

INCIDENT ACTION PLAN

BLUE INCIDENT

CA-KRN-036149

Sunday



OPERATIONAL PERIOD

8/11/2024 0700
to
8/12/2024 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">BLUE</p>	2. Operational Period: Date From: 8/11/2024 Date To: 8/12/2024 Time From: 0700 Time To: 0700
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3. Objective(s):

Management Objectives

- Provide for emergency personnel and public safety at all times.
- Protect property, improvements, and infrastructure.
- Ensure coordinated, timely and accurate release of public information.
- Maintain fiscal accountability and keep costs commensurate with values at risk.

Control Objectives

- Keep the fire in current perimeter.

General Situational Awareness:

Extreme heat, critically dry and receptive fuel beds.

5. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan

<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 215A	<input type="checkbox"/> ICS 205 A	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Facility Maps	<input type="checkbox"/> Travel Map	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Demob Plan	<input type="checkbox"/> County Health Message
<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

7. Prepared By: BJ Corey	Position/Title: DPSC	Signature: _____
8. Approved by Incident Commander:	Eric Coughran	Signature: _____

	Latitude:		Longitude:		
1. Incident Name: BLUE	2. Operational Period:	Date From: 8/11/24	Date To: 8/12/24		
		Time From: 0700	Time To: 0700		
<p>.DISCUSSION...</p> <p>Dry conditions will prevail. Temperatures will trend cooler to near normal by Monday then little changes through Thursday. RH will remain low during the afternoons but overnight recoveries will improve with the cooler conditions. Breezy conditions will develop during the afternoons which will maintain an elevated risk for grass fires.</p> <p>.SUNDAY...</p> <p>Sky/weather.....Sunny (0-10 percent). Max temperature.....90-95. Min humidity.....15-20 percent. Eye level winds....Downslope winds up to 9 mph becoming Upslope 10 to 12 mph in the afternoon. Surrounding ridge...West 15 to 25 mph. Mixing height.....Rising to 7900 ft AGL. Transport winds....West around 15 mph. Wind (20 ft).....Southeast winds 5 to 15 mph becoming west 16 to 20 mph in the afternoon.</p> <p>.SUNDAY NIGHT...</p> <p>Sky/weather.....Mostly clear (5-15 percent). Min temperature.....57-62. Max humidity.....53-58 percent. Eye level winds....Upslope winds up to 10 mph in the evening becoming light. Surrounding ridge...West 17 to 20 mph. Mixing height.....Rising to 1400 ft AGL. Transport winds....West around 14 mph. Wind (20 ft).....West winds 6 to 17 mph in the evening becoming light.</p> <p>.MONDAY...</p> <p>Sky/weather.....Sunny (0-10 percent). Max temperature.....87-92. Min humidity.....20-25 percent. Eye level winds....Downslope winds up to 8 mph becoming upslope around 11 mph in the afternoon. Surrounding ridge...West 17 to 20 mph. Mixing height.....Rising to 7700 ft AGL. Transport winds....West around 16 mph. Wind (20 ft).....South winds 5 to 14 mph becoming west around 18 mph in the afternoon.</p>					
PREPARED BY:		Date/Time: 8/10/24			

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN										CONTROLLED UNCLASSIFIED INFORMATION/BASIC	
1. Incident Name: BLUE		2. Date/Time Prepared Date: 08/10/2024 Time: 1930		3. Operational Period: Date From: 08/11/24 Time From: 0700 Date To: Time To: 0700							
Incident Channels											
4. Communications											
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes		
1	DISPATCH	KRN 3	ALL DIVS	155.6250	(T7) 167.9	158.8500	(T7) 167.9	A			
2	TACTICAL	VFIRE 22	DIV A	154.2650	(T6) 156.7	154.2650	(T6) 156.7	A			
3	TACTICAL	VFIRE 25	DIV Y	154.2875	(T6) 156.7	154.2875	(T6) 156.7	A			
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14	A/G	CDF A/G8	ALL DIVS	159.3450	(T16) 192.8	159.3450	(T16) 192.8	A			
15	TACTICAL	CALCORD	ALL DIVS	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A			
16	EMERGENCY	AIR GUARD	ALL DIVS	168.6250		168.6250	T-1, 110.9				
17											
18											
19											
20	EMERGENCY	AIR GUARD	ALL DIVS	168.6250		168.6250	T-1, 110.9				
5. Special Instructions											
This is a test											
6. Prepared by (Communications Unit Leader): Name: _____										Signature: _____	
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION/BASIC										Date/Time: 08/10/2024 1930	

MEDICAL PLAN (ICS 206)

1. Incident Name: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BLUE</div>	2. Operational Period: Date From: <u>8/11/24</u> Date To: <u>8/12/24</u> Time From: <u>0700</u> Time To: <u>0700</u>
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3. Medical Aid Stations:			
Name	Location	Contact Number/Freq	Paramedics

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number	Level of Service
Hall Ambulance	Bakersfield	911	ALS
Mercy Air 15	Bakersfield	911	ALS

5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long		Air	Ground			
Kern Medical Center	1700 Mount Vernon Avenue, Bakersfield, CA 93306	(661) 326-2000	30	60	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bakersfield Memorial Hospital	420 34Th St, Bakersfield, CA 93301	(661) 327-1792	30	30		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

6. Special Medical Emergency Procedures	
<p>Line Emergency Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.</p> <ul style="list-style-type: none"> - Division Group Supervisor Contacts: <ol style="list-style-type: none"> 1. Closest EMS resource 2. Communications Unit - Communications Unit Contacts: <ol style="list-style-type: none"> 1. Ground or Air ambulance as requested. 2. Operations 3. Safety 4. Medical Unit - Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel. <ol style="list-style-type: none"> 1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency. - Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need. <p>Camp Emergency Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient.</p> <ul style="list-style-type: none"> - Medical Unit contacts <ol style="list-style-type: none"> 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims 	<p>Injury Reporting Procedures</p> <p>Nature of Injury: _____</p> <p>Location of Patient: _____</p> <p>Point of Contact: _____</p> <p>Transportation Requested by: Air _____ Ground _____</p> <p>Point of Pick-Up: _____</p> <p style="padding-left: 40px;">Lat: _____ Long: _____</p> <p>Patient Unit ID: _____</p> <p>Is an EMT with Patient: Yes _____ No _____</p> <p>Age: _____ Sex: Male _____ Female _____</p> <p>All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.</p>

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

7. Prepared by (Medical Unit Leader):	Signature: _____
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8. Approved by (Safety Officer):	Signature: _____
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ICS 206	NIMS IAP	Date/Time: _____
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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: BLUE	2. Operational Period:	Date From: 8/11/24 Time From: 0700	Date To: 8/12/24 Time To: 0700
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Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.

Maintain situational awareness. Look up, Look down, Look around.

Be mindful of extreme heat.

Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.

Remain mindful of what is going on around you! LCES!

Potential thunderstorms in the forecast. Have a plan!

4. Site Safety Plan Required? No

Approved Site Safety Plan(s) Located At:

5. Prepared By:

Position/Title: SOFR

ICS 208

Date/Time: 8/10/2024 / 2030

Signature: _____

