

INCIDENT ACTION PLAN

WINDY PASS FIRE

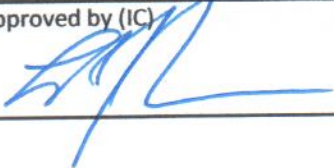
8/7 - 8/8 2021

0600-0600 Operational Period

WA-OWF-454
221-LSV
N7VH



Information Hotline:	509-800-7177	se.wa.t1.info@gmail.com
-------------------------	--------------	-------------------------

Incident Objectives	1. Incident Name Windy Pass	2. Date Prepared 8/6/2021	3. Time Prepared 1400
4. Operational Period (Date and Time) 8/7 - 8/8 2021 0600-0600			
5. General Control Objectives for the Incident (include Alternatives)			
<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.</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>			
6. Weather Forecast for Operational Period			
See attached weather forecast.			
7. General Safety Message			
<ul style="list-style-type: none"> • Provide for firefighter and public safety at all times. • Monitor compliance of 10 and 18 by all incident personnel. • Adhere to 2:1 work/rest ratio for all fire line personnel. • Aviation safety is high priority. Assess the risk against the benefit of the mission. • Ensure all assigned personnel understand emergency medical reporting & transport procedures including locations of nearest emergency responders & facilities. 			
8. Attachments (check if attached)			
<input checked="" type="checkbox"/> Organization List (ICS 203) <input checked="" type="checkbox"/> Assignment List (ICS 204) <input type="checkbox"/> Air Operations (ICS 220) <input checked="" type="checkbox"/> Weather <input checked="" type="checkbox"/> Communication Plan (ICS 205) <input type="checkbox"/> HR Message <input checked="" type="checkbox"/> Safety Message <input checked="" type="checkbox"/> Medical Plan (ICS 206) <input checked="" type="checkbox"/> Incident Maps			
ICS-202	9. Prepared by (PSC) Ryan Scharnhorst	10. Approved by (IC) 	

ORGANIZATION ASSIGNMENT LIST			
1. Incident Name		Windy Pass	
2. Date 8/6/2021		3. Time 12:07:00 AM	
4. Operational Period 8/7 - 8/8 2021		0600-0600	
5. INCIDENT COMMANDER & STAFF		9. OPERATIONS SECTION	
Incident Commander	Leonard Johnson 360-581-9672	Chief	Ryan Nicholls 509-430-1606
Deputy IC	Walter Escobar 509-398-1222	Planning Operations	
Safety Officer		a. Division A	
Line Safety		Division Supervisor	Nolan Brewer 509-423-3961
Information Officer	Heather Appelhof 509-388-1475	Deputy	
Information Officer (T)	Hannah Blackstock 206-940-6845	b. Division	
		Division Supervisor	
		Deputy	
		c. Division P	
		Division Supervisor	Wes Long 360-281-9585
		Deputy	
6. AGENCY REPRESENTATIVE		d. Division Equipment	
Agency	Name	Division Supervisor	Melvin Hall
USFS - OWF	Eric Walker	Deputy	
WA DNR	Todd Welker	e. Division Night	
WA DNR	Don Melton	Division Supervisor	
USFS - OWF	Patricia Garvey-Darda	Deputy	
		e. Division Security	
		Division Supervisor	John Morrow 509-607-6321
		Deputy	
7. PLANNING SECTION		d. Air Operations	
Chief	Ryan Scharnhorst 509-432-1016	Air Ops Branch Director	
Deputy		Air Support Supervisor	
Status Check-In		10. FINANCE SECTION	
Resource Unit		Chief	Steve Crow 509-823-6642
Documentation Unit		Deputy	Keyna Bugner 509-925-0906
Demobilization Unit		Technical Specialist (Name/Specialty)	FSC3(T)
Human Resources		GISS	Equipment
			Cost Unit
		11. CONTACTS / OTHER INFORMATION	
8. LOGISTICS SECTION		CWICC	509.884.3473 fax 509.884.3549
Chief	Daniel Lennon 509-250-0491	CWICC Expanded	509-415-3327
Deputy	Rehta Cypert 509-792-0141		
Base Camp			
Facilities Unit			
Ground Support Unit			
Communications Unit	Brandon McKinney 509-386-2713		
RADO			
Medical Unit		Prepared by (Resource Unit Leader)	
Food Unit		Ryan Scharnhorst	



Fire Weather Forecast



FORECAST NO: 2

NAME OF FIRE: Windy Pass Fire

PREDICTION FOR: Day / Night Shift

SIGNED:

TIME/DATE ISSUED: 1400 08/06/2021

WEATHER DISCUSSION:

Cooler temperatures and higher humidity values are expected through the weekend. Winds will be breezy as a West to East zonal pattern. A warming, drying trend will begin at the start of next week.

WEATHER FORECAST FOR TODAY:

Sky/weather.....Partly sunny increasing clouds through day. Slight chance of rain showers in the morning, then chance of rain showers in the afternoon.

CWR.....0 percent. LAL.....1.

Max temperature.....Around 60. Min humidity.....77 percent.

Wind (20 ft).....West winds 10 to 13 mph with gusts to around 19 AGL in the afternoon.

Transport winds.....West around 20 mph.

Haines Index.....2 or very low potential for large plume dominated fire growth.

WEATHER FORECAST FOR TONIGHT:

Sky/weather.....Mostly cloudy. Chance of rain showers. CWR.....23 percent. LAL.....1.

Min temperature.....Around 42. Max humidity.....96 percent.

Wind (20 ft).....West winds 11 to 15 mph with gusts to around 22 mph.

Mixing height.....3000 ft AGL in the evening decreasing to near surface overnight.

Transport winds.....West around 22 mph.

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

OUTLOOK FOR TOMMOROW:

Sky/weather.....Mostly sunny. Slight chance of rain showers in the morning.

CWR.....0 percent. LAL.....1.

Max temperature.....Around 54. Min humidity.....71 percent.

Wind (20 ft).....Northwest winds 9 to 11 mph.

Mixing height.....Near surface in the morning increasing to 3000 ft AGL in the afternoon.

Transport winds.....Northwest around 19 mph.

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

EXTENDED FORECAST:

DIVISION ASSIGNMENT LIST			1. Branch	2. Division / Group		P	
3. Incident Name Windy Pass			4. Operational Period Date: 8/7 - 8/8 2021 Time: 0600-0600				
5. Operations Personnel							
Operations Chief		<i>Ryan Nicholls 509-430-1606</i>		Branch Director		<i>Wes Long 360-281-9585</i>	
Safety Officer				Division Supervisor			
6. Resources Assigned this Period							
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks	
C-66	HC2	Moccosin	20	406-390-5882	<input type="checkbox"/>	North Pacific Forestry	
C-	HC2				<input type="checkbox"/>		
C-	HC2				<input type="checkbox"/>		
C-	HC2				<input type="checkbox"/>		
					<input type="checkbox"/>		
E-	E331 OWNF	Johnson	3		<input type="checkbox"/>		
E-	DOZ2				<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
O-	TFLD	Miller	1		<input type="checkbox"/>		
O-	HEQB	Emsley, Jason	1		<input type="checkbox"/>		
O-	EMTF	Burrows	1		<input type="checkbox"/>		
O-	FALM				<input type="checkbox"/>		
O-	FALM				<input type="checkbox"/>		
O-	FELB				<input type="checkbox"/>		
O-	FELB				<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
			26		<input type="checkbox"/>		
<p>Improve Trail 1377. Install culvert at NF Taneum Creek. Identify alternative holding opportunities</p>							
8. Special Instructions							
<p>Identify EMTs and EMS capabilities. Follow PNWCG recommendations for COVID-19 Pandemic. Coordinate with READ as needed.</p>							
9. Communication Summary							
Function	Name	Mode	Frequency				
COMMAND	Peoh	N	RX: 172.250 Tone: 146.2 TX: 164.1875 Tone: 173.8				
TACTICAL		N	RX: 0.0 Tone: 0.0 TX: 0.0 Tone: 0.0				
TACTICAL	A/G Primary	N	RX: 169.1125 Tone: 0.0 TX: 169.1125 Tone: 0.0				
			See Communication Plan ICS205 for Details				
Prepared by (RESL)		Approved by (PSC) Ryan Scharnhorst			Date: 8/6/2021	Time: 1400	

DIVISION ASSIGNMENT LIST			1. Branch	2. Division / Group	Security	
3. Incident Name Windy Pass			4. Operational Period Date: 8/7 - 8/8 2021 Time: 0600-0600			
5. Operations Personnel						
Operations Chief		<i>Ryan Nicholls 509-430-1606</i>		Branch Director		
Safety Officer				Division Supervisor		<i>John Morrow 509-607-6321</i>
6. Resources Assigned this Period						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
	RD 3100	Leuhl	2		<input type="checkbox"/>	0600-2000
	RD 3350	Niece	2		<input type="checkbox"/>	0600-2000
	RD 2250	Utzinger	2		<input type="checkbox"/>	0600-2000
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
	RD 3350	Kendall	2	651-528-3131	<input type="checkbox"/>	1800-0800
	RD 4510	Allen	2	253-350-7816	<input type="checkbox"/>	1800-0800
	RD 3300	Shurlow	2		<input type="checkbox"/>	1800-0800
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			12		<input type="checkbox"/>	
Maintain security presence at road closure locations to provide for public safety.						
8. Special Instructions						
Follow PNWCG recommendations for COVID-19 Pandemic.						
9. Communication Summary						
Function	Name	Mode	Frequency			
COMMAND	Peoh	N	RX: 172.250 Tone: 146.2 TX: 164.1875 Tone: 173.8			
TACTICAL		N	RX: 0.0 Tone: 0.0 TX: 0.0 Tone: 0.0			
TACTICAL	A/G Primary	N	RX: 169.1125 Tone: 0.0 TX: 169.1125 Tone: 0.0			
			See Communication Plan ICS205 for Details			
Prepared by (RESL)		Approved by (PSC) Ryan Scharnhorst		Date: 8/6/2021	Time: 1400	

WINDY PASS FIRE

98 Acres

OWF-454
PS NTN (0817)
21-LSV



Legend

Type



Div Break



Structure



Hellspot



Dp



ICP

<all other values>

Type



Planned line



Div



Road Status



Unknown



Active



Closed



Abandoned/Decommissioned



Trail

Type, Date



Fire Perimeter, 08062021



Planned Contingency, 08022021



Fish



Non-Fish



State Shoreline



Unknown



Contours 200-foot



Contours 40-foot

Dept of Natural Resources

Dept of Fish & Wildlife

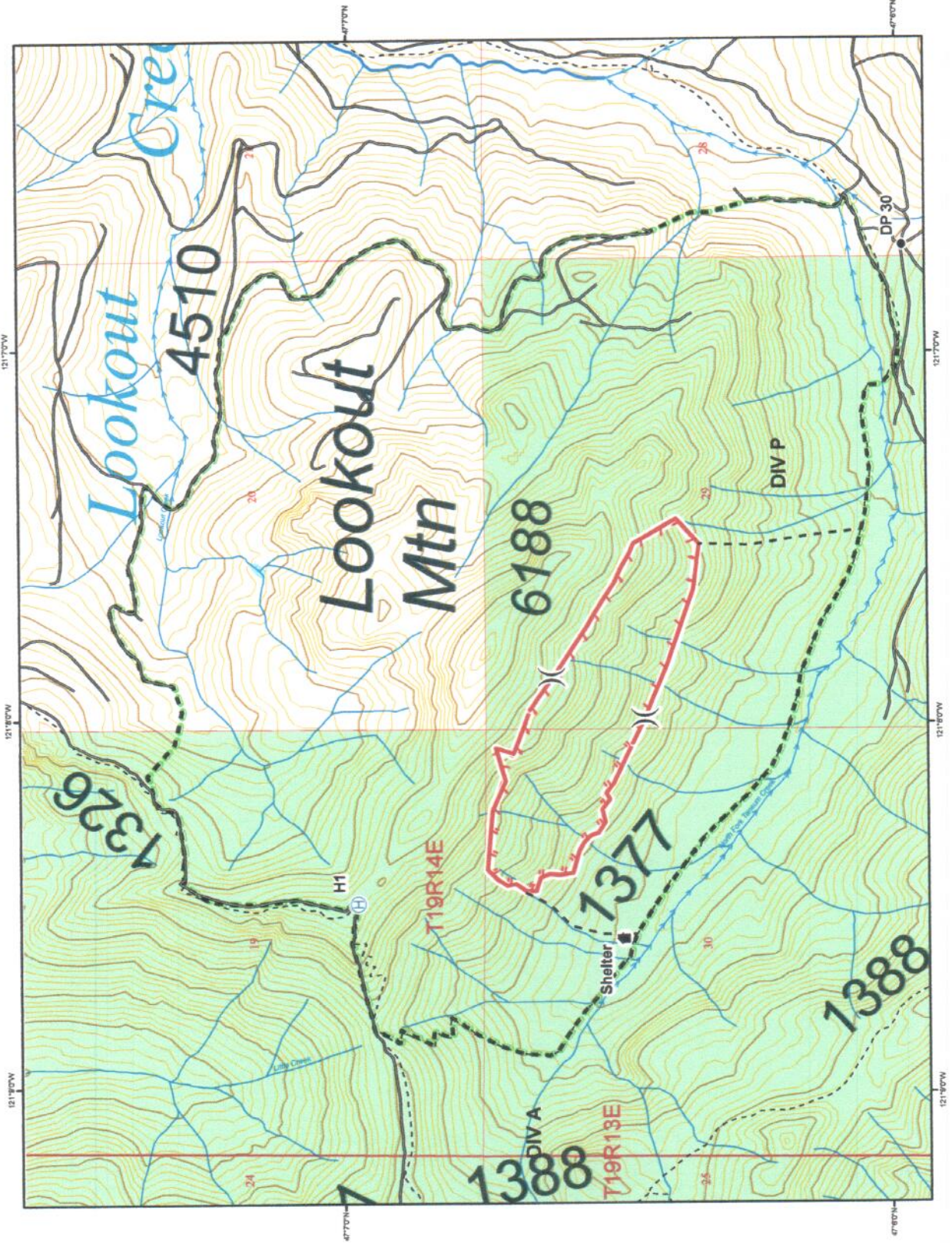
City Limits

Federal Lands

US Forest Service

0 0.0450.09 0.18 0.27 0.36 Miles

North arrow



INCIDENT RADIO COMMUNICATIONS PLAN		Incident Name WINDY PASS FIRE		Date/ Time Prepared 8/6/21 19:27	Operational Period Date/Time 8/7/2021	
Channel	Function	Frequency	Tone	Mode	Name	Remarks
1	COMMAND	RX 172.2500 TX 164.1875	146.2 173.8	A	FS PEOH	FOREST SERVICE NET
2	COMMAND	RX 159.3675 TX 151.4450	141.3 141.3	A	DNR PEOH	WA DNR REPEATER
3	COMMAND	RX 159.4200 TX 151.2950	D115 D115	A	ST CLE ELUM	STATE REPEATER @ PEOH POINT
4	COMMAND	RX 170.4125 TX 165.9625	167.9 167.9	A	CMD 4	FUTURE DEPLOYMENT - QUARTZ MOUNTAIN
5	COMMAND	RX 169.8125 TX 164.6750	162.2 162.2	A	CMD 5	FUTURE DEPLOYMENT - QUARTZ MOUNTAIN
6	TACTICAL	RX 168.0500 TX 168.0500	162.2 162.2	A	TAC 6	WINDY PASS TACTICAL
7	TACTICAL	RX 168.6000 TX 168.6000	162.2 162.2	A	TAC 7	WINDY PASS TACTICAL
8	TACTICAL	RX 166.7250 TX 166.7250	162.2 162.2	A	TAC 8	WINDY PASS TACTICAL
9	TACTICAL	RX 166.7750 TX 166.7750	162.2 162.2	A	TAC 9	WINDY PASS TACTICAL
10	TACTICAL	RX 168.2500 TX 168.2500	162.2 162.2	A	TAC 10	WINDY PASS TACTICAL
11	AIR TO GROUND	RX 169.1125 TX 169.1125	- -	A	A/G 1	WINDY PASS A/G PRIMARY
12	AIR TO GROUND	RX 172.6250 TX 172.6250	- -	A	A/G 2	WINDY PASS A/G SECONDARY
13	AIR TO GROUND	RX 167.4500 TX 167.4500	- -	A	A/G 40	IA AIR TO GROUND PRIMARY
14	AIR TO GROUND	RX 159.2700 TX 159.2700	103.5 103.5	A	DNR A/G 1	WA DNR AIR TO GROUND PRIMARY
15	MEDEVAC	RX 155.3400 TX 155.3400	- 156.7	A	HEAR	VMED28 - COMMS WITH EMS / MEDEVAC
16	EMERGENCY	RX 168.6250 TX 168.6250	- 110.9	A	AIRGUARD	EMERGENCY CONTACT WITH AIRCRAFT

Basic Radio Channel Utilization
Mode: W=Wideband Analog, N=Narrowband Analog, D=Digital, M=Mixed
Prepared by (Communications Unit)
BRANDON MCKINNEY, COMT/COML(1) (509)-386-2713
ICS 205
NFES 1330

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: WINDY PASS INC-454	2. Operational Period: Date From: 8/6/2021 Time From: 0600	Date To: 8/7/2021 Time To: 0600
--	--	------------------------------------

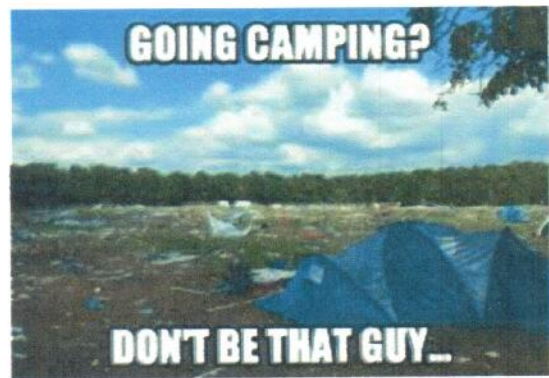
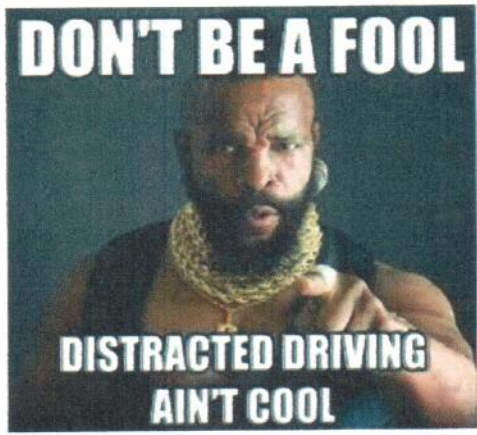
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

- Transportation**
- Drive defensively, but always be courteous.
 - Watch Out for critters on the road, especially during dawn/dusk hours!
 - Report narrow one-way access;
 - Establish positive communication, mile markers, and call out where needed.

- Scene Safety**
- Rough terrain and cliffs can lead to slips, trips, and falls!
 - Remember your communication responsibilities.
 - Communicate ALL hazards.
 - What wasn't a hazard tree yesterday, may be today:

- Spike Camp Safety**
- Ensure sleeping areas are free of snags and other identified hazards
 - Sanitation: Bury your waste (NO hovering) and ensure latrine areas are far clear of sleeping areas
 - Pack enough sanitation supplies for your estimated stay at spike camp
 - Have a medical plan for on-duty and off-duty emergencies, know and be prepared to use the plan

Reference Page 118-119 IRPG



4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Approved Site Safety Plan(s) Located At:		
5. Prepared by: Name: <u>Walter Escobar</u>	Position/Title: <u>Deputy IC</u>	Signature: _____
ICS 208	IAP Page _____	Date/Time: <u>08/06/2021</u>

EMERGENCY PLAN

INCIDENT WITHIN AN INCIDENT

ON SCENE SUPERVISOR

In the event of an accident or medical incident of any size, your primary responsibility is to ENSURE that the victim(s) receive prompt and effective Triage, Treatment and Transportation.

- Conduct size-up of the incident (nature of accident, number type of resources involved, latitude and longitude location): notify incident communications center and supervisor, request assistance as needed.
- Order and coordinate medical and support response to the accident.
- Evaluate special needs (law enforcement, haz mat, etc.).
- Clear the command frequency if medical emergency; coordinate with incident communications and air attack for air medical transportation needs
- Preserve and photograph the scene for accident investigation.
- Remain aware of surroundings and the status of the main incident (delegate personnel to monitor the main fire) to ensure safety of medical treatment personnel.
- Until relieved, supervise and manage all personnel involved at the incident scene.
- **ENSURE THE MEDICAL INCIDENT REPORT IN THE INCIDENT ACTION PLAN IS BEING USED AND FOLLOWED.**

Medical Plan (ICS 206)	1. Incident Name Windy Pass	2. Operational Period:	Date From/To: 8/7 - 8/8 2021 Time From/To: 0600-0600
----------------------------------	---------------------------------------	-------------------------------	---

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
Burrows - Medics	On Fire Line - DIV P		<input checked="" 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
Kittitas Valley Fire & Rescue	101 N Pearl, Ellensburg, WA	911/509.933.7232	<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
			<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		Trauma Center	Burn Center	Helipad
			Air	Ground			
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
Kittitas Valley Healthcare Hosp	603 S Chestnut, Ellensburg, WA N46 59.26 W120 32.266	509.962.9841			<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
Cle Elum Urgent Care	201 Alpha Way, Cle Elum, WA	509.675.6944			<input type="checkbox"/> Yes Level: ___	<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
					<input type="checkbox"/> Yes Level: ___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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:

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 procedure on pages 118-119 in the 2018 IRPG**. Notify operations of needs and location on command channel. Operations will notify CWICC and base camp. Minimize radio traffic and maintain situational awareness.

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader):	Name:	Signature:
8. Approved by (Safety Officer):	Name:	Signature:

COVID-19

1. Incident Name

Windy Pass

2. Date Prepared

8/6/2021

3. Time Prepared

1400

WILDLAND FIRE COVID-19 SCREENING TOOL

Today or in the past 24 hours, have you had any of the following symptoms^{1,2}?

Symptom
Cough more than expected?
Shortness of breath or difficulty breathing?
Fever?
Chills?
Muscle pain outside your normal for firefighting?
Sore throat?
New loss of taste or smell?
<i>* Take temperature with no-touch thermometer, if available *</i>

Fire and COVID-19 Briefing Checklist

Self-Awareness / Screening

- Immediately separate yourself from others.
- Notify supervisor if you or others experience:
 - Cough, more than expected
 - Shortness of breath or difficulty breathing
 - New loss of taste or smell
 - Fever
 - Sore throat
 - Chills
 - Muscle pain
- Review and follow crew and division plans to isolate, triage, and transport symptomatic personnel.

Hygiene on the Fireline

- Properly wash or sanitize your hands often, especially before and after eating or entering a public place, and after coughing or sneezing.
- Avoid handshakes and communal use items.
- Maintain a supply of hand sanitizer and hand wipes. Inform supervisor of needed resupply.
- Disinfect high touch surfaces often:
 - Radios, phones, doors, pumps, fuel cans, etc.

Social Distancing and Protective Equipment

- Initiate, practice, and remind others of social distancing.
- Conduct briefings and conversations outdoors and at least 6 feet apart.
- Utilize face coverings as a tool when practical.
- Clean or replace dirty face coverings, equipment, and PPE.

Communications

- Face coverings and social distancing complicate communications. Ensure effective sender/receiver messaging.

Protect yourself, your crew, and your camp!

Find more information: <https://www.nwcg.gov/coronavirus>

NFES 002646 (06/2020)

2. Prepared by (Name and Position)

Ryan Schanhorst



SCHNEIDER SPRINGS DAILY FINANCE PROCEDURES

Finance Email: 2021.schneidersprings.finance@firenet.gov

Directions for emailing Documents:

Contract Resources

Send To:

2021.schneidersprings.finance@firenet.gov

SUBJECT: Include Key Word: *Equipment*

Overhead, Crews, and Cooperator Resources

Send To:

2021.schneidersprings.finance@firenet.gov

SUBJECT: Include Key Word: *Time*

DOCUMENTS TO EMAIL TO FINANCE

PLEASE WRITE WHICH FIRE YOU ARE ASSIGNED TO (WINDY PASS) OR (SCHNEIDER SPRINGS) ON YOUR CTR/SHIFT TICKET!



Overhead, Crews, and Cooperator Resources

Regular Government Personnel & ADs / Cooperator attachments: **Check-In:** Crew Manifests, MOUs, or Cooperative Agreement (if applies), AD Single Hire Sheet/RO
Daily: Crew Time Report (CTR), Shift Ticket (*when applies*), receipts (fuel issues, TV receipts, etc.)
@Demob: Signed OF288, Final Equipment Use Invoice (Cooperator), Demob Sheet



Contract Resources

Private: Contractor Attachments:
@Check-In: Resource Oder, Full Contract/Agreement, Certifications (*if required*), Pre-Inspection
Daily: SHIFT Tickets, receipts (fuel issues, claims, etc.)
@Demob: Contractor Evaluations, Final Shift Tickets and receipt for Addition/Deductions, Post-Inspection, Final Signed Invoices, Demob Checkout Sheet (ICS 221)

FINANCE DEMOB PROCEDURES

All Resource will be sent their DRAFT OF-288/OF-286's via the Finance email. 12 hours will be provided to allow the resource to review their document and reply back to Finance with the statement "No Corrections Necessary" or a description of any issues. After Finance receives the email, any discrepancies will be resolved. Next, the resource is sent the **FINAL DOCUMENT** for signature. They will then email the signed document back to Finance, if able. If you are unable to sign, respond to that effect and we will digitally sign on your behalf. Finance will then sign the **FINAL DOCUMENT** and email it back to the resource. This completes the process.

UNIT LOG	1. Incident Name Windy Pass	2. Date Prepared 8/6/2021	3. Time Prepared 0:00
	4. Unit Name/Designators	5. Unit Leader (Name and Position)	6. Operational Period 8/7 - 8/8 2021 0600-0600
7. Personnel Roster Assigned			
Name	ICS Position	Home Base	
8. Activity Log			
Time	Major Events		
9. Prepared by (Name and Position)			

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 <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° - 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° - 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <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, Extraction

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.