

INCIDENT ACTION PLAN

ROAD INCIDENT

CA-KRN-2423932

Wednesday



OPERATIONAL PERIOD

6/5/2024 0700
to
6/6/2024 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: ROAD	2. Operational Period: Date From: 6/5/2024 Time From: 0700	Date To: 6/6/2024 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.
- Foster and maintain relationships with all cooperators and stakeholders.
- Maintain fiscal accountability and keep costs commensurate with values at risk.

Control Objectives

- Keep fire in existing containment lines

General Situational Awareness:

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 checked="" 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: Jason Schillinger Position/Title: PSC Signature: _____

8. Approved by Incident Commander: Brian Powers Signature: _____

ICS 202

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

**CONTROLLED UNCLASSIFIED
INFORMATION//BASIC**

1. Incident Name: ROAD Incident Channels		2. Date/Time Prepared Date: 06/04/2024 Time: 1930	3. Operational Period: Date From: 06/05/24 Date To: 06/06/24 Time From: 0700 Time To: 0700	
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4. Communications

Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
1	COMMAND	KRN 2	ALL DIVS	155.8800	(T7) 167.9	158.9400	(T3) 131.8		
2	TACTICAL	CDF T32	ALL DIVS	159.3825	(T17) 67.0	159.3825	(T17) 67.0	A	
3	TACTICAL	CDF T33	ALL DIVS	151.2425	(T17) 67.0	151.2425	(T17) 67.0	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									

5. Special Instructions

This is a test

6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____

MEDICAL PLAN (ICS 206)

1. Incident Name: <div style="text-align: center; font-weight: bold;">ROAD</div>	2. Operational Period: Date From: <u>6/5/24</u> Date To: <u>6/6/24</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
Mercy Air 15	Bakersfield	911	ALS
Liberty Air 8	Ridgecrest	911	ALS

5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long		Air	Ground			
Mercy Southwest	400 Old River Rd, Bakersfield		15	30		<input type="checkbox"/>	<input type="checkbox"/>
Kern Medical	1700 Mount Vernon, Bakersfield		20	40	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Memorial	420 34th St, Bakersfield		25	50		<input checked="" 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: _____

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

1. Incident Name: ROAD	2. Operational Period:	Date From: 6/5/24	Date To: 6/6/24
		Time From: 0700	Time To: 0700

Working on steep, uneven terrain. Be mindful of rolling materials.

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

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

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

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

5. Prepared By: Position/Title: SOFR
Signature: _____
 ICS 208 Date/Time: 6/4/2024 / 2030

