>			
Lat./Long. (Datum WGS84) Ex: N 40° 42.45' x W 123° 03.24'			

4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY

SEVERITY	TRANSPORT PRIORITY
<input type="checkbox"/> URGENT-RED Life threatening injury or illness. Ex: Unconscious, difficulty breathing, bleeding severely, 2°-3° burns more than 4 palm sizes, heat stroke, disoriented.	Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE.
<input type="checkbox"/> PRIORITY-YELLOW Serious injury or illness. Ex: Significant trauma, not able to walk, 2°-3° burns not more than 1-2 palm sizes	Ambulance or consider air transport if at remote location. Evacuation may be DELAYED.
<input type="checkbox"/> ROUTINE-GREEN Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness	Non-Emergency. Evacuation considered Routine of Convenience.

5. TRANSPORT PLAN:

Air Transport: (Agency Aircraft Preferred)	
<input type="checkbox"/> Helispot	<input type="checkbox"/> Short-haul/Hoist <input type="checkbox"/> Life Flight <input type="checkbox"/> Other
Ground Transport:	
<input type="checkbox"/> Self-Extract	<input type="checkbox"/> Carry-Out <input type="checkbox"/> Ambulance <input type="checkbox"/> Other

6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:

<input type="checkbox"/> Paramedic/EMT(s)	<input type="checkbox"/> Crew(s)	<input type="checkbox"/> SKED/Backboard C-Collar
<input type="checkbox"/> Burn Sheet(s)	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Trauma Bag
<input type="checkbox"/> Medication(s)	<input type="checkbox"/> IV/Fluid(s)	<input type="checkbox"/> Cardiac Monitor/AED
<input type="checkbox"/> Other (e.g., splints, rope rescue, wheeled litter)		

7. COMMUNICATIONS:

Function	Channel Name/Number	Receive (Rx)	Tone/ NAC*	Transmit (Tx)	Tone/ NAC*
<i>Ex: Command</i>	<i>Forest Rpt, Ch. 2</i>	<i>168.3250</i>	<i>110.9</i>	<i>171.4325</i>	<i>110.9</i>
COMMAND					
AIR-TO-GRND					
TACTICAL					

*(NAC for digital radio system)

8. EVACUATION LOCATION:

Lat./Long. (Datum WGS84) <i>EX: N 40° 42.45' x W 123° 03.24'</i>
Patient's ETA to Evacuation Location:
Helispot/Extraction Size and Hazards

9. CONTINGENCY:

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

REMEMBER:

- Confirm ETAs of resources ordered.
- Act according to your level of training.
- Be Alert. Keep Calm. Think Clearly. Act Decisively.