

SAURATOWN MOUNTAIN FIRE

FY24 R2 Severity
NC-NCS-230048
STOKES COUNTY
District 10

Fiori Time Code: G/T/F 1445

FY24 NCFS INCIDENT SUPPORT
NC-NCS-230041
Financial Code: PN QRN9



November 27 – December 1, 2023
Monday - Friday
Operational Period Day 0700-1900 hrs.

IAP's



INCIDENT OBJECTIVES	1. INCIDENT NAME Sauratown Mountain Fire	2. DATE PREPARED 11/25/23	3. TIME PREPARED 1800
4. OPERATIONAL PERIOD (DATE/TIME) November 27 – December 1, 2023 Day 0700-1900			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES) <ul style="list-style-type: none"> 1. Provide for safety of our firefighters, assigned resources and the public. Emphasize risk assessments, hazard mitigation, information dissemination and adequate work rest ratios through morning briefings and operational assignments. 2. Assist North Carolina Forest Service Region 2 and 3 in planning, resource tracking, and financial tracking of the 2023 R3 Fall IA Support, FY 24 R2 Severity and FY 24 NCFS Incident Support resources. 3. Manage fires in cost effective manner. Maintain accurate cost estimates of the incident and provide daily updates through morning reports and afternoon situation reports. 4. All incident personnel will be treated with dignity and respect. We exhibit care, concern, and consideration for others. This incident has zero tolerance for harassment, alcohol or drug use. 5. Assist in planning an organized demob for all excess resources with complete documentation prepared prior to check out. 			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD Weather will be updated daily at briefing.			
7. GENERAL SAFETY MESSAGE <u>HYDRATION/HEAT STRESS</u>- drink often and drink a lot, before you get thirsty. 4:1 water to sports drinks.			
8. ATTACHMENTS (✓ IF ATTACHED) <ul style="list-style-type: none"> <li style="width: 33%;"><input checked="" type="checkbox"/> ORGANIZATION LIST (ICS 203) <li style="width: 33%;"><input checked="" type="checkbox"/> MEDICAL PLAN (ICS 206) <li style="width: 33%;"><input checked="" type="checkbox"/> SAFETY MESSAGE <li style="width: 33%;"><input checked="" type="checkbox"/> ASSIGNMENT LIST (ICS 204) <li style="width: 33%;"><input checked="" type="checkbox"/> INCIDENT MAP <li style="width: 33%;"><input checked="" type="checkbox"/> PHONE LIST <li style="width: 33%;"><input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205) <li style="width: 33%;"><input type="checkbox"/> TRAVEL MAP <li style="width: 33%;"><input type="checkbox"/> 			
9. PREPARED BY (RESOURCE UNIT LEADER) Austin Harriett	10. APPROVED BY (INCIDENT COMMANDER) Jonathan Young		

HEALTH AND SAFETY MESSAGE

SAFETY starts with **YOU**

We are **ALL** accountable for **SAFE** behaviors

INCIDENT: Sauratown Mountain Fire

DATE/SHIFT: November 27, 2023 – December 1, 2023

Major Hazards and Risks: Snags, Chainsaw Operations, Driving & Traffic and Steep Terrain/Rolling Debris

Chainsaw Operations: While operating chainsaws always wear your PPE's including hardhat, gloves, safety glasses, ear plugs, chainsaw chaps and Leather boots. Always stay a safe distance away and have road guards to monitor traffic when chainsaw operations are ongoing.

Communications: **Pay special attention to changes on the 204** Make sure that you are giving or receiving clear instructions. If you are unsure of what you are supposed to do, ask. It is likely that if you are unsure of the plan, someone else is also. Use the Briefing Checklist located on the inside of the back cover of your IRPG when giving and receiving a briefing to ensure that nothing is missed. Allow time for Q&A following a briefing to encourage questions.

Driving & Traffic: Distracted driving is any non-driving activity that a person engages in while operating a motor vehicle...aka "multi-tasking behind the wheel." Police reports have shown that, on average, 8 people are fatally injured in distracted driving crashes every day.

Snags: Maintain situational awareness and point out snags to others. Be aware of dead snags within past fire area. DO NOT cut hemlock snags (tops will break). Do not park vehicles under snags or trees with widow makers. Use flagging tape to keep others out of the area. **LOOK UP, DOWN, AND AROUND!**

"Pace yourself. Slow is smooth. Smooth is fast"

3 Types of Driving Distractions

1. Visual – taking your eyes off the road. This can be attributed to switching radio channels, making calls, reading texts, entering destinations into a gps, etc.
2. Manual – Taking your hands off the wheel. There are many reasons that we do this risky action such as adjusting the A/C, changing the radio, sending texts, etc.
3. Cognitive – Taking your mind off of the task of driving. Mental fatigue, conversations with others and your attitude can lead to this type of distraction.

Make driving your #1 priority every time you're behind the wheel. Everybody has someone waiting for them to come home safe!!!

Risk Management

- Keep risks commensurate with the benefit.
- Utilize the Risk Management Process found on page 1 of the IRPG.
- Recognize that no injury is worth the ground you are working.
- Everyone is entitled to a round trip ticket. Success to this IMT is measured as all assigned resources making it home safely at the end of assignment.



Steven W. Troxler
Commissioner

**North Carolina Department of Agriculture
and Consumer Services**
N.C. Forest Service



Gregory M. Hicks
Assistant Commissioner

**R2 Fall IA Support
Sauratown Mountain Fire
Emergency Medical Procedure**

- Begin patient care and establish an IWI IC
- Call by phone 911 or central communication by county radio if on scene with local NCFS county personnel.
- After arranging patient care and transport begin the 8-line process.
- Call in the 8-line medical documentation to the District 10 operation room by radio or by phone.
- District operations will make notification to R2 operations via phone or email.

D10 D10opsrm@ncagr.gov 336 956 2111

R2 R2opsrm@ncagr.gov 919-542-1515

DIVISION ASSIGNMENT LIST				1. BRANCH		2. Division/Group Alpha / Bravo / Charlie	
3. Incident Name Sauratown Mountain Fire				4. Operational Period Date: 11/27-12/1/23 Time: 0700-1900			
5. Operations Personnel							
Operations Chief				Division/Group Supervisor		Michael Huffman (12/2) Adam Greene(t) (12/3)	
Branch Director				Division Structural			
6. Resources Assigned This Period							
Strike Team/Task Force/ Resource Designator	Leader	Last Shift	Resource #	Number Persons	Phone #	Reporting Location	
DOZ 10x1	Jerry Tysinger	12/3	E-8	1	336-978-1765		
ENG6 11-5	Phillip Ramsey/ Laura Young	12/3	E-9	2	919-357-7612		
ENG6 3-31	Dawson Purvis	12/3	E-10	2	919-892-4048		
ENG6 5-41	Bryan Ekberg / Matthew Clark (E-12)	12/3	E-13	2	252-903-0979		
7. Control Operations <ul style="list-style-type: none"> Mop-up fire perimeter 50ft inside control line where possible. Identify rehab needs. Document any damage to infrastructure and structures. Gather data and enter in field maps. 							
8. Special Instructions <ul style="list-style-type: none"> Ensure CTR's , shift tickets, unit logs and all other paperwork is turned in daily. Identify training opportunities for task books. Complete performance evaluations for all assigned personnel. Police any trash and back haul excess fire equipment. 							
9. Division/Group Communication Summary							
Function	Frequency	System	Channel	Function	Frequency	System	Channel
Command	TX: 159.390 Tone: 131.8 Rx: 151.445 Tone: 77.0	NCFS	D-10 Stokes	Logistics		NCFS	
Tactical Div/Group	TX: 159.345 Tone: 110.9 Rx: 159.345 Tone: 110.9	NCFS	D-10 TAC 2	Air to Ground	TX: 171.575 Tone: 131.8 Rx: 171.575 Tone 131.8	NCFS	INC Ch. 8
Prepared By (Resource Unit Leader) Austin Harriett			Approved By (Planning Sect. Ch.) Austin Harriett		Date 11/25/23		Time 1900

Rehab instructions:

- Pick up all wildfire response trash along Fireline and roadsides.
- Handlines and dozer lines will be rehabbed by installing water bars/turn outs at properly spaced intervals.
- Assess houses, structures, driveways, culverts, light poles and tower infrastructure for any damage or rehab needs.
- Identify any streams or springs that have been impacted and mark location in field maps.

IAP MAP

Sauratown Mountain
 NC-NCS-230049
 11/26/2023 Day Shift

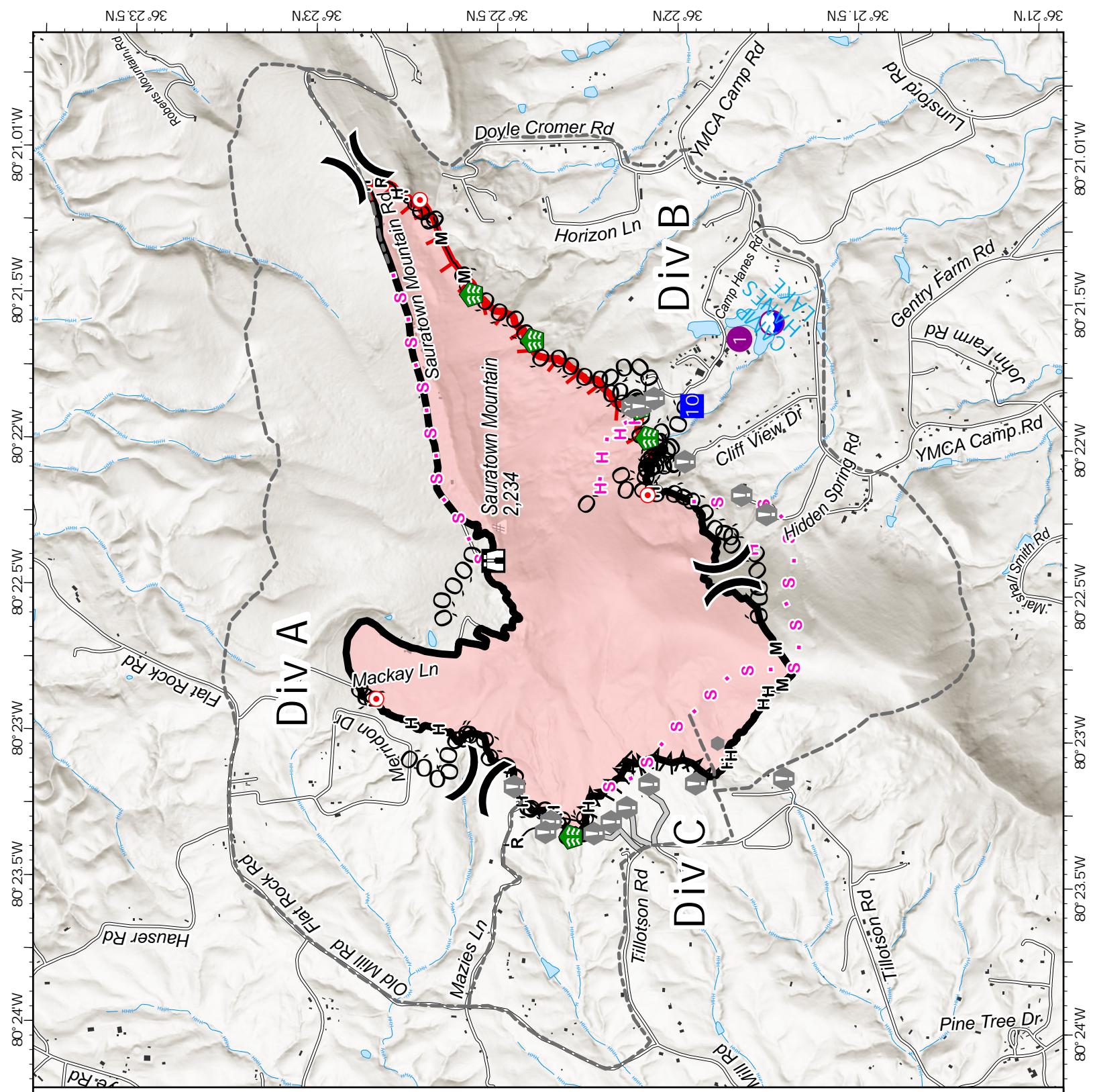
805 acres at 11/25/2023 14:20 hrs



- Wildfire Daily Fire Perimeter
- Contained
- Uncontained
- Dip Site
- Hellsport
- Division Break
- Drop Point
- Lookout
- Hot Spot - Spot Fire
- Value at Risk
- Other
- Bridge
- Stream Crossing
- Completed Dozer Line
- Completed Fuel Break
- Completed Hand Line
- Completed Mixed Construction Line
- Completed Road as Line
- Planned Hand Line
- Planned Plow Line
- Planned Secondary Line
- Access or Improved Road
- Contingency
- Stream/River
- Stream/River Intermittent
- Lake / Pond



NCFS IMT
 11/25/2023 1556
 IR & GPS
 North American 1983 Datum.



IAP and PDF Fire Maps

**Current NC Wildfire
Situation Report**



**Sauratown Mountain
Fire Map's**



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		<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>
Evacuation Request		<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>
Patient Location		<i>Descriptive Location & Lat. / Long. (WGS84)</i>
Incident Name		<i>Geographic Name + Medical (Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>
Patient Care		<i>Name of Care Provider (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. EVACUATION 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 ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

UNIT LOG		1. Incident Name	2. Date Prepared	3. Time Prepared
4. Unit Name/Designators		5. Unit Leader (Name and Position)		6. Operational Period
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)

1. Incident Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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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
			<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):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<input 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 if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<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
					<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:
<input type="checkbox"/> 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: <u>Stewart Niemyer</u>
8. Approved by (Safety Officer): Name: _____	Signature: <u>Gregory Riggs</u>
ICS 206	IAP Page _____
Date/Time: _____	