

Incident Action Plan
for
Luray Complex

Operational Period

Date From: 3/29/24
Time From: 0800

Date To: 3/29/24
Time To: 1800



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Luray Complex	2. Operational Period: Date From: 3/29/24 Time From: 0800	Date To: 3/29/24 Time To: 1800											
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: ICP													
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table><tr><td><input checked="" type="checkbox"/> ICS 202</td><td><input checked="" type="checkbox"/> ICS 206</td><td rowspan="5"><u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</td></tr><tr><td><input checked="" type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td></tr><tr><td><input checked="" type="checkbox"/> ICS 204</td><td><input checked="" type="checkbox"/> ICS 208</td></tr><tr><td><input checked="" type="checkbox"/> ICS 205</td><td><input checked="" type="checkbox"/> Map/Chart</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td></tr></table>			<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> ICS 206	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents
<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> ICS 206	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____											
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207												
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<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents												
7. Prepared by: Name: Zoë Sumrall	Position/Title: PSC3	Signature:											
8. Approved by Incident Commander: Name: Kevin Painter		Signature:											
ICS 202	IAP Page 1	Date/Time: 3/28/24 @ 1800											

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Luray Complex		2. Operational Period: Date From: 3/29/24 Time From: 0800		Date To: 3/29/24 Time To: 1800	
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs	Kevin Painter	Chief	Cain Harbison	540-333-8160	
		Deputy			
		Staging Area			
Safety Officer		Branch			
Public Info. Officer		Branch Director			
Liaison Officer		Deputy			
4. Agency/Organization Representatives:			Division/Group		
Agency/Organization	Name	Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Branch Director			
		Deputy			
5. Planning Section:			Division/Group		
	Chief	Zoë Sumrall	Division/Group		
	Deputy		Division/Group		
	Resources Unit		Division/Group		
	Situation Unit		Division/Group		
	Documentation Unit		Branch		
	Demobilization Unit		Branch Director		
	GISS		Deputy		
	Technical Specialists		Division/Group		
6. Logistics Section:			Division/Group		
	Chief	Chris McClelland	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: PSC3 Signature:					
ICS 203		IAP Page 2		Date/Time: 3/28/24 @ 1800	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Luray Complex		2. Operational Period: Date From: 3/29/24 Date To: 3/29/24 Time From: 0800 Time To: 1800			3. Branch:	
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u>				Division:		
Operations Section Chief: Cain Harbison		540-333-8160		Group:		
Branch Director: _____				Staging Area: Cooter's Place		
Division/Group Supervisor: _____						
5. Resources Assigned:						
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Last Shift	
E-602	Justin Wightman	2	540-335-0612	Available for IA		
	Matt Armstrong		540-383-8656		3/29	
E-612	Caleb Purdham	2	540-624-7810			
	Ryan Folweiler		540-280-0642		3/29	
PAG50	Greg Lawrence	1	540-742-9337	Available for IA	3/29	
BUK51	Ian Morris	1	434-547-9141		4/1	
CR Mod	Tyler Hill	1	434-996-5024	Available for IA	3/29	
FAL3/FFT2	Peter Schoderbek	1	434-282-4169		3/29	
FAL2(t)/FFT1(t)	Joe McKeown	1	540-830-7574		3/29	
FAL3/FFT2	Zach Reynolds	1	434-906-2951		3/29	
FFT2	Jacob Zielinski	1	434-962-7100		3/29	
RAP30					3/29	
6. Work Assignments:						
<ul style="list-style-type: none"> • BUK51: Continue rehab on dozer lines. • E-602: Roving patrol on Serenity Ridge, Shenandoah Forest, and River Road fires. • E-612: Roving patrol on Serenity Ridge and Shenandoah Forest fires. 						
7. Special Instructions:						
8. Communications (radio and/or phone contact numbers needed for this assignment):						
<u>Name/Function</u>		<u>Primary Contact:</u> indicate cell, pager, or radio (frequency/system/channel)				
STARS Central Fire 1 / Command		_____				
Direct 5 / Tactical		_____				
Direct Ch. 12 Compact / Interop		_____				
/		_____				
9. Prepared by: Name: Zoë Sumrall Position/Title: PSC3 Signature: _____						
ICS 204	IAP Page 3	Date/Time: 3/28/24				

Incident Radio Communication Plan			Incident Name:		Date Time Prepared:	Operational Period Date/Time:
			Luray Complex		3/26/24 @ 1800	03/28/2024 0800-1800
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	Unassigned	
		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	All Operations	
		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	Unassigned	
		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	Secondary Air to Ground	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		

Weather

.DISCUSSION...

Substantial drying of fuels is expected this afternoon west of the Blue Ridge where skies are beginning to clear. Much drier air is moving in behind a departing cold front, and this is also ushering in some gusty winds for the afternoon. Fine fuels may dry very quickly and lead to elevated fire danger by the mid afternoon and continuing through this evening.

High pressure will build south of the area Friday while the low moves to the northeast. Northwesterly winds will gust 30 to 45 mph through the day, and relative humidity will drop to 20 to 30 percent. An elevated fire weather threat may exist where fine fuels can dry sufficiently and where recent rains have not completely soaked the fuel bed.

A front will become draped across the Mid Atlantic by Saturday and not move much through early next week. This will lead to unsettled weather as waves of low pressure move along the boundary.

VAZ029-290800-

Page-

Including the cities of Luray, Shenandoah, and Stanley
337 PM EDT Thu Mar 28 2024

	Tonight	Fri	Fri Night	Sat
CLOUD COVER	Mclear	Pcldy	Mclear	Pcldy
PRECIP TYPE	None	None	None	Rain
CHANCE PRECIP (%)	0	0	0	30
MX/MN TEMP (24H TREND)	35 (-9)	61 (+6)	41	68
MX/MN RH% (24H TREND)	70 (-26)	26 (-3)	78	44
AM WIND (MPH)		W 12 G28		SW 7
PM WIND (MPH)	NW 15 G25	NW 24 G34	W 14 G28	SW 12 G21
PRECIP AMOUNT	0.00	0.00	0.00	0.00
PRECIP DURATION				1
PRECIP BEGIN				8 AM
PRECIP END				Continuing
MIXING HGT (FT-AGL)		6270		7060
TRANSPORT WND (MPH)		NW 37		W 29
VENT RATE (KT-FT)		200640		176500
LAL	1	1	1	1
HAINES INDEX	4	4	4	4
ADI early	50 GEN GOOD	98 GOOD	71 GOOD	66 GOOD
ADI late	7 POOR	124 VERY GOOD	3 VERY POOR	104 VERY GOOD
MAX LVORI EARLY	2	3	3	4
MAX LVORI LATE	3	1	4	1

Remarks...None.

.FORECAST FOR DAYS 3 THROUGH 7...

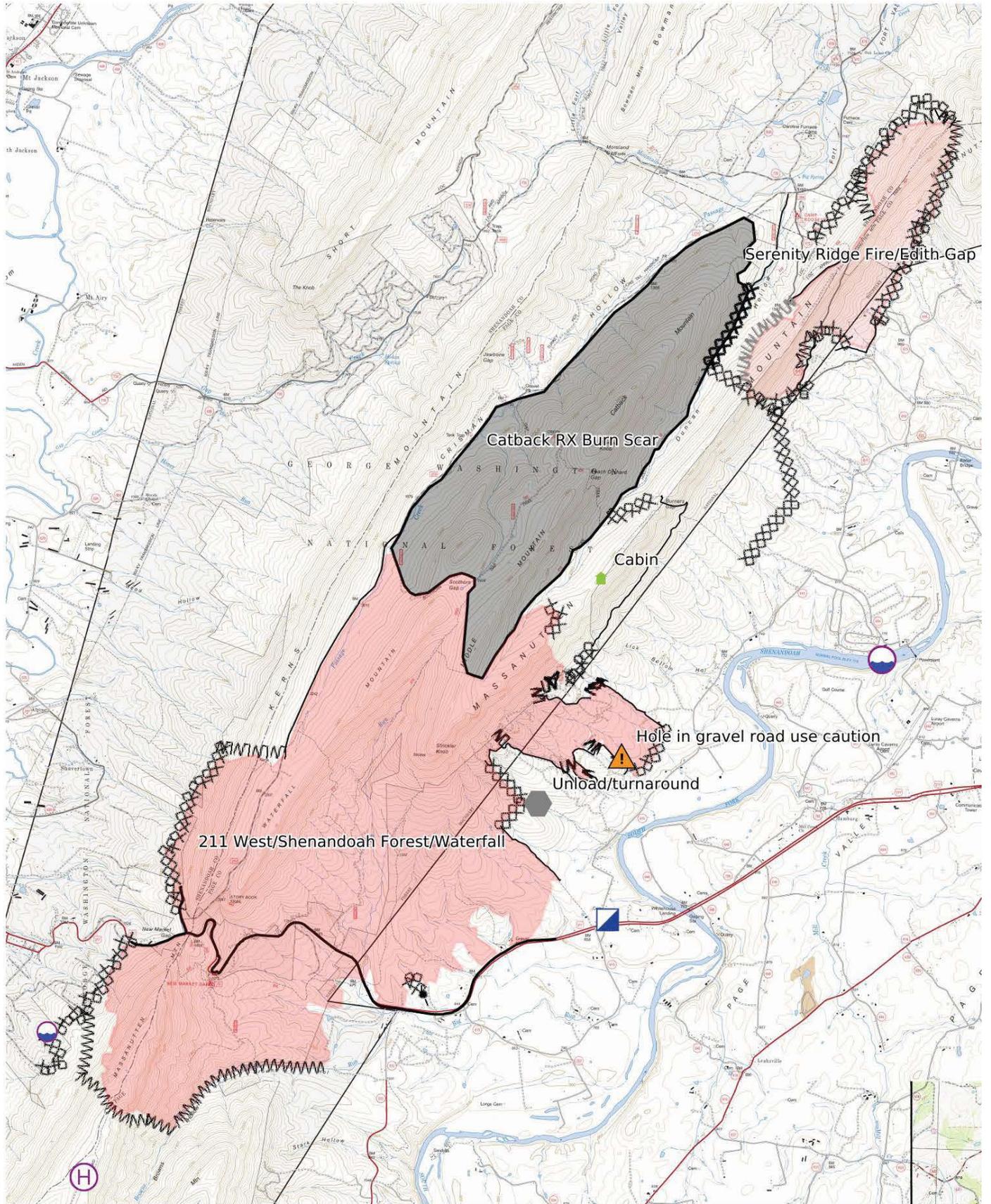
.SUNDAY...Mostly cloudy. Lows in the lower 50s. Highs around 70.
West winds 10 to 15 mph.

.MONDAY...Mostly cloudy with rain likely. Lows in the upper 40s.
Highs in the lower 60s. Southeast winds 10 to 15 mph.

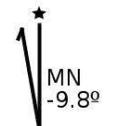
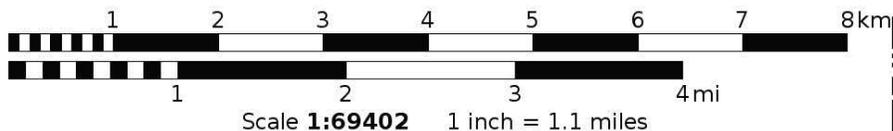
.TUESDAY...Mostly cloudy. Rain likely. Lows in the upper 40s.
Highs in the upper 60s. Southwest winds 15 to 20 mph.

.WEDNESDAY...Mostly cloudy. A chance of rain. Cooler. Lows in the
mid 40s. Highs in the upper 50s. West winds 15 to 20 mph.

.THURSDAY...Breezy. Partly cloudy. Lows in the mid 30s. Highs in
the mid 50s. Northwest winds 15 to 25 mph.



Mercator Projection
 WGS84
 UTM Zone 17S
 CALTOPO



SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Luray Complex	2. Incident Number:	
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan Safety message: Base all action on current and expected fire behavior. Maintain situational awareness at all times. Pay attention to what is happening around your area of operations. Always display an awareness of what is happening around you by asking questions or sharing information. STAY VIGILENT Hydration Drink plenty of fluids - even if you are not thirsty! Snag Safety High probability of continuing falling snags Evaluate each snag individually for falling safety Rolling rocks Equipment Safety: Ensure equipment is currently serviced. Ensure all safety equipment is operational. Follow all FMC rules while transporting equipment- even on private property. Maintain positive communication with Dozer Boss/Spotter. Communication: Provide excellent in-briefing. Ensure instructions are clearly understood. Communication is a basic responsibility for all fire personnel. Ask appropriate questions to clarify uncertain issues. Speak up when you observe hazards that may place you or others at risk. Ensure appropriate information is concisely relayed through the appropriate chain of command Traffic Safety Follow all vehicle laws SLOW DOWN! 5 mph speed limit in and around ICP UTV Follow agency policy at all times Utilize extreme caution at all times Utilize all safety devices while in motion		
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At:		
5. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ICS 208	IAP Page 10	Date/Time: _____

MEDICAL PLAN (ICS 206)

1. Incident Name: Luray Complex		2. Operational Period: Date From: 3/29/24 Date To: 3/29/24 Time From: 0800 Time To: 1800					
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency		Paramedics on Site?			
Luray VFD 25 Memorial Drive	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			
Landing Zone	ICP			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Landing Zone	Graves Mountain Lodge			<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:							
Notify injured party's fireline supervisor of injuries/illness. Fireline supervisor will notify IC.							
Nearest qualified EMT or first responder will provide care and assess the injury/incident							
With serious illness/injury, initiate a Medical Incident Report (ICS 206)							
All accidents, injuries, and near misses will be reported immediately to your supervisor							
<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: Patti Nylander					Signature:		
8. Approved by (Safety Officer): Name:					Signature:		
ICS 206	IAP Page 9	Date/Time: 3/22/24 @ 1800					

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.