

Luray Complex

**211 West/Waterfall Fire
Shenandoah Forest/Waterfall Fire
Serenity Ridge/Edith Gap Fire**

INCIDENT ACTION PLAN



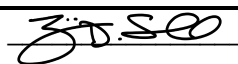
March 25, 2024

**Day Shift: 0800 - 2000
Night Shift: 2000 - 0800**

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Luray Complex	2. Operational Period:	Date From: 3/25/2024 Time From: 0800	Date To: 3/26/2024 Time To: 0800															
3. Objective(s): <ul style="list-style-type: none"> • Ensure firefighter and public safety by using strategies and tactics that mitigate known and anticipated hazards while providing for the highest probability of success. • Minimize impact to communities, infrastructure, public, and private lands. • Limit acreage burned through direct and indirect suppression tactics. • Utilize minimum impact suppression tactics to limit negative impacts to highly valued resources and assets. • Manage costs to keep them commensurate with the values at risk. 																		
4. Operational Period Command Emphasis: <ul style="list-style-type: none"> • Utilize aircraft where appropriate and can be most effective. • Continue to scout primary and secondary contingency lines. • Continue to look for opportunities to limit fire footprint utilizing natural and manmade features. • Provide point protection to structures within the fire footprint. • Stop, think, discuss, then act and ensure LCES is in place prior to engaging the fires 																		
General Situational Awareness LCES; steep and rocky terrain...watch footing and heads up for rolling rocks. Heavy snag density and fire weakened green trees...know your work area. Identify and avoid, or eliminate, hazard trees. Aviation operations...clear areas near bucket work. Use spotters when backing vehicles, and exercise care when navigating mountain roads.																		
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at: _____																		
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> ICS 203</td> <td style="width: 25%;"><input type="checkbox"/> ICS 207</td> <td style="width: 50%;"><u>Other Attachments:</u></td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 208</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 206</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> </table>				<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 206	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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<input type="checkbox"/> ICS 206	<input type="checkbox"/> _____	<input type="checkbox"/> _____																
7. Prepared by: Name: Zoë Sumrall Position/Title: PSC3t Signature:																		

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Luray Complex		2. Operational Period: Date From: 3/25/2024 Date To: 3/26/2024 Time From: 0800 Time To: 0800	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs	Jack Kauffman	Chief	Matt Wolasnki
		Deputy	
Deputy		Staging Area	
Safety Officer	Chad Stover	Branch	211 West/Shenandoah Forest/Waterfall
Public Info. Officer	Jon Perry	Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	Shenandoah Forest Cole Young
Agency/Organization	Name	Division/Group	
Page County EM	Matt Cronin	Division/Group	
		Division/Group	
		Division/Group	
		Branch	Serenity Ridge/Edith Gap
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	Serenity Ridge Cain Harbison
Chief	Jason Braunstein, Zoë Sumrall (t)	Division/Group	
Deputy		Division/Group	
Resources Unit	Zoë Sumrall	Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief	Patti Nylander	Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
9. Prepared by: Name: Zoë Sumrall		Position/Title: PSC3t	Signature: 
ICS 203	IAP Page	Date/Time: 3/24/24 @ 1800	

.DISCUSSION...

High pressure will remain to the north through Tuesday as temperatures warm closer to normal, in the mid to upper 50s. A slow moving front will bring increasing chances of rain showers Tuesday afternoon into Wednesday.

Recent wetting rains should keep fuel moistures somewhat elevated for the next few days. Lighter winds are expected through Wednesday, although higher ridges above 2000 feet could start seeing some stronger gusts greater than 20 mph Monday night.

Relative humidity is expected to recover to 60 to 80 percent tonight, and 70 to 90 percent Monday night, with minimum afternoon values of 25 to 35 percent Monday afternoon, and 40 to 50 percent Tuesday afternoon.

Mixing and smoke dispersion should become poor to fair with lighter winds Monday into Tuesday.

.MONDAY...

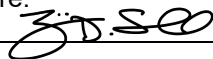
Sky/weather.....Sunny (10-20 percent).
CWR.....0 percent.
Max temperature.....Around 60.
Min humidity.....28 percent.
Wind (20 ft).....Light winds becoming east around 5 mph in the afternoon.
Mixing height.....2800 ft AGL.
Transport winds.....East 3 to 6 mph shifting to the southeast 5 to 8 mph in the afternoon.
Smoke dispersal.....Poor (300 knot-ft) early in the morning increasing to fair (19300 knot-ft) in the afternoon.
Eye level winds.....Light winds becoming east up to 4 mph in the afternoon.

TIME (EDT)	6 AM	8 AM	10 AM	NOON	2 PM	4 PM
Sky (%)	5	7	7	4	10	19
Weather cov						
Weather type	NONE	NONE	NONE	NONE	NONE	NONE
Tstm cov						
CWR	0	0	0	0	0	0
Temp	29	29	39	50	56	59
RH	78	78	54	36	29	28
20 ft wind	NE 2	NE 2	E 3	E 3	E 5	E 6
20 ft wind gust	5	3	5	6	8	9
Eye level wind	NE 1	NE 1	E 2	E 2	E 3	E 4
Eye lvl wnd gust	3	2	3	4	5	5
Mix hgt (ft)	100	400	1500	2400	2600	2800
Transport wind	NE 3	E 5	E 6	E 6	SE 7	SE 8
Vrate kt-ft/1K	0	2	7	12	16	19
Ventrte Cat	POOR	POOR	POOR	POOR	POOR	POOR

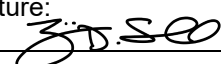
.MONDAY NIGHT...

Sky/weather.....Partly cloudy (30-40 percent) then becoming mostly cloudy (50-60 percent).
CWR.....0 percent.
Min temperature.....Around 33.
Max humidity.....82 percent.

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Luray Complex		2. Operational Period: Date From: 3/25/2024 Date To: 3/25/2024 Time From: 0800 Time To: 2000		3. Branch: Shenandoah Forest/Waterfall Division: Group: Staging Area: Luray, Cooter's Place	
4. Operations Personnel:		<u>Name</u>	<u>Contact Number(s)</u>		
Operations Section Chief:		Matt Wolanski	540-331-8999		
Branch Director:					
Division/Group Supervisor:		Cole Young	540-491-3013		
5. Resources Assigned:			# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader				
Eastern Region Hand Crew	Stephen Jasenak	5	434-329-0056		
	Brian Lacey		804-896-4083		
	Ben Duke		434-484-0328		
	Alanna Ostrowski		804-877-6342		
	Heather Rosser		804-317-3737		
	Lauren Charles	1	434-235-3977		
	Connor Goolsby	1	434-365-8225		
	Dalton Brown	1	434-995-8145		
	Chris Yost	1	540-533-5559		
6. Work Assignments: Conduct 100% mop-up around homes. Improve and hold existing lines. Scout for opportunities for control lines to prevent fire spread. Base all actions considering firefighter safety and values at risk.					
7. Special Instructions:					
8. Communications (radio and/or phone contact numbers needed for this assignment):					
Name	/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
CMD Stars Central Fire 1	/				
TAC DIR CH3	/				
Interop: Compact CH12	/				
County: OPS 4	/				
9. Prepared by: Name: Zoë Sumrall		Position/Title: PSC3t		Signature: 	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Luray Complex		2. Operational Period: Date From: 3/25/2024 Date To: 3/25/2024 Time From: 0800 Time To: 2000		3. Branch: Division: Serenity Ridge/Edith Gap Group: Staging Area: Luray, Cooter's Place	
4. Operations Personnel:		<u>Name</u>	<u>Contact Number(s)</u>		
Operations Section Chief:		Matt Wolanski	540-331-8999		
Branch Director:					
Division/Group Supervisor:		Cain Harbison	540-333-8160		
5. Resources Assigned:			# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader				
E-609	John Rose	2	757-346-8149		
	Evan Slabach		276-455-6932		
FFT2	Justin Wightman	1	540-335-0612		
AB50	Ian Morris	1	434-547-9141		
Western Region Hand Crew	Nick Perkins	12	276-768-8826		
6. Work Assignments: Conduct 100% mop-up around homes. Improve and hold existing lines. Scout for opportunities for control lines to prevent fire spread. Finish check line on northwest fire edge. Base all actions considering firefighter safety and values at risk.					
7. Special Instructions:					
8. Communications (radio and/or phone contact numbers needed for this assignment):					
Name		/Function		Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	
CMD Stars Central Fire 1		/			
TAC DIR CH5		/			
Interop: DIR CH12 Compact		/			
County: OPS 2		/			
9. Prepared by: Name: Zoë Sumrall			Position/Title: PSC3t		Signature: 

MEDICAL PLAN (ICS 206)

1. Incident Name: Luray Complex		2. Operational Period:		Date From: 3/25/2024 Time From:	Date To: 3/25/2024 Time To: HMMM		
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
Luray VFD	25 Memorial Drive Luray, Va. 22835	911 540-743-5585	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Stanley VFD	933 West Main Street Stanley, Va. 22851	911 540-778-7728	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
SNP LEO	SHEN	540-999-3422	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input checked="" 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				
Pegasus MedCom	University of Virginia Charlottesville, Va. 22903	800-552-1826 434-924-9287	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
PHI Air Medical – AirCare5	43 Aviation Circle Suite 103 Weyers Cave, Va. 24486	1-800-258-8181	<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				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Page Memorial	200 Memorial Drive Luray, Va. 22835	540-743-4561	10	30	<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Rockingham Memorial	2010 Health Campus Drive Harrisonburg, Va. 22801	540-689-1000	15	60	<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
UVA Hospital	1215 Lee Street Charlottesville, Va	434-924-3627	25	75	<input checked="" type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VCU Medical Center	1250 E Marshall St Richmond, Va. 23219	804-828-9000	35	110	<input checked="" type="checkbox"/> Yes Level: ____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Chippenham Hospital	7101 Jahnke Road Richmond, Va.	804-483-0000	35	110	<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:							
<p>Notify injured party's fireline supervisor of injuries/illness. Fireline supervisor will notify IC</p> <p>Nearest qualified EMT or first responder will provide care and assess the injury/incident</p> <p>With serious illness/injury, initiate a Medical Incident Report (ICS 206)</p> <p>All accidents, injuries, and near misses will be reported immediately to your supervisor</p> <p><input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.</p>							

Luray Complex

DOF Zone 1 in BKR5000

Incident Radio Communication Plan			Incident Name:		Date Time Prepared:	Operational Period Date/Time:
			Luray Complex		03/22/2024 @ 2000	03/23/2024 0600-2000
Ch #	Function:	Frequency:	Tone:	Mode:	Assignment:	Notes:
1	DIR 1	RX: 151.1900	100.0	A	Unassigned	
		TX: 151.1900	100.0			
2	DIR 2	RX: 151.4750	100.0	A	Unassigned	
		TX: 151.4750	100.0			
3	DIR 3	RX: 159.3600	100.0	A	211 West Structure Group	
		TX: 159.3600	100.0			
4	DIR 4	RX: 159.4650	100.0	A	Unassigned	
		TX: 159.4650	100.0			
5	DIR 5	RX: 171.4250	100.0	A	Serenity Ridge Structure Group	
		TX: 171.4250	100.0			
6	DIR 6	RX: 170.4750	100.0	A	Unassigned	
		TX: 170.4750	100.0			
7	DIR 7	RX: 172.2750	100.0	A	Shenandoah Forest Structure Group	
		TX: 172.2750	100.0			
8	DIR 8	RX: 151.4975	100.0	A	Unassigned	
		TX: 151.4975	100.0			
9	DIR 9	RX: 158.8725	100.0	A	Unassigned	
		TX: 158.8725	100.0			
10	DIR 10	RX: 159.0225	100.0	A	Unassigned	
		TX: 159.0225	100.0			
11	DOF A/G	RX: 159.0450	100.0	A	Primary Air to Ground	
		TX: 159.0450	100.0			
12	COMPACT	RX: 159.2850		A	SE Compact	Interoperability With Federal Agencies
		TX: 159.2850				
13	VFIRE 21	RX: 154.2800	156.7	A	Unassigned	Mutual Aid With VFD
		TX: 154.2800	156.7			
14	VFIRE 22	RX: 154.2650	156.7	A	Unassigned	Mutual Aid With VFD
		TX: 159.0450	156.7			
15	VFIRE 23	RX: 154.2950	156.7	A	Unassigned	Mutual Aid With VFD
		TX: 1542950	156.7			
16	Central Fire 1	RX:		D	Command Channel Back To ICP	STARS Radios Only
		TX:				
Prepared by: Keith Brown-DOF (COML)				NWCG - ICS 205		

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

HEAVY HAZARD TREE AREAS

-There are many standing dead and fire weakened green trees in the fire area. Frequently survey your work area for potential hazard trees

- Identify and avoid or eliminate hazard trees. Use machinery to remove trees when possible.
- Stay clear of any aviation operation

STEEP TERRAIN

- Be sure of footing on steep and rocky terrain
- Be deliberate with your movements when working in steep areas
- Be aware of rolling rocks or debris from above your work area

LOOK UP, DOWN, and AROUND

4. Site Safety Plan Required? Yes No
Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: Chad Stover Position/Title: SOFC(t) Signature: _____

ICS 208	IAP Page _____	Date/Time: <u>3/24/2024 15:00</u>
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MEDICAL PLAN (ICS 206)

1. Incident Name: Luray Complex		2. Operational Period:		Date From: 3/24/2024 Time From:	Date To: 3/25/2024 Time To: HHMM		
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
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Stanley VFD	933 West Main Street Stanley, Va. 22851	911 540-778-7728	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
SNP LEO	SHEN	540-999-3422	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input checked="" 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				
Pegasus MedCom	University of Virginia Charlottesville, Va. 22903	800-552-1826 434-924-9287	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
PHI Air Medical – AirCare5	43 Aviation Circle Suite 103 Weyers Cave, Va. 24486	1-800-258-8181	<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				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Page Memorial	200 Memorial Drive Luray, Va. 22835	540-743-4561	10	30	<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Rockingham Memorial	2010 Health Campus Drive Harrisonburg, Va. 22801	540-689-1000	15	60	<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
UVA Hospital	1215 Lee Street Charlottesville, Va	434-924-3627	25	75	<input checked="" type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VCU Medical Center	1250 E Marshall St Richmond, Va. 23219	804-828-9000	35	110	<input checked="" type="checkbox"/> Yes Level: ____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Chippenham Hospital	7101 Jahnke Road Richmond, Va.	804-483-0000	35	110	<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:							
<p>Notify injured party's fireline supervisor of injuries/illness. Fireline supervisor will notify IC</p> <p>Nearest qualified EMT or first responder will provide care and assess the injury/incident</p> <p>With serious illness/injury, initiate a Medical Incident Report (ICS 206)</p> <p>All accidents, injuries, and near misses will be reported immediately to your supervisor</p> <p><input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.</p>							

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.