Skibo Fire

Incident Action Plan

Operational Periods

Sunday, May 15, 2016 through
Monday, May 16, 2016
0800 – 2000

MN-SUF-000194
P9J8WD (0909)

INCIDENT OBJECTIVES	1. Incident Name Skibo	2. Date Prepared May 14, 2016	3. Time Prepared 1100

4. Operational Period
Sunday, May 15, 2016 through Monday, May 16, 2016

5. General Control Objectives For The Incident (Include Alternatives)

A. Provide for firefighter and public safety

B. Manage the incident in a cost effective manner commensurate with personal and public safety related values at risk.

C. Continue mop-up in preparation of rehabiliation work.

D. Maintain communication with Canadian National Railroad to ensure firefighter safety during passage of trains.

6. Weather Forecast For Period

7. General Safety Message

Be heads up for trains, ticks, and traveling around the district.

8. ATTACHEMENTS (X IF ATTACHED)

xx	Organization List - ICS 203	xx	Medical Plan - ICS 206	☐	
xx	Division Assignment Lists - ICS 204	xx	Incident Map	☐	
xx	Communications Plan - ICS 205	☐	Traffic Plan	☐	

9. Prepared By (Planning Section Chief)	10. Approved By (District Ranger or Acting

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:	2. Operational Period:	Date From: 5/15/16	Date From: 5/16/16
Skibo Fire		Time From: 0800	Time From: 2000

3. Incident Command and Command Staff	
IC / UCs	ICT4 – John Abts
	ICT4(t) – Chris Kramer
Deputy	
Safety Officer	
Public Info. Officer	Tim Engrav 218-208-4585
Liaison Officer	

4. Agency/Organization Representative	
Agency Organization	**Name**
USFS Laurentian	Terry Gallagher

5. Planning Section:	
Chief	Ashley May-Klick 218-576-5212
Deputy	
Resources Unit	
Situation Unit	
IMET	
GISS	Connie Rasmussen
ITSS	
FBAN	
Demob/Status/Check-In	
TNSP	

6. Logistics Section:	
Chief	Dave Worshek 218-290-7192
Deputy	
Support Branch	
Director	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Service Branch	
Director	
Communications Unit	
Communications Tech	
Medical Unit	
Food Unit	
Ordering Manager	Jamie Chopp

7. Operations Staff		
Chief		
Deputy		
Staging Area		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group	M	E662 Ray
Division/Group	N	E612 Schmidt
Division/Group	Z	E631 Tosse
Division/Group		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Air Operations Branch		
Air Ops Branch Dir.		
Air Support Grp Sup		

8. Finance/Administration Section:		
Chief	Joyce Rairdon 218-556-2395	
Deputy	Andrea White	
Time Unit		
Procurement Unit		
Comp/Claims Unit		
Cost Unit		
Personnel Time Rec		

9. Prepared By:	Name: Ashley May-Klick	Title: RESL(t)	Signature: /s/ Ashley May-Klick

DIVISION / GROUP ASSIGNMENT LIST (ICS 204 WF)

1. Incident Name	3.	
SKIBO	☐ BRANCH	X DIVISION/GROUP **Abts, ICT4** **Kramer, ICT4 (t)**
2. Operational Period		
X DAY SHIFT ☐ NIGHT SHIFT		
Date/Time From: 5/15/2016 0800 / Date/Time To: 5/15/2016 2000		

4. Operations Personnel

Operations Chief		Division/Group Supervisor	
Branch Director		Air Attack Supervisor	

5. Resources Assigned this Period

Strike Team/Task Force/ Resource Designator	DIVS	LWD	Leader	# Pers	Drop Off Pt. /Time	Pick up Pt. / Time
E-45 T6 Eng MTBDF 631	Z	5/18	Shane Tosse	3	0800	2000
T6 Eng MNSUF 612	**N**		**Schmidt**	**3**	**0800**	**2000**
E-14 T6 Eng CGNF 662	Ely	5/22	James Ray	4	0800	2000
T6 Eng MTBDF E11	Ely	5/23	Chris Hinkey	3	0800	2000
C-4 Idaho Panhandle	Fuels Prep	5/22	Christopher Smith	20	0800	2000
C-5 Bitterroot IHC	Fuels Prep	5/22	John Wood	20	0800	2000
T3 Helicopter 7MC			Through Sunday			

6. Control Operations/Work Assignments:

Patrol and continue mop-up within 100 feet of control lines.

7. Special Instructions:

***Bold resource designated as Initial Attack Resource.**

8. Division/Group Communications Summary

Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
Command						
Tactical Div/Grp						
Logistics						
Air to Ground						

9. Prepared by (Resource Unit Leader)	Approved by (Planning Section Chief)	Date	Time
/s/ Ashley May-Klick – RESL(t)	/s/ Ashley May-Klick	5/14/2016	1330

INCIDENT RADIO COMMUNICATIONS PLAN	1. Incident Name	2. Date/Time Prepared	3. Operational Period Date/Time
	Skibo	**May 13, 2016 / 0940**	**May 15-16, 2016 / 0800**

4. BASIC RADIO CHANNEL UTILIZATION

Channel Number	Channel	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Assignment
1	SUF SMPX	170.5250		170.5250		Command Repeater
2	LOOKOUT	170.5250		164.1375	151.4	
3	WEBBER	170.5250		164.1375	141.3	Closest Repeater If Working
4	A/G 28	170.0000		170.0000		
5	A/G 70	167.9500		167.9500		
6	SUF A/G1	168.1250		168.1250		
7	SUF TAC1	169.1250		169.1250		Incident Tac
8	MNFS TAC 2	171.4750		171.4750		Incident Tac
9	DNR HIBB	151.3250	103.5	151.3250	103.5	
10	DNR O/T	151.2650	103.5	151.2650	103.5	
11	DNR GR-R	151.2650	103.5	159.2700	82.5	
12	DNR A/G	151.3400	110.9	151.3400	110.9	
13	DNR TAC1	151.4750	156.7	151.4750	156.7	
14	DNR TAC2	170.4750		170.4750		
15	911 ST L	155.9400				
16	AIRGUARD	168.6250		168.6250	110.9	

5. Prepared By (Communications Unit)

A. May-Klick

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: 5/15/2016 Time From: 0800	Date To: 5/16/2016 Time To: 2000
Skibo Fire		

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground):

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
Hoyt Lakes Fire & Rescue ground	Hoyt Lakes, MN	911	☐ ALS ☑ BLS
Virginia Fire Department ground	Virginia, MN	911	☑ ALS ☐ BLS
Life Link III air	Hibbing, MN -- 30 min. flight from Hibbing to Skibo	911 800/328-1377	☑ ALS ☐ BLS
St. Louis Co. SAR air & ground	Virginia & Duluth - Dispatched by St. Louis County	911 218/625-3961	☑ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Essentia Health Northern Pines	5211 Highway 110, Aurora, MN	218/229-2211 47° 31.05' 92° 13.81'	5 min.	30 min.	☑ Yes Level: 4	☐ Yes ☑ No	☑ Yes ☐ No
Essentia Health Virginia Hospital	901 9th St. North, Virginia, MN	218/741-3340 47° 31.53' 92° 32.52'	15 min.	1 hr.	☑ Yes Level: 4	☐ Yes ☑ No	☑ Yes ☐ No
St. Luke's Hospital	915 E.1st St., Duluth, MN	218/249-5555 46° 47.85' 92° 05.16'	30 min.	1.5 hrs.	☑ Yes Level: 2	☐ Yes ☑ No	☑ Yes ☐ No
Essentia St. Mary's Medical Center	407 East 3rd St., Duluth, MN	218/786-4000 46° 47.63' 92° 47.63'	30 min.	1.5 hrs.	☑ Yes Level: 2	☑ Yes ☑ No	☑ Yes ☐ No
					☐ Yes Level:	☐ Yes ☐ No	☐ Yes ☐ No

6. Special Medical Emergency Procedures:

Ensure scene safety (remove yourself and patient from risk of further harm)
Report medical emergency to supervisor
Identify IC for incident within the incident
Identify point of contact for incident within the incident
Clear radio traffic and relay 9 Line Medical Incident Report (pages 108 & 109 in IRPG)

Skibo helispot location (H-1): 47° 29.35' North, 91° 59.30' West

Refer to pink pages in IRPG for more medical information

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

7. Prepared by (Medical Unit Leader): Name: Ashley May-Klick Signature: _____

8. Approved by (Safety Officer): Name: _____ Signature: _____

ICS 206	IAP Page _____	Date/Time: _____

9 Line Medical Incident Report

Medical Incident Report

FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

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.*

Number of Patients:	Male / Female	Age:	Weight:
Conscious? ☐ YES	☐**NO = MEDEVAC!**		
Breathing? ☐ YES	☐ **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
☐ **URGENT-RED 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 **IMMEDIATE.**
☐ **PRIORITY-YELLOW 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 **DELAYED.**
☐ **ROUTINE-GREEN** Not a life threatening injury or illness. *Ex: Sprains, strains, minor heat-related illness.*	Non-Emergency. Evacuation considered **Routine of Convenience.**

5. TRANSPORT PLAN:

Air Transport: (Agency Aircraft Preferred)

☐ Helispot	☐ Short-haul/Hoist	☐ Life Flight	☐ Other

Ground Transport:

☐ Self-Extract	☐ Carry-Out	☐ Ambulance	☐ Other

6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:

☐ Paramedic/EMT(s)	☐ Crew(s)	☐ SKED/Backboard/C-Collar
☐ Burn Sheet(s)	☐ Oxygen	☐ Trauma Bag
☐ Medication(s)	☐ IV/Fluid(s)	☐ Cardiac Monitor/AED

☐ Other (i.e. 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 ETA's of resources ordered Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively.

Eastern Region
Tick Protocol Exposure Form

Due to the nature of certain positions, employees can be exposed to ticks on a recurring basis. This form is available for employees to document a known exposure to ticks in the performance of their official duties. It is important for employee to retain copies of these forms. If a claim is filed, attach a copy of this form in e-Safety for submission to OWCP.

EMPLOYEES' NAME:	
TITLE, SERIES, GRADE:	
DUTY LOCATION:	

DATE	WORK LOCATION	BODY PART AFFECTED	REMARKS

Employee
Signature_____Date_____

Supervisor's
Signature_____Date_____
* When filing this form as documentation a Supervisor's signature is required.

Edited 6/30/2015

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** (CONTINUE ON REVERSE)

TIME	MAJOR EVENTS

NFES 1337

TIME	MAJOR EVENTS
214 ICS 5-80	9. PREPARED BY (NAME AND POSITION)