

# INCIDENT ACTION PLAN STEPTOE CANYON

WA-WFS-211

PNN6KC



Friday

## DAY SHIFT

7/23/2021 0600

to

7/24/2021 0600





## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> Steptoe Canyon		<b>2. Operational Period: Date From:</b> 7/23/2021 Time From: 0600		<b>Date To:</b> 7/24/2021 <b>Time To:</b> 0600	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operation Section:</b>		
IC/UC's	Walter Escobar	Operations	Ryan Nicholls		
Deputy		Deputy Operations			
Safety Officer	Ryan Cloud, Rich Elliott (t)	Night Ops			
Information Officer	Heather Appelhof,	Staging Area			
		<b>Branch</b>	<b>I</b>		
<b>4. Agency/Organization Representatives:</b>		Division/Group	A	Seth Jones	
Agency/Organization	Name	Division/Group	M	Wes Long/Carson Zapp (T)	
		Division/Group	Z	Brandon Burton	
		Division/Group	Night	TBD	
		Division/Group			
		<b>Branch</b>	<b>II</b>		
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		<b>Branch</b>	<b>III</b>		
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		<b>Branch</b>	<b>IV</b>		
		Division/Group			
<b>5. Planning Section:</b>			Division/Group		
Chief	David Winter	Division/Group			
Deputy	Patrick Reid	Division/Group			
Resource Unit	Bill Box	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>			<b>8. Finance/Administration Section:</b>		
Chief	Daniel Lennon	Chief	Kelli Mansfield		
Supply Unit		Time Unit	Maryam MajDian		
Facilities Unit		Procurement Unit			
Ground Support Unit		Comp/Claims Unit			
Communications Unit		Cost Unit			
Medical Unit		Deputy	Barbara Maier		
Base Manager	Rhetta Cypert				
<b>Prepared By: Name:</b> David Winter		<b>Position/Title:</b> PSC		<b>Signature:</b> _____	
<b>ICS 203</b>		<b>Date/Time:</b> 7/22/2021 2300 hours		<small>NIMS IAP</small>	

## Friday July 23, 2021

### Discussion:

Breezy northwest winds this afternoon will relax overnight, maintaining a northwest direction with speeds closer to 5 to 7 mph, then becoming light and variable for a period overnight. Friday, expect winds to regain breezy conditions by late morning through the afternoon and evening hours with gusts closer to 15 mph to 18 mph out of the northwest. Friday night, again a relaxing gradient will allow winds to become light and out of the south. Skies will be mostly clear of clouds but will maintain haze and smoke from other nearby wildfires. Humidities will see poor recoveries overnight and will bottom out in the teens during the day Friday and Saturday. Temperatures will continue to see a warming trend through the weekend.

Sky/weather.....Sunny. Haze through the day.

CWR.....0 percent.

LAL.....1.

Max temperature.... Around 92.

Min humidity.....14 percent.

Wind (20 ft) .....North winds 3 to 6 mph in the morning shifting to the northwest 6 to 9 mph with gusts to around 16 mph in the afternoon.

Mixing height.....0 ft AGL in the morning increasing to 7500 ft AGL in the afternoon.

Transport winds.... West around 9 mph.

Haines Index.....3 or very low potential for large plume dominated fire growth.

## SAFETY MESSAGE

**Incident: Steptoe Canyon**

**Date: July 22-23, 2021 1800-1800**

➤ Major Hazards and Risks:

**Rattlesnakes**

**Roads**

**Steep Ground**

**Bees**

**Dehydration**

**Traffic/public**

**Dry**

**Conditions/Fast Rate**

**of Spread    Accountability/Communication**

☐ **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**



<sup>11</sup> 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**



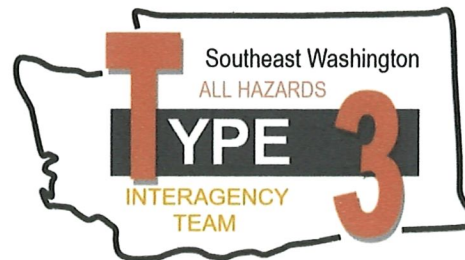








# Code of Conduct Incident Personnel



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:

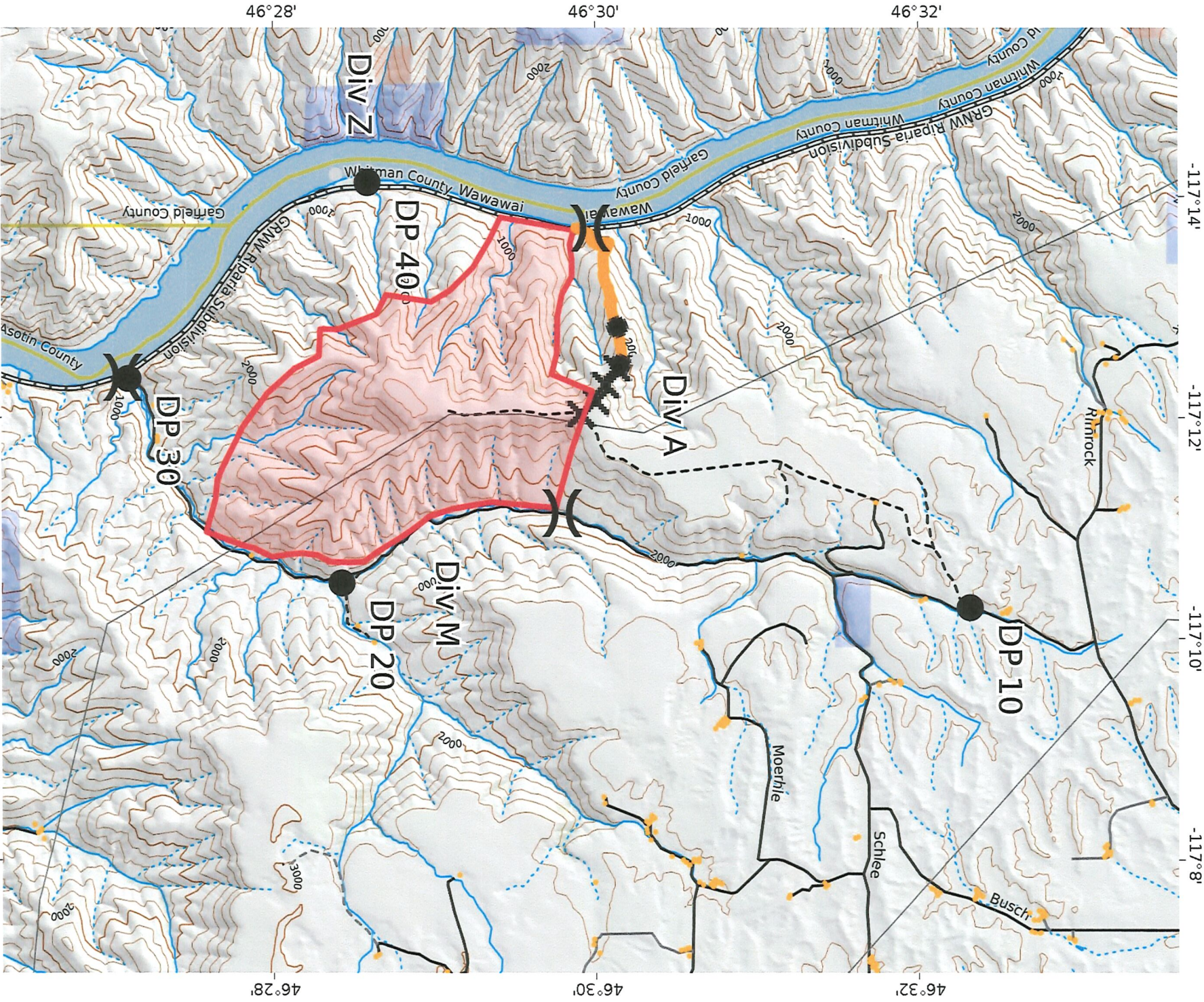
- ☞ Work in an environment characterized by safe work practices.
- ☞ Work in a fair and harassment free environment.
- ☞ Say "No" to unwelcome advances or requests for favors.
- ☞ File complaints or grievances through appropriate avenues.

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.

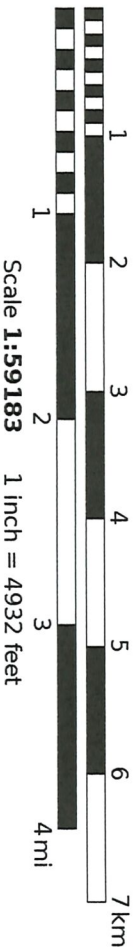
The public expects our best efforts; they see us as professionals in what we say and do. Let's continue to show them we are!

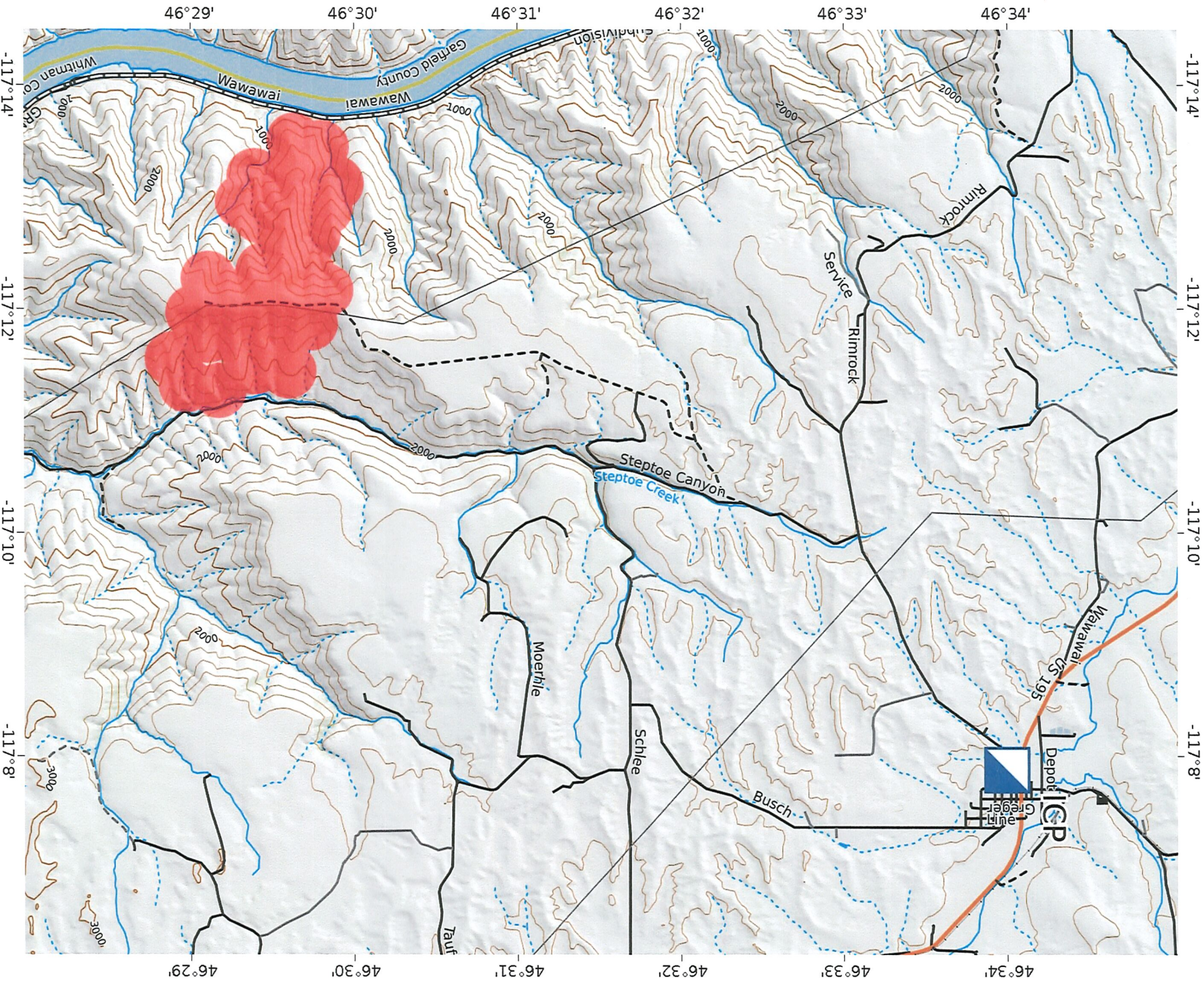


46°28' 46°30' 46°32'

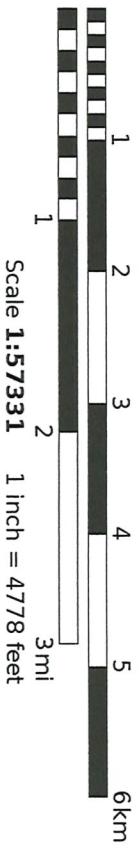
-117°14' -117°12' -117°10' -117°8'

Steptoe Canyon  
WGS84  
USNG Zone 11TMM  
CALTOPO





Steptoe Traffic Map  
WGS84  
USNG Zone 11TMM  
CALTOPPO





<b>Medical Plan</b> (ICS 206)	<b>1. Incident Name</b> <b>Steptoe Canyon</b>	<b>2. Operational Period:</b>	Date From/To: 7-22-21 1800 Time From/To: 7-24-21 1800				
<b>3. Medical Aid Stations:</b>							
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				
<b>4. Transportation (indicate air or ground):</b>							
Name	Location	Contact Number(s)/Frequency	Level of Service				
City of Lewiston	Located at Asotin Co FD #1, Clarkston, WA	911 (WHITCOM)	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
Lifelight Network (Air)	Lewiston, ID	800.521.2444	<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
Lifelight Network (Air)	Pullman, WA	800.422.2440	<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
<b>5. Hospitals:</b>							
Hospital Name	Address Latitude/Longitude	Contact Number(s)/Frequency	Travel Time Air Ground	Trama 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		5 hr	<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
Legecy Emanuel Medical Cntr	2801 Gentenbein, Portland, OR N45 32.59 W122 40.16	503.413.2200 503.413.4121 ER			<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
St Joseph Regional Med Ctr	415 6th St, Lewiston, ID N46 25.00 W117 1.46	208.799.5799 ER	10	45	<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	10	45	<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
Pullman Regional	835 SE Bishop BLVD, Pullman, WA 99163	509-332-2541	10	45	<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
Providence Sacred Heart	101 West 8th Ave, Spokane WA 99204	509-474-3131	30	2 hr	<input checked="" type="checkbox"/> Yes Level: 2	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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 on pages 108-109 in the 2014 IRPG</b>. 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>							
<b>7. Prepared by (Medical Unit Leader):</b>		Name:	Signature:				
<b>8. Approved by (Safety Officer):</b>		Name: Ryan Cloud SOFR	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: What caused the injury?			
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"/> <b>URGENT-RED</b> 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 <b>IMMEDIATE</b> .
<input type="checkbox"/> <b>PRIORITY-YELLOW</b> 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 <b>DELAYED</b> .
<input type="checkbox"/> <b>ROUTINE-GREEN</b> Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness	Non-Emergency. Evacuation considered <b>Routine of Convenience</b> .

### 5. TRANSPORT PLAN:

<b>Air Transport:</b> (Agency Aircraft Preferred)			
<input type="checkbox"/> Helispot	<input type="checkbox"/> Short-haul Hoist	<input type="checkbox"/> Life Flight	<input type="checkbox"/> Other
<b>Ground Transport:</b>			
<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*
Ex: Command	Forest Rpt, Ch. 2	168.3250	110.9	171.4325	110.9
COMMAND					
AIR-TO-GRND					
TACTICAL					

\*(NAC for digital radio system)

### 8. EVACUATION LOCATION:

Lat. Long. (Datum WGS84) EX: N 40° 42.45'x W 123° 03.24'
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.