



## S-131 Unit 1 Activity 1-1: Initial Attack

### Materials:

- *Incident Commander's Organizer*, PMS 206, <https://www.nwcg.gov/publications/pms206>
- *NWCG Incident Position Standards for Firefighter Type 1 (Squad Boss)*, PMS 350-14, <https://www.nwcg.gov/publications/pms350-14>
- *NWCG Incident Position Standards for Incident Commander Type 5*, PMS 350-116, <https://www.nwcg.gov/publications/pms350-116>
- *NWCG Incident Response Pocket Guide (IRPG)*, PMS 461, <https://www.nwcg.gov/publications/pms461>
- (Optional) NWCG Course Skill Assessment for S-131, Firefighter Type 1
- Handheld radios (if available)

**Length:** 1 hour, 35 minutes.

**Purpose:** Practice completing a sizeup and communicating information to appropriate personnel during an Initial Attack (IA).

### IPD Alignment:

- Communicate effectively.
- Communicate with dispatch throughout the operational period(s).
- Complete incident sizeup.
- Identify, analyze, and use relevant situational information to make more informed decisions and take appropriate actions.
- Adjust actions based on changing information/situation.
- Monitor incident complexity.
- Determine appropriate fireline strategies.
- Act as a lookout.
- Ensure Lookouts, Communications, Escape Routes, and Safety Zones (LCES) are established and known.

### Directions:

- Receive the scenario segment from your instructor, coach, or training assistant.
- Review the scenario segment and supporting materials in your activity packet.

## Unit 1 Activity 1-1: Initial Attack

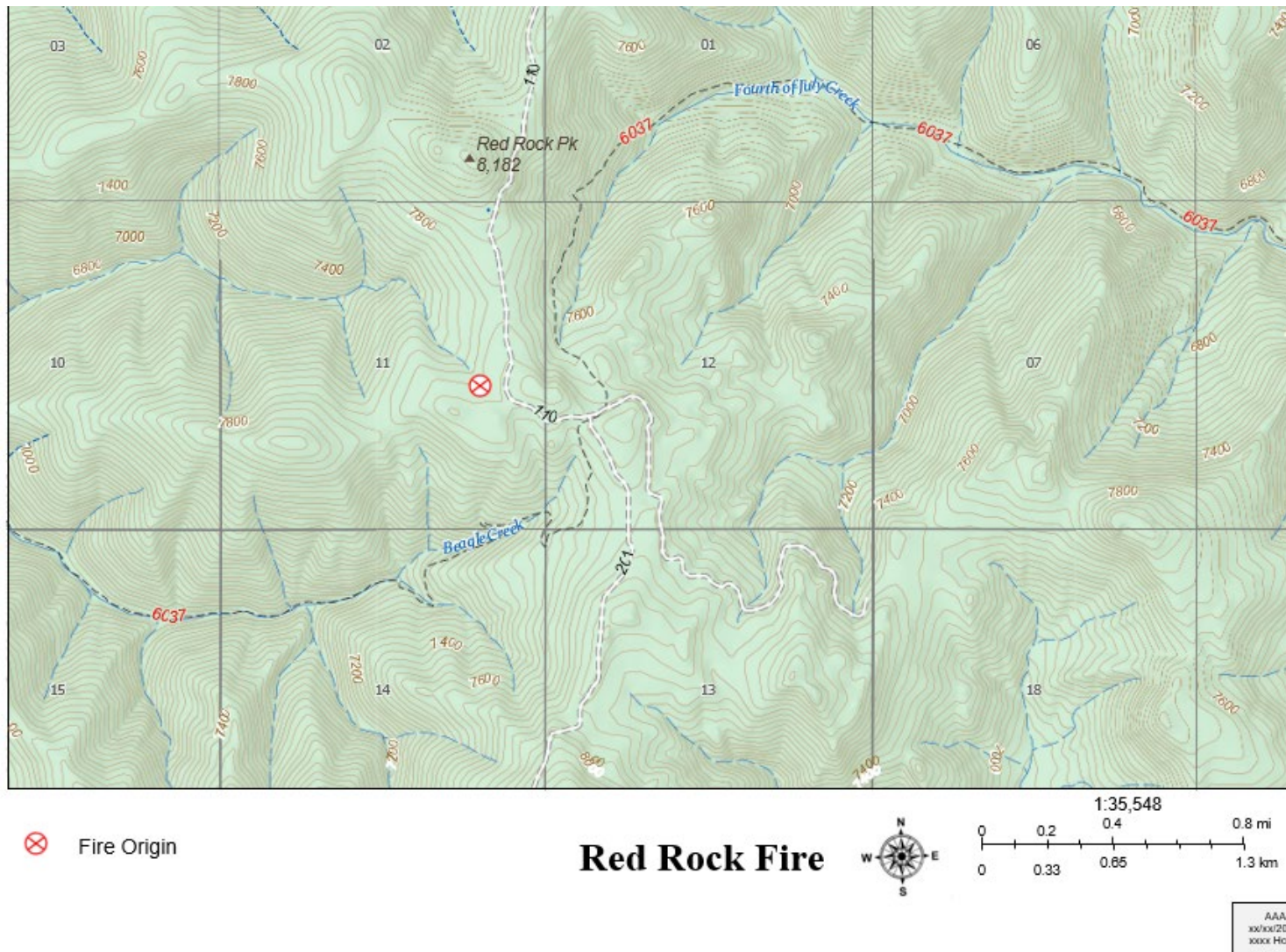
- Work individually to complete tasks and/or answer the questions in your activity packet.
  - Refer to *Incident Commander's Organizer*, PMS 206; *NWCG Incident Position Standards for Firefighter Type 1 (Squad Boss)*, PMS 350-14; *NWCG Incident Position Standards for Incident Commander Type 5*, PMS 350-116; and the *IRPG* for support throughout the activity.
- Be prepared to share your answers with the group.

# Unit 1 Activity 1-1: Initial Attack

## Initial Attack Scenario Segment 1 of 4:

You have just been dispatched to a new smoke report. The current weather is mostly clear skies with occasional high clouds. The temperature ranges from highs of 85 °F and lows around 55 °F. Relative humidity (RH) is around 20 percent with winds coming from the northwest at 10 – 15 miles per hour (mph). No significant precipitation is expected over the next 24 hours.

## Red Rock Incident Map



# Unit 1 Activity 1-1: Initial Attack

## Tasks/Questions:

- Listen to the dispatch recording and take notes in the space provided below.
- What is the responsibility of an Incident Commander Type 5 (ICT5) prior to being dispatched?
- What is the responsibility of an ICT5 after being dispatched?

## Unit 1 Activity 1-1: Initial Attack

### Initial Attack Scenario Segment 2 of 4:

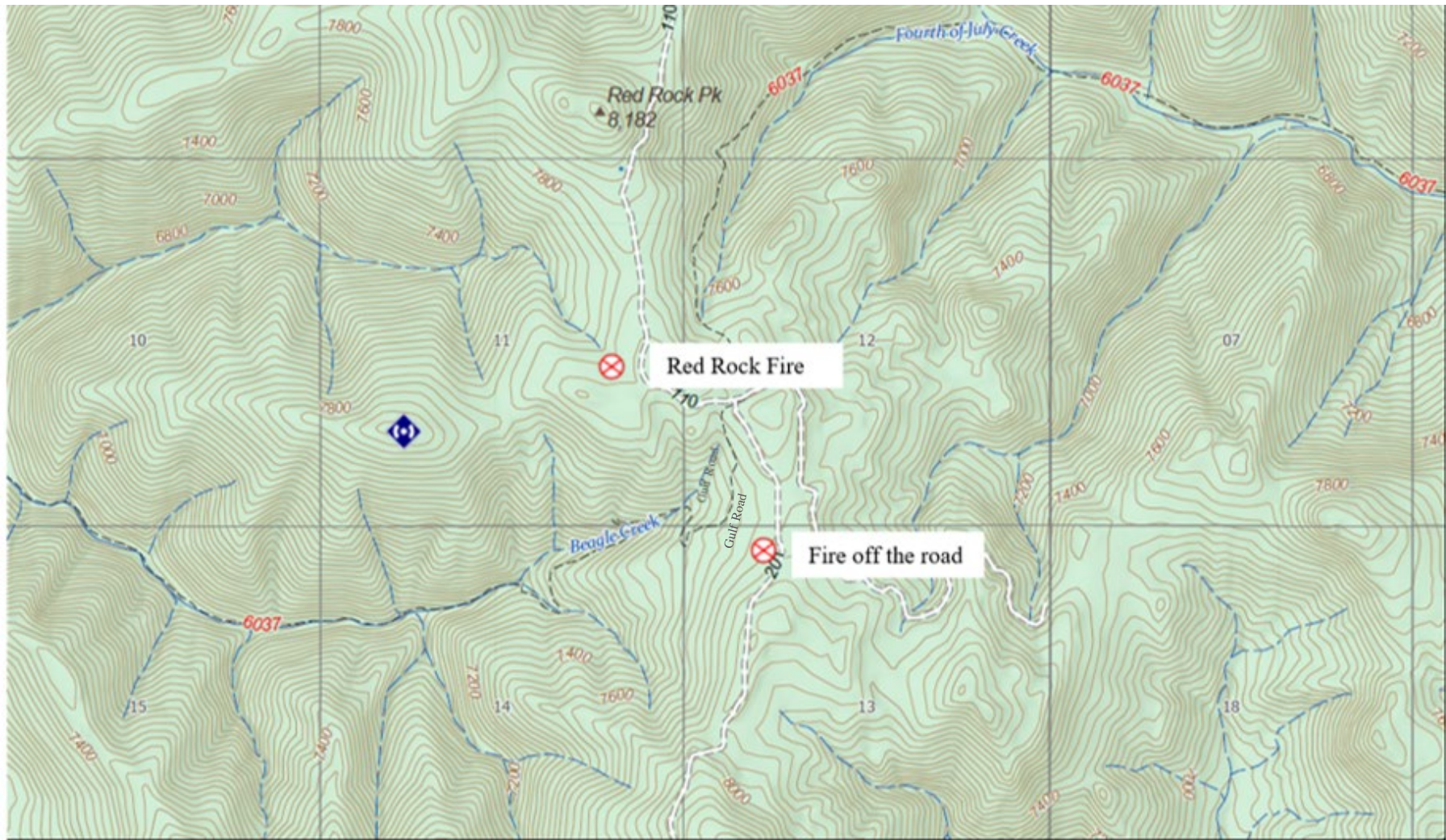
While en route to your smoke report near Red Rock Peak, you see another fire. As you get closer, you realize it is a couple of miles away from the smoke report you were dispatched to and directly off the road on which you are driving. You call in to dispatch, let them know about the new fire, and ask for their instructions. They ask you for an initial sizeup.

### Fire off the Road



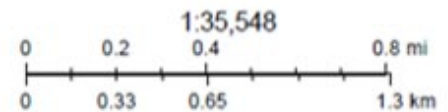
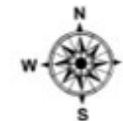
## Unit 1 Activity 1-1: Initial Attack

### Incident Map Showing the Fire off the Road



- Fire Origin
- Repeater

**Red Rock Fire**



AAA  
xx/xx/20XX  
xxxx Hours

## Unit 1 Activity 1-1: Initial Attack

### Tasks/Questions:

- Prepare the initial sizeup in the space provided below.
- Provide the initial sizeup to dispatch.

# Unit 1 Activity 1-1: Initial Attack

## Initial Attack Scenario Segment 3 of 4:

Dispatch wants you to head to the original smoke report as they expect it to have more potential. They dispatch an engine to the one you just reported and name it Gulf Road. You continue making your way to the original fire and hear the Gulf Road Incident Commander (IC) call their engine on scene. Shortly after, you arrive on scene of your fire.

On arrival, you see creeping fire behavior with potential for single tree torching in brush, needle cast, and timber. The fire is about one-tenth of an acre in size and located about 1,500 feet from a seemingly unoccupied private structure. The fire's footprint is on the Forest Service side of the boundary and slightly downslope from the structure. The winds are pushing gently towards the structure. On the other side of the structure is a large rock scree that the fire will not be able to pass. There is a steep drainage ditch with heavy fuel loading near the origin on the lower part of the fire. You do NOT see a lightning strike tree.

### Creeping Fire



## Unit 1 Activity 1-1: Initial Attack

### Unoccupied Structure



# Unit 1 Activity 1-1: Initial Attack

## *Incident Commander's Organizer, PMS 206*

|                                            |                                                  |                                                 |                                             |
|--------------------------------------------|--------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <b>INCIDENT SIZE-UP</b>                    |                                                  | <b>Date:</b> _____                              |                                             |
| <b>Incident Name</b>                       |                                                  | <b>Incident Number</b>                          |                                             |
| <b>IC Name</b>                             |                                                  |                                                 |                                             |
| <b>Descriptive Location</b>                |                                                  |                                                 |                                             |
| <b>Arrival Date and Time</b>               |                                                  |                                                 |                                             |
| <b>Coordinates: Latitude</b>               |                                                  | <b>Longitude:</b>                               |                                             |
| <b>Estimated Size</b>                      |                                                  |                                                 |                                             |
| <b>Estimated Containment Date and Time</b> |                                                  |                                                 |                                             |
| <b>Estimated Control Date and Time</b>     |                                                  |                                                 |                                             |
| <b>Fire Investigator Needed</b>            |                                                  |                                                 |                                             |
| <b>Resources Responding/On scene</b>       |                                                  |                                                 |                                             |
| <b>Structures Threatened</b>               |                                                  |                                                 |                                             |
| <b>Control Problems</b>                    |                                                  |                                                 |                                             |
| <b>Hazards in the area</b>                 |                                                  |                                                 |                                             |
| <b>Additional Resources Needed</b>         |                                                  |                                                 |                                             |
| <b>Spread Potential:</b><br>Choose         | 1. Low                                           | 2. Moderate                                     | 3. High      4. Extreme                     |
| <b>Character of fire:</b><br>Choose        | 1. Smoldering<br>4. Spotting<br>7. Erratic       | 2. Creeping<br>5. Torching<br>8. Crown/Spotting | 3. Running<br>6. Crowning                   |
| <b>Slope at head of fire:</b><br>Choose    | 1. 0-25%<br>4. 56-75%                            | 2. 26-40%<br>5. 76%+                            | 3. 41-55%                                   |
| <b>Position on Slope:</b><br>Choose        | 1. Ridgetop<br>4. Middle 1/3<br>7. Valley Bottom | 2. Saddle<br>5. Lower 1/3<br>8. Mesa            | 3. Upper 1/3<br>6. Canyon Bottom<br>9. Flat |
| <b>Fuel Type</b>                           |                                                  |                                                 |                                             |
| <b>Wind Speed and Direction</b>            |                                                  |                                                 |                                             |

# Unit 1 Activity 1-1: Initial Attack

## Tasks/Questions:

- Complete a full sizeup using *Incident Commander's Organizer*, PMS 206.
- Determine LCES. What is the importance of continually reassessing LCES?
- Ensure preparedness for medical emergencies. What would you include in the medical plan?
- Develop initial tactics.
- Outline what you will include in your briefing to the squad.

# Unit 1 Activity 1-1: Initial Attack

## Initial Attack Scenario Segment 4 of 4:

The squad gets around the fire, but the qualified ICT5 notices moderate smoke coming from downhill. Upon further investigation, it appears that hot rollout started a spot fire with significant fuel loading between the squad and the spot fire. By the time the IC gets there, it is about one-fourth of an acre and growing rapidly.

### Spot Fire



### Tasks/Questions:

- What information do you need to communicate to update dispatch?
- What are the indicators of increasing complexity past the level of an ICT5?

## Unit 1 Activity 1-1: Initial Attack

- Outline your transition process.
- What do you need to do until the requested resources arrive?
- Outline your briefing to the incoming IC on completed tactics and suggested tactics.



## S-131 Unit 2 Activity 2-1: Directing Assigned Personnel

### Materials:

- *NWCG Incident Position Standards for Firefighter Type 1 (Squad Boss)*, PMS 350-14, <https://www.nwcg.gov/publications/pms350-14>
- *NWCG Incident Position Standards for Incident Commander Type 5*, PMS 350-116, <https://www.nwcg.gov/publications/pms350-116>
- *NWCG Incident Response Pocket Guide (IRPG)*, PMS 461, <https://www.nwcg.gov/publications/pms461>
- (Optional) NWCG Course Skill Assessment for S-131, Firefighter Type 1

**Length:** 1 hour, 5 minutes.

**Purpose:** Practice developing and presenting a briefing.

### IPD Alignment:

- Brief assigned personnel.
- Adjust actions based on changing information/situation.
- Communicate effectively.
- Ensure Lookouts, Communications, Escape Routes, and Safety Zones (LCES) are established and known.

### Directions:

- Receive the scenario segment from your instructor, coach, or training assistant.
- Review the scenario segment and supporting materials in your activity packet.
- Work individually to complete your tasks and/or answer the questions in your activity packet.
- Be prepared to share your answers with the group.

## Unit 2 Activity 2-1: Directing Assigned Personnel

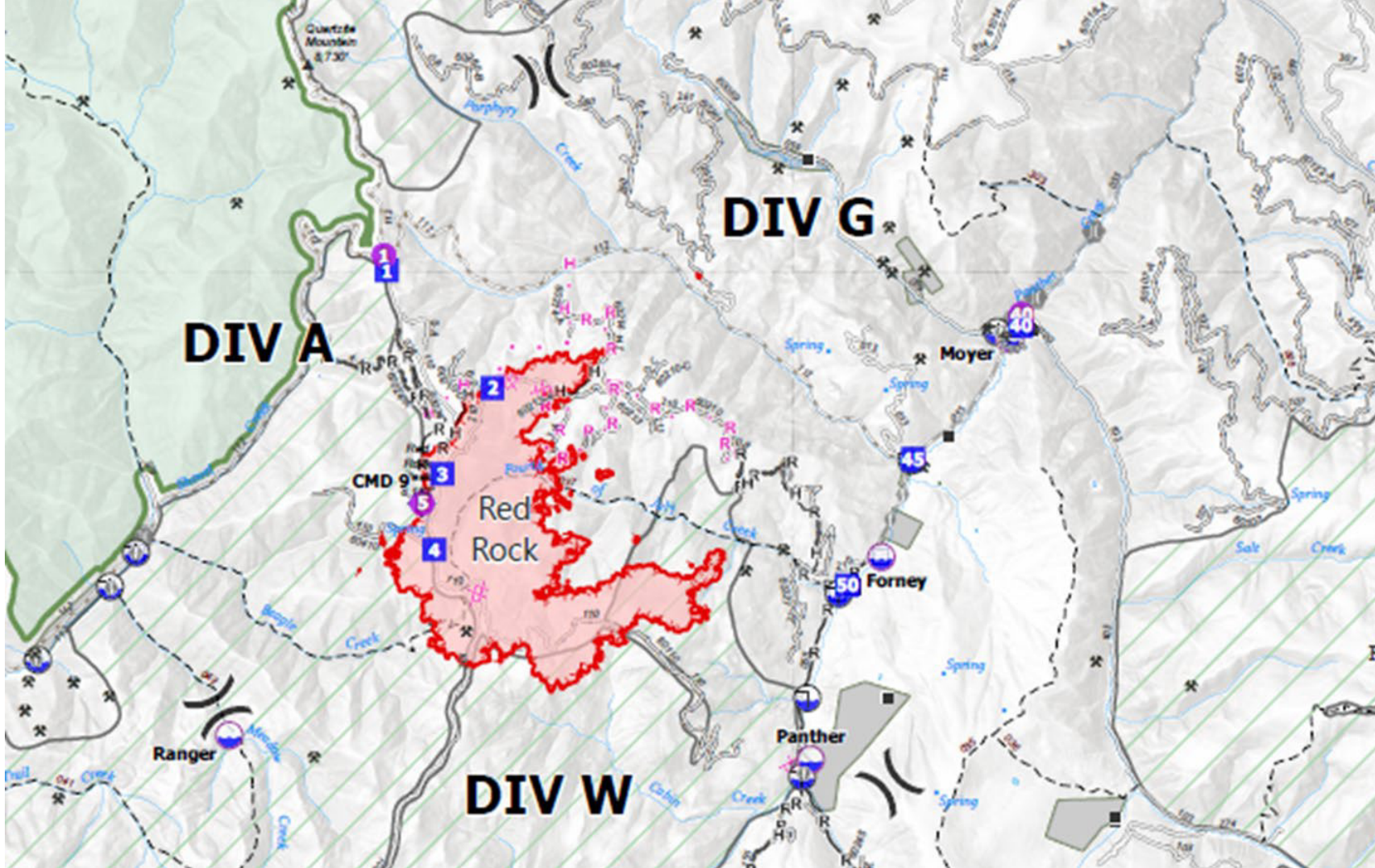
### Directing Assigned Personnel Scenario Segment 1 of 2:

It has now been a week. An Incident Management Team (IMT) has taken over the fire, which has grown to 500 acres. You are working in Division W. Your Crew Boss, Single Resource (CRWB) instructs you to begin leapfrogging line construction with another squad and shows you the start and end anchor points on the map. The briefing from your CRWB includes the following:

- Weather
  - There will be mostly clear skies with occasional high clouds.
  - Daytime temperature highs will reach 85 °F, with overnight lows around 55 °F.
  - Relative humidity (RH) will drop to around 20 percent in the afternoon, rising to 50 percent overnight.
  - Winds will be coming from the northwest at 10–15 miles per hour (mph), with gusts up to 25 mph in the afternoon.
  - No significant precipitation is expected over the next 24 hours.
- Fire behavior
  - Currently, the observed fire behavior is low intensity with flame lengths of 2–3 feet.
  - Dry grasses and brush will contribute to rapid fire spread. Fine fuels are critically dry.
  - There is high potential for rapid fire spread due to dry conditions and wind. Expect active fire behavior, especially in the afternoon when winds increase.
- Safety considerations
  - Watch for changes in wind direction and speed.
  - Maintain situational awareness and effectiveness of escape routes and safety zones.
  - Be cautious of falling debris and snags in burned areas.

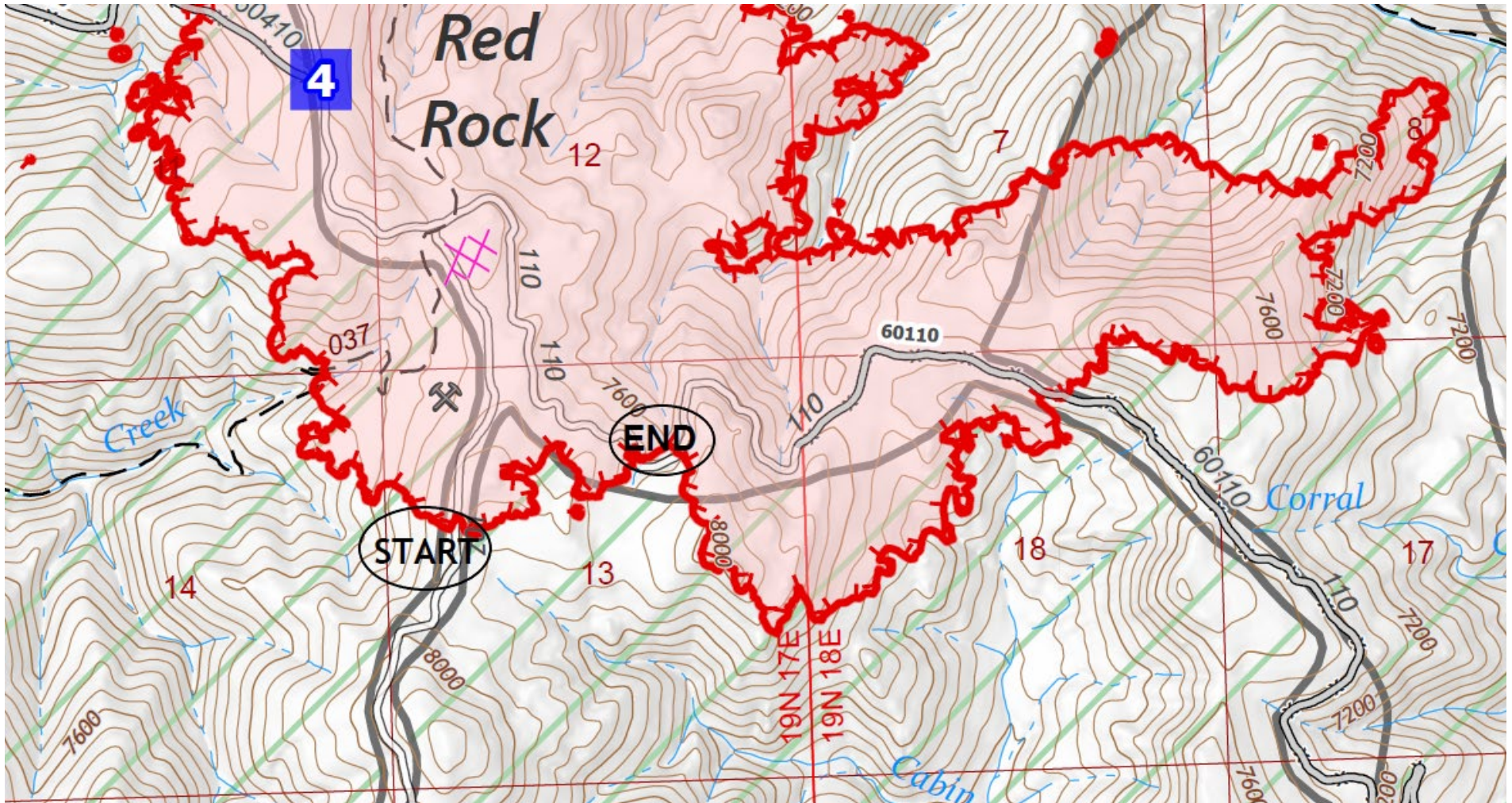
## Unit 2 Activity 2-1: Directing Assigned Personnel

Incident Map



## Unit 2 Activity 2-1: Directing Assigned Personnel

Fireline Map



## Unit 2 Activity 2-1: Directing Assigned Personnel

### Incident Radio Communications Plan (ICS 205)

| <b>1. Incident Name:</b><br>Red Rock Fire                                                   |      |               |                                             | <b>2. Date/Time Prepared:</b><br>Date: xx/xx/xxxx<br>Time: 22:00 |                |                       |                | <b>3. Operational Period:</b><br>Date From: xx/xx/xxxx Date To: xx/xx/xxxx<br>Time From: 06:00 Time To: 20:00 |                   |                       |
|---------------------------------------------------------------------------------------------|------|---------------|---------------------------------------------|------------------------------------------------------------------|----------------|-----------------------|----------------|---------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|
| <b>4. Basic Radio Channel Use:</b>                                                          |      |               |                                             |                                                                  |                |                       |                |                                                                                                               |                   |                       |
| Zone Grp.                                                                                   | Ch # | Function      | Channel Name/Trunked Radio System Talkgroup | Assignment                                                       | RX Freq N or W | RX Tone/NAC           | TX Freq N or W | TX Tone/NAC                                                                                                   | Mode (A, D, or M) | Remarks               |
|                                                                                             | 1    | TACTICAL      | TAC 1                                       | DIV A                                                            | 168.0500       | 123.0                 | 168.0500       | 123.0                                                                                                         | A                 | DIV A                 |
|                                                                                             | 2    | TACTICAL      | TAC 2                                       | DIV W                                                            | 168.2000       | 123.0                 | 168.2000       | 123.0                                                                                                         | A                 | DIV W                 |
|                                                                                             | 3    | COMMAND       | CMD 7                                       | CMD                                                              | 170.4500       | 123.0                 | 170.4500       | 123.0                                                                                                         | A                 | RED ROCK              |
|                                                                                             | 4    | AIR TO GROUND | A/G PRI                                     | AIR                                                              | 169.1500       | 0.0                   | 0.0            | 168.4000                                                                                                      | A                 | AIR TO GROUND PRIMARY |
|                                                                                             | 5    | AIR TO GROUND | AG VMEDIAIR                                 | CMD                                                              | 55.3400        | 0.0                   | 155.3400       | 156.7                                                                                                         | A                 | MEDIVAC               |
|                                                                                             | 6    |               |                                             |                                                                  |                |                       |                |                                                                                                               |                   |                       |
| <b>5. Special Instructions:</b>                                                             |      |               |                                             |                                                                  |                |                       |                |                                                                                                               |                   |                       |
| <b>6. Prepared by</b> (Communications Unit Leader) Name: <u>xxxx</u> Signature: <u>xxxx</u> |      |               |                                             |                                                                  |                |                       |                |                                                                                                               |                   |                       |
| ICS 205                                                                                     |      |               | IAP Page                                    |                                                                  |                | Date/Time: xx/xx/xxxx |                |                                                                                                               |                   |                       |

# Unit 2 Activity 2-1: Directing Assigned Personnel

## Medical Plan and Medical Incident Report (ICS 206 WF)

| 1. Incident/Project Name     |                                                                                                                     |                               |                               | 2. Operational Period             |                                       |                                     |                                     |                            |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-----------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|----------------------------|
| Red Rock Fire                |                                                                                                                     |                               |                               | Date/Time xx/xx/xxx to xx/xx/xxxx |                                       |                                     |                                     |                            |
| 3. Ambulance Services        |                                                                                                                     |                               |                               |                                   |                                       |                                     |                                     |                            |
| Name                         | Complete Address                                                                                                    |                               |                               | Phone & EMS Frequency             | Advanced Life Support (ALS)<br>Yes No |                                     |                                     |                            |
| Red Rock Peak FD             |                                                                                                                     |                               |                               | Call via CMD                      | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |                                     |                            |
| Red Rock Peak EMS            |                                                                                                                     |                               |                               | Call via CMD                      | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |                                     |                            |
| 4. Air Ambulance Services    |                                                                                                                     |                               |                               |                                   |                                       |                                     |                                     |                            |
| Name                         | Phone                                                                                                               |                               | Type of Aircraft & Capability |                                   |                                       |                                     |                                     |                            |
| Air Med                      | Order via Command                                                                                                   |                               | ALS, Helo                     |                                   |                                       |                                     |                                     |                            |
| Mercy Flight                 | Order via Command                                                                                                   |                               | ALS, Helo/Fixed-Wing          |                                   |                                       |                                     |                                     |                            |
| 5. Hospitals                 |                                                                                                                     |                               |                               |                                   |                                       |                                     |                                     |                            |
| Name<br>Complete Address     | GPS Datum – WGS 84<br>Coordinate Standard<br>Degrees Decimal Minutes<br>DD° MM.MMM' N – Lat<br>DD° MM.MMM' W – Long |                               | Travel Time<br>Air Gnd        |                                   | Phone                                 | Helipad<br>Yes No                   |                                     | Level of Care<br>Facility  |
|                              | Lat:                                                                                                                |                               | 30 min                        | 1.5 hrs                           |                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                            |
| Red Rock Medical Center      | Long:                                                                                                               |                               |                               |                                   |                                       |                                     |                                     | Level 2 Trauma, Cath Lab   |
|                              | VHF:                                                                                                                |                               |                               |                                   |                                       |                                     |                                     |                            |
| Universal Medical Center     | Lat:                                                                                                                |                               | 1 hr                          | 3-4 hrs                           |                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Level 1 Trauma Burn Center |
|                              | Long:                                                                                                               |                               |                               |                                   |                                       |                                     |                                     |                            |
|                              | VHF:                                                                                                                |                               |                               |                                   |                                       |                                     |                                     |                            |
| St. Mary's Medical Center    | Lat:                                                                                                                |                               | 45 min                        | 2 hrs                             |                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Level 3 General            |
|                              | Long:                                                                                                               |                               |                               |                                   |                                       |                                     |                                     |                            |
|                              | VHF:                                                                                                                |                               |                               |                                   |                                       |                                     |                                     |                            |
|                              | Lat:                                                                                                                |                               |                               |                                   |                                       | <input type="checkbox"/>            | <input type="checkbox"/>            |                            |
|                              | Long:                                                                                                               |                               |                               |                                   |                                       |                                     |                                     |                            |
|                              | VHF:                                                                                                                |                               |                               |                                   |                                       |                                     |                                     |                            |
| 6. Division   Branch   Group |                                                                                                                     | Area Location Capability      |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | EMS Responders & Capability:  |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | Equipment Available on Scene: |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | Medical Emergency Channel:    |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | ETA for Ambulance to Scene:   |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | Air:                          |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | Ground:                       |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | Approved Helispot:            |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | Lat:                          |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | Long:                         |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | EMS Responders & Capability:  |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | Equipment Available on Scene: |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | Medical Emergency Channel:    |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | ETA for Ambulance to Scene:   |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | Air:                          |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | Ground:                       |                               |                                   |                                       |                                     |                                     |                            |
|                              |                                                                                                                     | Approved Helispot:            |                               |                                   |                                       |                                     |                                     |                            |
| Lat:                         |                                                                                                                     |                               |                               |                                   |                                       |                                     |                                     |                            |
| Long:                        |                                                                                                                     |                               |                               |                                   |                                       |                                     |                                     |                            |

## Unit 2 Activity 2-1: Directing Assigned Personnel

| 1. Name & Location                   | Remote Camp Location(s)       |                                                            |                  |
|--------------------------------------|-------------------------------|------------------------------------------------------------|------------------|
|                                      | Point of Contact:             | xxxx 775-xxx-xxxx                                          |                  |
|                                      | EMS Responders & Capability:  | Mobile Medical Support Trailer/ALS – Basecamp 888-xxx-xxxx |                  |
|                                      | Equipment Available on Scene: | ALS/Preventative Care                                      |                  |
|                                      | Medical Emergency Channel:    |                                                            |                  |
|                                      | ETA for Ambulance to Scene:   |                                                            |                  |
|                                      | Air:                          |                                                            |                  |
|                                      | Ground:                       |                                                            |                  |
|                                      | Approved Helispot:            |                                                            |                  |
|                                      | Lat:                          |                                                            |                  |
|                                      | Long:                         |                                                            |                  |
|                                      | Point of Contact:             |                                                            |                  |
|                                      | EMS Responders & Capability:  |                                                            |                  |
|                                      | Equipment Available on Scene: |                                                            |                  |
|                                      | Medical Emergency Channel:    |                                                            |                  |
|                                      | ETA for Ambulance to Scene:   |                                                            |                  |
|                                      | Air:                          |                                                            |                  |
|                                      | Ground:                       |                                                            |                  |
|                                      | Approved Helispot:            |                                                            |                  |
|                                      | Lat:                          |                                                            |                  |
| Long:                                |                               |                                                            |                  |
| 2. Prepared By (Medical Unit Leader) | 3. Date/Time                  | 4. Reviewed By (Safety Officer)                            | 5. Date/Time     |
| xxxxxx                               | xx/xx/xxxx 19:00              | xxxxxx                                                     | xx/xx/xxxx 19:00 |

## Unit 2 Activity 2-1: Directing Assigned Personnel

| Medical Incident Report                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------|---------------|------------|
| <b>FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.</b><br><b>FOR A MEDICAL EMERGENCY: IDENTIFY ON-SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE</b>                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| <b>Use the following items to communicate situation to communications/dispatch.</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| <b>1. CONTACT COMMUNICATIONS / DISPATCH</b> (Verify correct frequency prior to starting report)<br><i>Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."</i>                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| <b>2. INCIDENT STATUS:</b> Provide incident summary (including number of patients) and command structure.<br><i>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."</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| Severity of Emergency / Transport Priority                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> <b>RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b><br><i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i><br><input type="checkbox"/> <b>YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.</b><br><i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i><br><input type="checkbox"/> <b>GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport</b><br><i>Ex: Sprains, strains, minor heat-related illness.</i> |              |                                                                                          |               |            |
| Nature of Injury or Illness & Mechanism of Injury                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | Brief Summary of Injury or Illness<br>( <i>Ex: Unconscious, Struck by Falling Tree</i> ) |               |            |
| Evacuation Request                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | Air Ambulance / Short Haul/Hoist<br>Ground Ambulance / Other                             |               |            |
| Patient Location                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | Descriptive Location & Lat. / Long.<br>(WGS84)                                           |               |            |
| Incident Name                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | Geographic Name + Medical<br>( <i>Ex: Trout Meadow Medical</i> )                         |               |            |
| On-Scene Incident Commander                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | Name of on-scene IC of Incident within an Incident ( <i>Ex: TFLD Jones</i> )             |               |            |
| Patient Care                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | Name of Care Provider<br>( <i>Ex: EMT Smith</i> )                                        |               |            |
| <b>3. INITIAL PATIENT ASSESSMENT:</b> Complete this section for each patient as applicable (start with the most severe patient)                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| Patient Assessment: See IRPG PAGE 108                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| Treatment:                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| <b>4. EVACUATION PLAN:</b><br>Evacuation Location (if different): ( <i>Descriptive Location (drop point, intersection, etc.) or Lat. / Long.</i> )<br>Patient's ETA to Evacuation Location:                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| Helispot / Extraction Site Size and Hazards:                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| <b>5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:</b><br><i>Example: Paramedic/EMT, crews, immobilization devices, AED, oxygen, trauma bag, IV/fluid(s), splints, rope rescue, wheeled litter, HAZMAT, extrication</i>                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| <b>6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| Function                                                                                                                                                                                                                                                                                                                                                                | Channel Name/Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Receive (RX) | Tone/NAC *                                                                               | Transmit (TX) | Tone/NAC * |
| COMMAND                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| AIR-TO-GRND                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| TACTICAL                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| <b>7. CONTINGENCY: Considerations:</b> If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead..                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| <b>8. ADDITIONAL INFORMATION:</b> Updates/Changes, etc.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |
| <b>REMEMBER:</b> Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                          |               |            |

## Unit 2 Activity 2-1: Directing Assigned Personnel

### Air Operations Summary (ICS 220)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                  |                                                                               |                            |                                                                              |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>1. Incident Name:</b><br>Red Rock Fire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | <b>2. Operational Period:</b><br>Date From: xx/xx/xxx      Date To: xx/xx/xxx<br>Time From: 06:00 Time To: 20:00 |                                                                               |                            | <b>3. Sunrise:</b> <b>Sunset:</b><br>06:14 20:56                             |                                                                  |
| <b>4. Remarks</b> (safety notes, hazards, air operations special equipment, etc.):<br>ICP Operational Briefing 06:00/Helibase Briefing 08:00.<br>Call in potential helispot lat/longs to helibase for approval/improvement.<br>All medivacs will be coordinated through Communications.<br>Request aviation needs through Air Attack if over fire.<br>Be aware of powerlines in canyon corridors and near dip sites.<br>Ensure lines are clear before initiating drop sequence.<br>Report # dips by dipsite to helibase at the end of each fuel cycle. |                    |                                                                                                                  | <b>5. Ready Alert Aircraft:</b><br>Medivac: 3SH, 351E, 205LM<br>New Incident: |                            | <b>6. Temporary Flight Restriction Number:</b><br>Altitude:<br>Center Point: |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                  | <b>8. Frequencies:</b>                                                        | AM                         | FM                                                                           | <b>9. Fixed-Wing</b> (category/kind/type, make/model, N#, base): |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                  | Air/Air Fixed-Wing                                                            | 133.9750                   | Air Tactical Group Supervisor Aircraft:                                      |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                  | Air/Air Rotary-Wing – Flight Following                                        | 132.7750                   | N123AV Twin Commander 690B                                                   |                                                                  |
| <b>7. Personnel:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name:              | Phone Number:                                                                                                    | Air/Ground                                                                    | 168.4000                   | N456AMKing Air 200                                                           |                                                                  |
| Air Operations Branch Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Kevin Larsen       | xxx-xxx-xxxx                                                                                                     | Command                                                                       | Other Fixed-Wing Aircraft: | Air Support Group Supervisor                                                 |                                                                  |
| Air Tactical Group Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Roger Reynolds     | xxx-xxx-xxxx                                                                                                     | Deck Coordinator                                                              | Helicopter Coordinator     | Cary Gray                                                                    |                                                                  |
| Helicopter Coordinator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Milo Melton        | xxx-xxx-xxxx                                                                                                     | Take-Off & Landing Coordinator                                                | Helibase Manager           | Jack Louis                                                                   |                                                                  |
| Helibase Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Jack Louis         | xxx-xxx-xxxx                                                                                                     | Air Guard                                                                     |                            |                                                                              |                                                                  |
| <b>10. Helicopters</b> (use additional sheets as necessary):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                  |                                                                               |                            |                                                                              |                                                                  |
| FAA N#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Category/Kind/Type | Make/Model                                                                                                       | Base                                                                          | Available                  | Start                                                                        | Remarks                                                          |
| N678E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A-35/3             | Airbus AS350B3c                                                                                                  | XXXX Helibase                                                                 | 08:00                      |                                                                              | C,P,B,M,EU                                                       |
| N876SH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A-51/2             | Eurocopter AS350B3                                                                                               | XXXX Helibase                                                                 | 08:00                      |                                                                              | C,P,SH,M,EU                                                      |
| N543LM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A-42/3             | Bell 205A1++                                                                                                     | XXXX Helibase                                                                 | 08:00                      |                                                                              | C,P,R,B,M,EU                                                     |
| <b>11. Prepared by:</b> Name: xxxx _____ Position/Title: xxxx _____ Signature: xxxx _____                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                                                  |                                                                               |                            |                                                                              |                                                                  |
| <b>ICS 220, Page 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                  | Date/Time: xx/xx/xxxx_xx:xx_                                                  |                            |                                                                              |                                                                  |

## Unit 2 Activity 2-1: Directing Assigned Personnel

|                                                                                                                                                            |                                                                                                                       |                                                  |          |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------|--------|
| <b>1. Incident Name:</b><br>Red Rock Fire                                                                                                                  | <b>2. Operational Period:</b><br>Date From: xx/xx/xxx      Date To: xx/xx/xxx<br>Time From: 06:00      Time To: 20:00 | <b>3. Sunrise:</b> <b>Sunset:</b><br>06:14 20:56 |          |        |
| <b>12. Task/Mission/Assignment</b> (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.): |                                                                                                                       |                                                  |          |        |
| Category/Kind/Type<br>and Function                                                                                                                         | Name of Personnel or Cargo (if applicable)<br>or Instructions for Tactical Aircraft                                   | Mission<br>Start                                 | Fly From | Fly To |
|                                                                                                                                                            |                                                                                                                       |                                                  |          |        |
|                                                                                                                                                            |                                                                                                                       |                                                  |          |        |
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|                                                                                                                                                            |                                                                                                                       |                                                  |          |        |
| <b>11. Prepared by:</b> Name: _xxxx_      Position/Title: xxxx_      Signature: xxxx_                                                                      |                                                                                                                       |                                                  |          |        |
| <b>ICS 220, Page 2</b>                                                                                                                                     |                                                                                                                       | Date/Time: xx/xx/xxxx_xx:xx_                     |          |        |

## Unit 2 Activity 2-1: Directing Assigned Personnel

### Tasks/Questions:

- Develop a briefing based on the assignment using the Briefing Checklist in the *IRPG*. Present the briefing to the instructor, coach, or training assistant, and your peers.

## Unit 2 Activity 2-1: Directing Assigned Personnel

### Directing Assigned Personnel Scenario Segment 2 of 2:

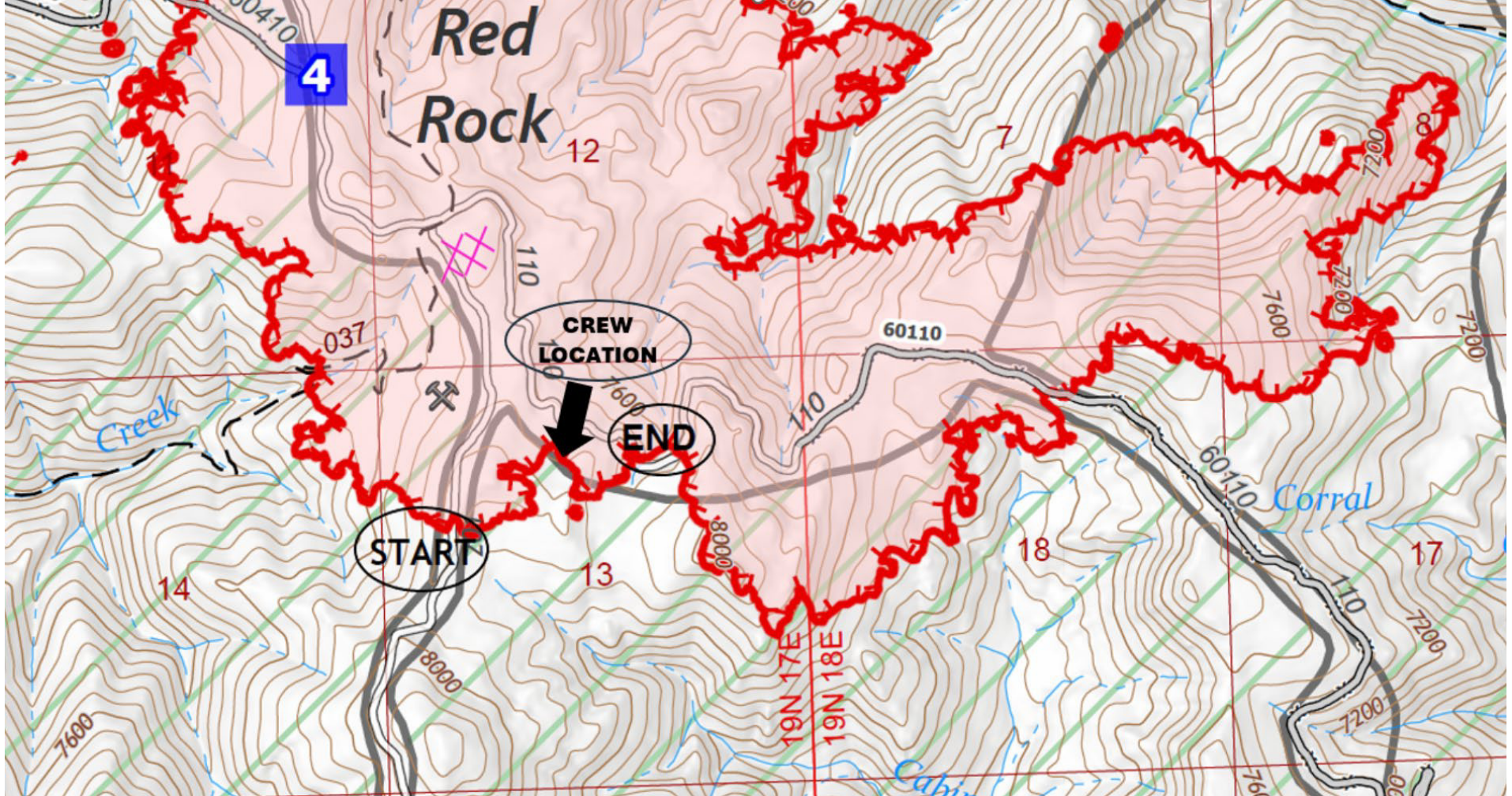
You have been constructing a direct fireline for 30 minutes when you notice a one-quarter of an acre spot fire on the flank, approximately 100 feet from the primary fireline. The observed topography is a gradual slope with an estimated gradient of about 10 degrees on the south-facing aspect. The vegetation in the area consists mainly of dry grass, low shrubs, and scattered pine trees.

#### Spot Fire



## Unit 2 Activity 2-1: Directing Assigned Personnel

Fireline Map with Crew Location



## Unit 2 Activity 2-1: Directing Assigned Personnel

### Tasks/Questions:

- What information do you need to communicate to personnel in response to the spot fire?
- How would you direct your personnel to mark the spot fire?



## S-131 Unit 3 Activity 3-1: Coordinate a Bucket Drop

### Materials:

- *NWCG Incident Position Standards for Firefighter Type 1 (Squad Boss)*, PMS 350-14, <https://www.nwcg.gov/publications/pms350-14>
- *NWCG Incident Position Standards for Incident Commander Type 5*, PMS 350-116, <https://www.nwcg.gov/publications/pms350-116>
- *NWCG Incident Response Pocket Guide (IRPG)*, PMS 461, <https://www.nwcg.gov/publications/pms461>
- (Optional) NWCG Course Skill Assessment for S-131, Firefighter Type 1
- Handheld radios, if available

**Length:** 45 minutes.

**Purpose:** Practice developing the steps for coordinating a bucket drop.

### IPD Alignment:

- Identify, analyze, and use relevant situational information to make more informed decisions and take appropriate actions.
- Adjust actions based on changing information/situation.
- Coordinate and provide feedback to aerial resources.
- Communicate effectively.
- Ensure Lookouts, Communications, Escape Routes, and Safety Zones (LCES) are established and known.

### Directions:

- Receive the scenario segment from your instructor, coach, or training assistant.
- Participate in role-play activities if selected by the instructor.
- Review the scenario segment and supporting materials in your activity packet.
- Work individually to complete the tasks and/or answer the questions in your activity packet.
- Be prepared to share your answers with the group.

## Unit 3 Activity 3-1: Coordinate a Bucket Drop

### Coordinate a Bucket Drop Scenario Segment 1 of 3:

Your Crew Boss, Single Resource (CRWB) has asked you to coordinate with inbound helicopter 9BV for bucket drop work on your spot fire.

#### Role-Play Script:

- Pilot: “Crew 9 [student’s last name], Helicopter 9-Bravo-Victor (9BV) on Air to Ground.”
- Student: “9BV, Crew 9 [student’s last name] on Air to Ground.”
- Pilot: “I’m off the dip en route to your coordinates, approaching from the south, with an estimated time of arrival (ETA) of about 6 minutes. I understand you have a target for me.”
- Student: “9BV, I copy you are out of the dip and headed our direction from the south. We do have some priority work for you. Once I have audible and visual of you, I’ll give you a mirror flash to verify my location and provide specifics regarding the spot and the area. For your knowledge, the area is safely clear of all personnel.”
- Pilot: “Copy, Crew 9. Once I clear the ridge and pick up your flash, I’ll let you know.”
- Student: “9BV, Crew 9 copies.”

#### Incident View



## Unit 3 Activity 3-1: Coordinate a Bucket Drop

### Tasks/Questions:

- What potential hazards do you need to be aware of during bucket drop operations?
- What are the steps to ensure the safety of crew members and adjoining resources?
- What methods can be used to communicate the drop location to the pilot?

## Unit 3 Activity 3-1: Coordinate a Bucket Drop

### Coordinate a Bucket Drop Scenario Segment 2 of 3:

9BV has confirmed visual contact.

#### Role-Play Script:

Pilot: “Crew 9, I have your mirror flash and visual. Go ahead with target description.”

#### Communicating Location



## Unit 3 Activity 3-1: Coordinate a Bucket Drop

### Tasks/Questions:

- What type of drop will you request and why?
- Based on this image and using the clock method orientation, what is your position in relation to the helicopter?
- Use the radio to provide directions using clear language.

## Unit 3 Activity 3-1: Coordinate a Bucket Drop

### Coordinate a Bucket Drop Scenario Segment 3 of 3:

9BV has completed the drop but it missed the mark.

#### Role-Play Script:

- Pilot: “Crew 9, drop complete. How did that look from your end?”
- Student: “Didn’t quite meet the mark. I’d like you to load and return based on fuel cycle. Next drop, focus two rotor lengths to your 3 o’clock from your previous drop.”
- Pilot: “Copy that, Crew 9. I’ve got about 20 minutes of fuel remaining before return to dip. Load and return?”
- Student: “Affirmative, 9BV. Load and return, same target on next pass.”

#### Providing Feedback



#### Tasks/Questions:

- What do you need to include in the feedback to the pilot after the drop?



## S-131 Unit 4 Activity 4-1: Medical Emergency

### Materials:

- *NWCG Incident Position Standards for Firefighter Type 1 (Squad Boss)*, PMS 350-14, <https://www.nwcg.gov/publications/pms350-14>
- *NWCG Incident Position Standards for Incident Commander Type 5*, PMS 350-116, <https://www.nwcg.gov/publications/pms350-116>
- *NWCG Incident Response Pocket Guide (IRPG)*, PMS 461, <https://www.nwcg.gov/publications/pms461>
- (Optional) NWCG Course Skill Assessment for S-131, Firefighter Type 1
- Handheld radios, if available

### Length: 1 hour.

**Purpose:** Practice assuming the on-scene role of a Medical Incident Commander (IC), developing an appropriate response to a given medical emergency, and directing and supervising squad members until additional help arrives.

### IPD Alignment:

- Plan for medical emergencies.
- Identify, analyze, and use relevant situational information to make more informed decisions and take appropriate actions.
- Adjust actions based on changing information/situation.
- Communicate effectively.

### Directions:

- Receive the scenario segment from your instructor, coach, or training assistant.
- Review the scenario segment and supporting materials in your activity packet.
- Work individually to complete the tasks and/or answer the questions in your activity packet.
- Be prepared to share your answers with the group.

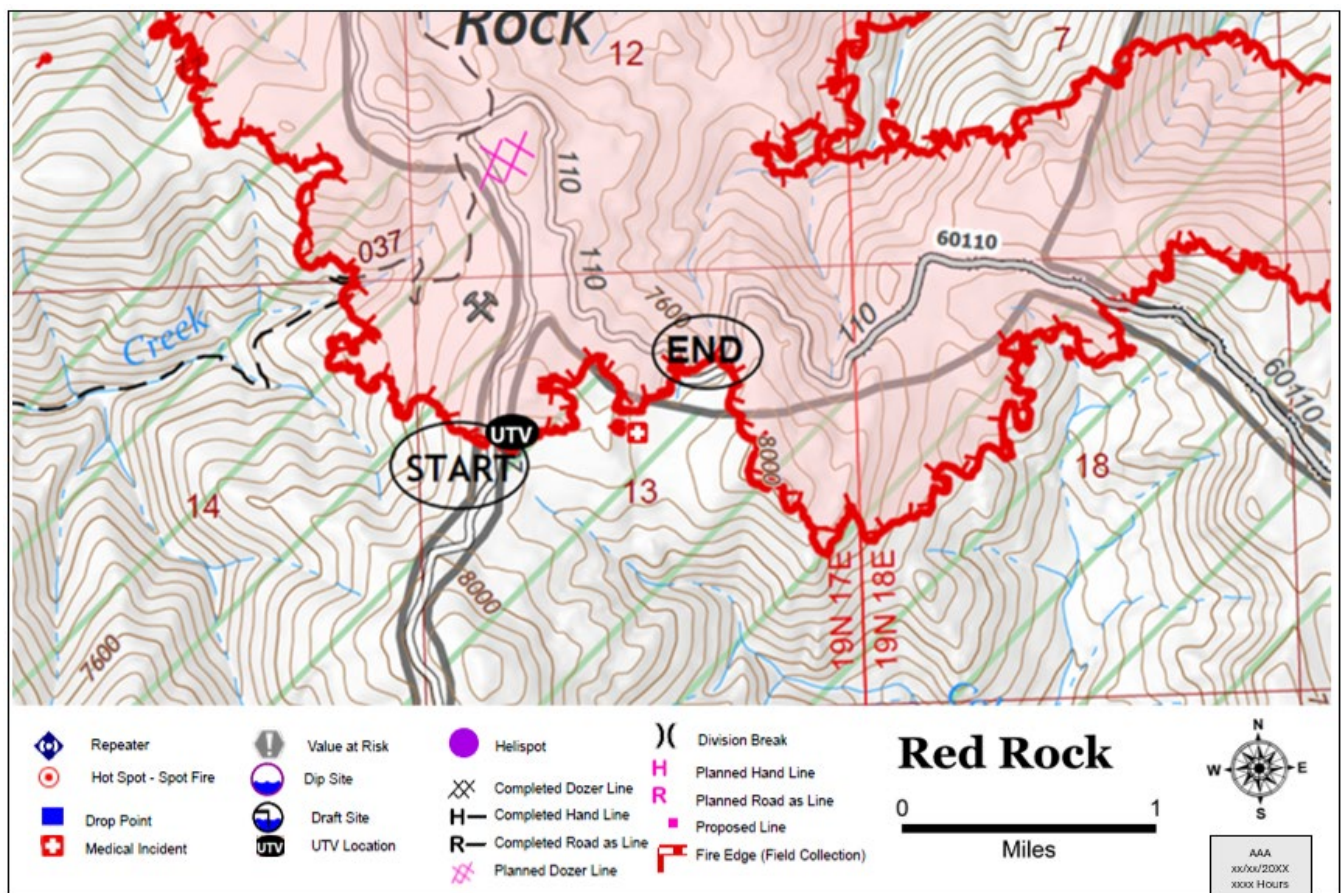
## Unit 4 Activity 4-1: Medical Emergency

### Medical Emergency Scenario Segment 1 of 2:

After coordinating a water drop with a heavy helicopter, you realize one of your squad members did not make it out of the drop area. You find them lying on the ground midslope. They were hit by part of the water drop, forcing them to the ground. They hit their left arm on a log, and a sharp limb stabbed them in the lower-right leg. The patient is alert and complains of pain. Their lower-left arm is obviously deformed, and you see a blood stain expanding on their lower-right pant leg.

One member of your squad is a certified Emergency Medical Technician (EMT). Your crew has a utility terrain vehicle (UTV) located where the handline meets the lower road. You direct the EMT to conduct a basic patient assessment. The EMT reports the patient is awake and complaining of severe pain. The patient's respirations are 24 and their pulse is 106 and regular. When the EMT exposed the patient's lower-right leg, they saw a large laceration that was bleeding profusely.

### Incident Map with Medical Incident and UTV Location



## Unit 4 Activity 4-1: Medical Emergency

### Injured Squad Member



### Medical Incident Report (MIR)

The next page contains the MIR portion of the ICS 206 WF. It can also be found in the *IRPG*.

# Unit 4 Activity 4-1: Medical Emergency

## 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"/> <b>RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b><br>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.<br><input type="checkbox"/> <b>YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.</b><br>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.<br><input type="checkbox"/> <b>GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport</b><br>Ex: Sprains, strains, minor heat-related illness. |                                                                                 |
| Nature of Injury or Illness & Mechanism of Injury |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Brief Summary of Injury or Illness<br>(Ex: Unconscious, Struck by Falling Tree) |
| Evacuation Request                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Air Ambulance / Short Haul/Hoist<br>Ground Ambulance / Other                    |
| Patient Location                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Descriptive Location & Lat. / Long. (WGS84)                                     |
| Incident Name                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Geographic Name + Medical<br>(Ex: Trout Meadow Medical)                         |
| On-Scene Incident Commander                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)             |
| Patient Care                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name of Care Provider<br>(Ex: EMT Smith)                                        |

**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 ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

## Unit 4 Activity 4-1: Medical Emergency

### Tasks/Questions:

- Complete the MIR using the form provided or by downloading the fillable MIR at <https://www.nwcg.gov/ics-forms>.
- Who do you need to notify to initiate a medical response?
- What information do you need to communicate?
- What are your responsibilities in managing the medical emergency until a higher level of authority arrives?
- What tasks will you assign to your squad while waiting for medical help?
- What questions should you ask yourself when planning a medical emergency extraction?
- What potential hazards must incoming personnel be aware of?
- Deliver the MIR.

## Unit 4 Activity 4-1: Medical Emergency

### Medical Emergency Scenario Segment 2 of 2:

Your injured squad member has now made it to the UTV and is being transported to the ambulance.



### Tasks/Questions:

- What should be included in a medical incident debrief?
- Conduct your debrief.



## S-131 Unit 5 Activity 5-1: Structure Protection

### Materials:

- *NWCG Incident Position Standards for Firefighter Type 1 (Squad Boss)*, PMS 350-14, <https://www.nwcg.gov/publications/pms350-14>
- *NWCG Incident Position Standards for Incident Commander Type 5*, PMS 350-116, <https://www.nwcg.gov/publications/pms350-116>
- *NWCG Incident Response Pocket Guide (IRPG)*, PMS 461, <https://www.nwcg.gov/publications/pms461>
- (Optional) NWCG Course Skill Assessment for S-131, Firefighter Type 1

**Length:** 45 minutes.

**Purpose:** Practice Wildland Urban Interface (WUI) structure sizeup and triage, determine appropriate protection methods for a defensible prep and hold structure, and take appropriate action to defend a structure.

### IPD Alignment:

- Complete incident sizeup.
- Identify, analyze, and use relevant situational information to make more informed decisions and take appropriate actions.
- Participate in WUI operations according to guidelines stated in the *NWCG Incident Response Pocket Guide (IRPG)*, PMS 461; incident-specific objectives and guidelines; and agency-specific guidance.
- Ensure Lookouts, Communications, Escape Routes, and Safety Zones (LCES) are established and known.
- Act as a lookout.
- Communicate effectively.

### Directions:

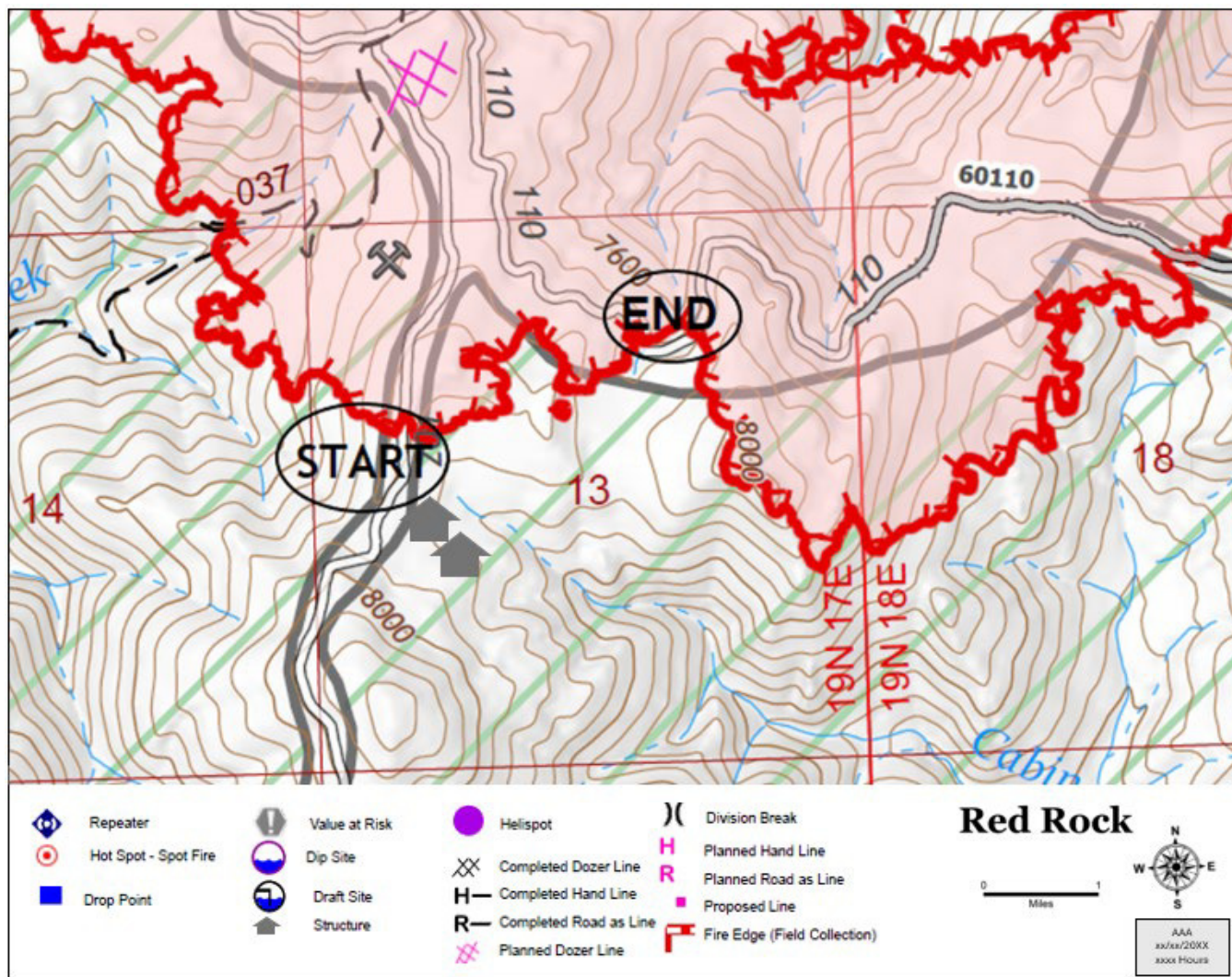
- Receive the scenario segment from your instructor, coach, or training assistant.
- Review the scenario segment and supporting materials in your activity packet.
- Work individually to complete the tasks and/or answer the questions in your activity packet.
- Be prepared to share your answers with the group.

## Unit 5 Activity 5-1: Structure Protection

### Structure Protection Scenario Segment 1 of 2:

Your crew has been assigned to triage two structures in the area and implement structure protection if deemed appropriate.

#### Incident Map with Structures



## Unit 5 Activity 5-1: Structure Protection

### Structure 1



### Tasks/Questions:

- What are the potential challenges and hazards for this structure?
- What triage category do you propose? Provide your rationale based on the *IRPG*.

## Unit 5 Activity 5-1: Structure Protection

### Structure 2



### Tasks/Questions:

- What are the potential challenges and hazards for this structure?
- What triage category do you propose? Provide your rationale based on the *IRPG*.

## Unit 5 Activity 5-1: Structure Protection

### Structure Protection Scenario Segment 2 of 2:

As you are assessing the two structures, you find a third structure that was not identified on the map. The local Archeologist (ARCH) has mentioned in the past there are sensitive historic structures in the area.

#### Unidentified Structure



#### Tasks/Questions:

- What actions or tactics will you use to defend the structure?
- What supplies do you need to order?