

# Incident Within Incident Plan (IWI)

for all incident emergencies

2024

The primary goal of this foundational document is to provide incident personnel with the guidance necessary to locate, triage, and address all emergencies within the incident with the utmost efficiency and effectiveness possible. While medical response may constitute most situations encountered, this plan supports situations beyond incident-related medical response such as unaccounted-for incident resources, threats to employees, and accidents involving the public that incident personnel respond to. The secondary purpose of this plan is to provide common terminology and consistent processes that will improve understanding and action between Agency Administrator (AA), Incident Management Team (IMT), and field responders.

This process may be personalized to some extent to fit specific incident situations, unique challenges, or IMT needs and capabilities. Information and additions can be made but items should not be removed from the uniform process established within this document. To maintain national consistency this foundational document is to be reviewed and updated annually by the NIMO Safety function.

This foundational document will act as the Incident Within Incident (IWI) plan for all IMT-managed incidents. This document should complement the ICS206/MIR/ICS206WF outlining your response plan. When an IWI is initiated, identified C&G will implement this Incident Within Incident Plan (IWI).

This foundational document is endorsed by the Incident Commander Advisory Council(ICAC), NWCG Risk Management Committee (RMC) and follows the 2010 NWCG memorandum 25-2010: Dutch Creek Protocols: (1) Standardized Medical Emergency Procedures for Incident Management Teams (IMT) to include in their Incident Emergency Plans; (2) Following Communications Center protocols; (3) Utilization of the expanded ICS 206 which includes the 8- line Medical Incident Report (MIR).

## Upon assuming command of an incident, IMT will ensure the following procedures are followed:

- The Safety Officer will confirm an incident within incident Plan Roster (an example: Appendix A) has been completed. This roster will be completed at the start of the Team's incident assignment and will include the Command and General Staff that will respond in the event of an Incident Within Incident (IWI).
- Safety should ensure that copies of this plan with the current contact information are placed in the ICP Communications, designated IWI meeting area, distributed and reviewed with C&G. Ensure viable notification process/platform is established and known by key personnel.
- Plans should ensure that daily updated or corrected IAPs will be created after the morning operational briefing to capture newly assigned and re-assigned resources.
- Plans should ensure the corrected IAPs have a noticeably different appearance and are delivered to Command & General Staff. A corrected IAP and corrected map will go to Communications and the designated IWI meeting area.
- Logistics has established the IWI meeting area (equipped with a remote radio and speaker, a wall poster of ICS 206WF MIR 8line, and a blank page for notes if possible).
- Each functional area has identified a primary and alternate point of contact for IWI response.
- Safety and the IC will ensure this IWI response plan is validated before taking command of the incident.

Signed by IC: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Print Name, Incident Commander

# Incident Within Incident Response Plan

Communications will activate the IWI Plan when the initial notification to the RADO occurs. Notification should include Color/Severity, Chief Complaint/Mechanism of Injury, and Geographic Location, if possible, as well as the Date and Time of the notification. IMT members will respond based on the severity. *During the night shift*, Communications will notify SOF and/or MEDL, who will make the determination if additional notifications or response are necessary.

Severity	Day Shift Response	Night Shift Response
<b>GREEN Routine</b>	SOF (and/or MEDL, if assigned) will report to Communications. Relevant notifications will be made.	Communications contacts the SOF (and/or MEDL, if assigned). Relevant notifications will be made.
<b>YELLOW Priority</b>	SOF (and MEDL, if assigned), IC/DIC, PSC, LSC, OSC, FSC, PIO (AOBD, COMP if assigned) will respond. SOF/IC/DIC may release staff given the specific situation.	Communications contacts the SOF (and MEDL, if assigned). C&G members are notified and will report at the discretion of SOF/IC/DIC.
<b>RED Urgent</b>	SOF (and MEDL, if assigned), IC/DIC, PSC, LSC, OSC, FSC, PIO (AOBD, COMP if assigned) will respond. SOF/IC/DIC may release staff given the specific situation.	Communications contacts the SOF (and MEDL, if assigned). C&G members are notified and will report at the discretion of SOF/IC/DIC.
<b>Unknown Severity</b>	**In the absence of a declared severity, respond to the incident as a <b>RED</b> response**	
<b>PURPLE Other, potentially Critical, Incidents</b>	SOF, IC/DIC, LSC, SECM, and PSC will proceed to Communication. Appropriate C&G members are to be notified.	
<b>NOTE:</b> PURPLE examples include, but are not limited to: unaccounted-for incident resources, threats to employees, and accidents involving the public that incident personnel respond to not initially requiring the use of ICS 206, but requiring IMT response.		

# **Incident Within Incident (IWI) Plan Appendix 2024**

**Appendix A IWI ROSTER**

**Appendix B ICS 206**

**Appendix C ICS 206 WF**

**Appendix D MEDICAL INCIDENT REPORT (MIR)**

**Appendix E HELIBASE EMERGENCY RESCUE PLAN**

**Appendix F ACTIVE SHOOTER WORKSHEET**

**Appendix G INCIDENT EMERGENCY PLAN DEFINITIONS**

**Appendix H INCIDENT MANAGEMENT TEAM POSITION CHECKLIST**

## INCIDENT WITHIN INCIDENT PLAN ROSTER 2024

Incident Name:

Incident Date:

The Safety Officer will have this roster filled out upon arrival to the incident and will maintain the list in Communications. Designated Incident Management Team members will notify other IMT members per the IWI Response Plan.

<i>Title</i>	<i>Name</i>	<i>Contact</i>
Agency Administrator (AA)		
Agency Administrator (AA)		
Incident Commander (IC)		
Deputy Incident Commander (DIC)		
Safety Officer (SOF)		
Safety Officer (SOF)		
Medical Unit Leader (MEDL)		
Medical Unit Leader (MEDL)		
Operations Section Chief (OSC)		
Operations Section Chief (OSC)		
Air Operations (AOBD)		
Air Operations (AOBD)		
Logistics Section Chief (LSC)		
Logistics Section Chief (LSC)		
Public Information Officer (PIO)		
Public Information Officer (PIO)		
Planning Section Chief (PSC)		
Planning Section Chief (PSC)		
Finance Section Chief (FSC)		
Finance Section Chief (FSC)		
Liaison (LOFR)		
Liaison (LOFR)		
Security Manager (SECM)		
Security Manager (SECM)		
Prepared By:	Date:	

<b>MEDICAL PLAN ICS 206</b>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD				
<b>5. INCIDENT MEDICAL AID STATIONS</b>								
MEDICAL AID STATIONS	LOCATION	PARAMEDICS						
		YES	NO					
<b>6. TRANSPORTATION</b>								
<b>A. AIR AMBULANCES</b>								
NAME	LOCATION	PHONE	PARAMEDICS					
			YES	NO				
<b>B. GROUND AMBULANCES &amp; REM TEAMS</b>								
NAME	LOCATION	PARAMEDICS						
		YES	NO					
<b>7. HOSPITALS</b>								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CTR	
		AIR	GRND		YES	NO	YES	NO
<b>8. MEDICAL EMERGENCY PROCEDURES</b>								
<p><b><u>LINE "MEDICAL-EMERGENCY" PLAN:</u></b></p> <p>- <b>Reporting Party</b> to contact Communications with:</p> <ul style="list-style-type: none"> <li>• Patient Complaint, Condition and Location via Tactical or Command frequency.</li> <li>• <b>Red, Yellow &amp; Green</b> Patients triggers Incident within Incident (IWI)</li> <li>• The highest qualified responder will run "<b>Medical-Emergency</b>" on the assigned frequency assuming the role of IWI IC.</li> <li>• IWI IC will use "<b>Medical Incident Report</b>" worksheet on back of this page or in IRPG.</li> <li>• Communications contacts Medical Unit Leader on the assigned frequency or cell phone (list number).</li> </ul> <p><b><u>IN-CAMP – 24 HOUR MEDICAL</u></b></p> <ul style="list-style-type: none"> <li>• Contact incident Communications with: Patient Complaint, Condition and Location via LOGS net or assigned frequency.</li> </ul>								
<b>ICS 206</b> 6/2017	9. PREPARED BY: (Medical Unit Leader) MEDL			10. REVIEWED BY: (Safety Officer)				

# MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

1. Incident/Project Name		2. Operational Period					
		Date/Time					
3. Ambulance Services							
Name	Complete Address	Phone & EMS Frequency	Advanced Life Support (ALS) Yes No				
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
4. Air Ambulance Services							
Name	Phone	Type of Aircraft & Capability					
5. Hospitals							
Name Complete Address	GPS Datum – WGS 84 Coordinate Standard Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long		Travel Time Air Gnd		Phone	Helipad Yes No	Level of Care Facility
	Lat:					<input type="checkbox"/>	
	Long:					<input type="checkbox"/>	<input type="checkbox"/>
	VHF:					<input type="checkbox"/>	<input type="checkbox"/>
	Lat:					<input type="checkbox"/>	<input type="checkbox"/>
	Long:					<input type="checkbox"/>	<input type="checkbox"/>
	VHF:					<input type="checkbox"/>	<input type="checkbox"/>
	Lat:					<input type="checkbox"/>	<input type="checkbox"/>
	Long:					<input type="checkbox"/>	<input type="checkbox"/>
	VHF:					<input type="checkbox"/>	<input type="checkbox"/>
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:					

# MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

7. Name & Location	Remote Camp Location(s)		
	Point of Contact:		
	EMS Responders & Capability:		
	Equipment Available on Scene:		
	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:		
8. Prepared By (Medical Unit Leader)	9. Date/Time	10. Reviewed By (Safety Officer)	11. Date/Time

**MEDICAL PLAN (ICS 206 WF)**

Controlled Unclassified Information//Basic

**Medical Incident Report**

**FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.**

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

**Use the following items to communicate situation to communications / dispatch.**

**1. CONTACT COMMUNICATIONS / DISPATCH** (Verify correct frequency prior to starting report)

Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."

**2. INCIDENT STATUS:** Provide incident summary (including number of patients) and command structure.

Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	<input type="checkbox"/> <b>RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b> <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> <b>YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.</b> <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> <b>GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport</b> <i>Ex: Sprains, strains, minor heat-related illness.</i>
Nature of Injury or Illness & Mechanism of Injury	Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)
Evacuation Request	Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location	Descriptive Location & Lat. / Long. (WGS84)
Incident Name	Geographic Name + Medical (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 (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 ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.





# Active Shooter Preparedness Worksheet 2024

## PRE-EVENT READINESS/PREPAREDNESS

- Consider location of ICP and remote incident facilities for optimal security
- Check with location host regarding current active shooter plan (in place/valid/appropriate)
- Evaluate and mitigate access control points
- Consider ICP and remote incident facilities layout to reduce single path of egress
- Identify areas within ICP and remote incident facilities for appropriate gathering points
- Identify Law Enforcement response time/plan/capacity and communicate to C&G/IMT

## DURING EVENT

### HEAR GUN SHOTS/ARMED PERSON(S) EXHIBITING HOSTILE BEHAVIOR

### ACTIVE SHOOTER

Move to Safe Area *AWAY FROM EVENT*

Move to Safe Area *AWAY FROM SHOOTER*

Notify Incident Communications

Call 911 - *then* Incident Communications

- Give Location
- Provide situation report
- Description of subject(s)/vehicle(s)
- Number of shots fired

- Give Location
- Medical needs: Number of wounded
- Description of subject(s)/vehicle(s)
- Number of shots fired

### Situational Awareness

Know location of escape routes, safety zones and gathering point as they relate to an active shooter situation. Ask questions about what right looks like for your work location. If something doesn't look right, say something, it probably isn't.  
Fireworks vs. gunshots; think gunshots.

**RUN** Increasing distance between you and a shooter increases your options and decreases the shooters options. Run toward cover (cover stops a bullet)

**HIDE** Concealment vs. Cover - close and lock doors, turn off lights, be quiet, silence cell phones, avoid windows, wall thickness?

**FIGHT** Respond aggressively, hit/throw/bite/punch/kick/etc. Use improvised weapons.

SEC 1 Patrol Area

SEC 1/Law Enforcement Response

Incident Communications notify all resources

### RESPONDING LAW ENFORCEMENT

Law Enforcement's job is to move to the shooter, not to provide care to you, follow LE's directions,  
**KEEP YOUR HANDS EMPTY AND VISIBLE**

### ACCOUNTABILITY

IC is responsible for knowing the status and location of C&G, Section Chiefs are responsible for knowing the status and location of all their resources.

### POST EVENT

**NOTIFICATIONS** – Ensure notification protocols have been met.

**CRITICAL INCIDENT STRESS MANAGEMENT** – AA/IC to coordinate a CISM Team request.

**DOCUMENTATION** – Assist Law Enforcement by providing statements/documentation of the event.

**CONSIDERATIONS** - Consider the needs of all responders involved.

# Incident Within Incident Plan Definitions 2024

Severity	Emergency Definitions
Routine	<p><b><u>Non-Emergency Incident</u></b>– Patient has minor injury or illness.</p> <p><b>Non-Emergency transportation</b> is through Ground Support, EMT or an assigned Supervisor. Communications <u>does not</u> restrict radio traffic. Coordination of patient status and transportation (MIR) information and assessment is communicated through Communications. <b>Per Medical Incident Report (MIR) or IRPG these patients are GREEN Priority 3</b></p>
Priority	<p><b><u>Incident/Medical Emergency</u></b> – Patient has serious injury or illness. Evacuation may be delayed if necessary if other IWIs take priority. Communications <u>does</u> restrict radio traffic. Coordination of patient status and transportation (MIR) information and assessment is communicated through Communications. <b>Per Medical Incident Report (MIR) patient is YELLOW Priority 2</b></p>
Urgent	<p><b><u>Incident/Medical Emergency</u></b> – Life-threatening injury or illness. Evacuation needs are immediate. <b>Communication <u>does</u> require a clear channel.</b> Coordination of patient status and transportation (MIR) information and assessment is communicated through Communications. <b>Per Medical Incident Report (MIR) patient is RED Priority 1</b></p>
Unknown Emergency	In the absence of a declared severity, we will respond to the incident as a <b>RED</b> response.
Other Potential Emergency	Examples include, but are not limited to: unaccounted-for incident resources, threats to employees, accidents involving the public that incident personnel respond to- not initially requiring the use of ICS 206, but requiring IMT response.
<ul style="list-style-type: none"> <li><input type="checkbox"/> All departure and arrival times and other pertinent information are recorded in the Communications log.</li> <li><input type="checkbox"/> When the emergency is over, clear all radio traffic for normal use</li> <li><input type="checkbox"/> Notification to Compensation/Claims has been made</li> </ul> <p><b><u>Injured or deceased individual(s)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Names shall not be used over the radio</li> <li><input type="checkbox"/> Deceased individuals and their equipment are not to be moved, except to accomplish rescue work or to protect the health and safety of others. If there is potential for a serious accident investigation, consider leaving the site as undisturbed as possible.</li> </ul> <p><b><u>Clear Text</u></b> - Utilization of clear text should be a priority on all incidents so that common terminology is expressed and understood. If an emergency needs to be declared and radio traffic silenced, all personnel shall follow “Emergency Traffic” guidelines to clear radio traffic.</p> <p><i>The Operations Section Chief, Division Supervisors, or Communication Units shall acknowledge the severity of the emergency. Clear text shall be used to identify the situation of the emergency: “MEDICAL EMERGENCY”, “FIREFIGHTER TRAPPED”, “FIREFIGHTER BURNED”, “FIREFIGHTER MISSING”, to notify all on-scene personnel. Also, the “Location” needs to be communicated and could be as simple as “Division Alpha Firing Group.”</i></p> <p><i>The acronym “May-Day” is used by some fire agencies as a distress signal (hailing call) indicating a firefighter is in trouble or signifies emergencies to aircraft.</i></p>	

## **POSITION CHECKLIST**

### **INCIDENT COMMANDER (IC)**

#### **Pre-IWI**

- Ensure that the Incident Within Incident (IWI) Plan is prepared, signed, and distributed upon transfer of command.
- IC is responsible for any Command and General staff function if unassigned.
- Coordinate with the Agency Administrator(s) regarding information dissemination pertaining to affected cooperators and key stakeholders.
  - Local dispatch center/ local 911 (avoid dual response)
  - Unit Fire Management Officer
  - Unit Public Affairs Officer
- Ensure Agency Administrator(s), cooperators and key stakeholders are briefed on IWI protocol.

#### **During IWI**

- IC (or Deputy IC) to report:
  - **Inside** Communications or **At** the established IWI meeting area.
- If the incident is an interagency incident, coordinate communication with other agencies as appropriate
- Notify Agency Administrator and Geographic Area Coordination Center.
- Provide briefing to Command and General Staff and other personnel as appropriate.
- Establish a management action point for ordering a separate organization to handle IWI if needed.
- Assign appropriate organization based on the complexity or severity of the incident.
- Coordinate with the Agency Administrator to order the Critical Incident Stress Management (CISM) Team for debriefing of affected personnel after an incident if applicable.
- Coordinate social media/press release(s) with Agency Administrator and Public Information Officer in a timely matter.
- Coordination with the Agency Administrator to communicate incident information to affected cooperators and key stakeholders.
- Ensure a Hospital Liaison/Patient Advocate is assigned for injured personnel if not provided by the Home/Host Unit as needed and coordinated with the FSC.
- Coordinate with the Agency Administrator to ensure patient accountability and support is maintained.
- Ensure notifications have been made to the family/home unit.
- Designate a note taker in the IWI meeting area as needed.

## SAFETY OFFICER (SOF)

### Pre-IWI

- Complete an IWI Roster at the start of the Team's incident assignment to include the Command & General Staff who will respond in the event of an IWI.
- Safety will ensure that copies of IWI are placed in the ICP Communications and distributed within C&G.
- Helibase Emergency Plan is posted at Helibase.
- Ensure a process is in place and tested for notification to all assigned IMT functions
- Coordinate with MEDL and AOBD for ordering air resources for medical emergencies
- Safety and the IC will ensure this IWI response plan will be reviewed and validated by the C&G before taking command of the incident.
- Establish an expectations and notification protocol with the hosting agency
- Consider conducting an IWI drill with IMT

### During IWI

- Safety Officer to report **inside** Communications.
- Line Safety Officer and/or Field Safety Officer to respond to the incident site.
- Determine required reviews and investigations in accordance with the Red Book Chapter 18.
- Initiate the investigation of the IWI and the appropriate investigation resources/teams with Agency Administrator/Incident Commander approval.
- Coordinate the protection and security origin of the IWI.
- Maintain witness names, initial statements, and all evidence relating to the accident.
- Coordinate investigation with the Security Manager, Comps/Claims Unit, and Unit LEO.
- Obtain sketches and photos of IWI scenes.
- Coordinate with and support the Division/Group Supervisor in charge at the scene.
- Verify that agency reporting requirements have been followed.
- Coordinate with Regional/Unit Safety Officer to confirm notification of Fed OSHA/State OSHA when appropriate.
- Notify the Unit Safety Officer and other forest officers as required.
- Maintain coordination with Hospital Liaison/Patient Advocate
- If a wildland fire entrapment or fatality occurs, coordinate with the State or Regional Risk Management Officer for immediate required notification to the National Incident Coordination Center (NICC). A Wildland Fire Fatality and Entrapment Initial Report (PMS 405- 1) should be submitted to NICC within 24 hours by the State or Regional Risk Management Officer.
- Conduct IMT AARs for continued validations of the IWI.

## FINANCE SECTION CHIEF (FSC)

### Pre-IWI

- Coordinate with SOF/MEDL/COMP to identify roles and establish communication with local medical providers.
- Identify host agency Hospital Liaison/Family Liaison resources with LOFR/AA.
- Coordinate with Agency Administrative Officer and/or Incident Business Advisor on identifying a communication process between Patient Advocate, Hospital Liaison and/or Family Liaison.

### During IWI

- Finance Section Chief to report **outside** Communications or at the established IWI meeting area.
- Coordinate with Agency Administrative Officer and/or Incident Business Advisor on process implementation.
- Coordinate the Compensation/Claims Unit's response to the hospital.
- Gather and collect agreement/contract information and share information as needed with identified IMT members.
- Compensation/claims unit leader (COMP) to respond appropriately according to the Emergency Response Matrix.
- Coordinate with COMP to document potential IWI claims or other liabilities.
- FSC (or if PROC/TIME is assigned) coordinates documentation relative to payment to federal resources, cooperators or contracted resources if involved.

## PLANNING SECTION CHIEF (PSC)

### Pre-IWI

- If required, Plans will ensure that a corrected IAP will be created after the morning operational briefing.
- Plans shall ensure a corrected IAP will have a noticeably different appearance.
- Plans will ensure a corrected IAP is delivered to each Command & General Staff member.
- Plans will ensure a corrected IAP and the current map is provided to Communications.

### During IWI

- Planning Section Chief to report to a predetermined location **outside** Communications at the established IWI meeting area.
- Complete the Wildland Entrapment/Fatality Initial Report (NFES 0869PMS 405-1) as needed.
- Identify and track resources assigned to the IWI.

## PUBLIC INFORMATION OFFICER (PIO)

### Pre-IWI

- Develop IWI communication plan with Incident Commander and Agency Public Affairs Officer.
- Establish pre-approved statements that can be used as situations unfold (when things are being posted to social media, when calls come into the PIO line, etc.)

### During IWI

- Public Information Officer to assemble **outside** Communications or at the established IWI meeting area.
- Designate an IWI PIO.
- Collect pertinent emergency information for public release.
- Coordinate information with Incident Commander, Unified Command, Liaison Officer, and Agency Public Affairs Officer to prepare talking points, social media, news releases and/or set up press conferences.
- If interagency incident, coordinate communication with other agencies as appropriate.
- Coordinate with Operations to assign Information Officers to field media inquiries at accident scene, medivac site and liaise with hospital spokesperson when appropriate.
- Coordinate with Liaison (if assigned), LEO, and Logistics regarding roadblocks, evacuations, and emergency medical locations.
- Withholds release of personal information until approved by Incident Commander and/or Agency Administrator.
- Restrict/Advise media that they should avoid entering the IWI scene until all Operations and Investigation activities are complete.
- After approval from IC, coordinate with Plans to arrange a briefing for incident personnel.
- Provide periodic updates to the PIO section
- Ensures continuity of operation within the PIO section. Orders additional staff as needed.
- Do not transmit patient name, crew, unit tail number, etc., at any time during the incident.

## OPERATIONS SECTION CHIEF (OSC)

### Pre-IWI

- Ensure Operations staff have reviewed and verified the IWI procedures and the ICS 206 is valid for the current operation.
- Ensure Operations Leadership (OSC/AOBD/Branch/DIVS) understands the IWI plan.
- Verify with MEDL and AOBD that Air-Medical transportation needs can be met for the incident.

### During IWI

- The ICP Communications will be the single communications point.
- One Operations Section Chief to report **inside** Communications or at the established IWI meeting area.
- Implement the IWI plan, providing coordination between the on-scene DIVS or Operations Section Chief and other Team sections/units.
- Ensure appropriate incident organization.
- Identify special needs, i.e. Law Enforcement, Heavy Rescue, Haz Mat response, and air resources.
- Coordinate with MEDL and AOBD for Air-Medical transportation needs for the incident.
- Coordinate and support the Safety Officer's investigation and Law enforcement agencies involved.

## AIR OPERATIONS (AOBD)

### Pre-IWI

- Identify availability and ordering process for specialized aviation capability with the GACC.
- Verify with MEDL and OSC that Air-Medical transportation needs can be met for the incident.
- Ensure emergency plan is posted at the Helibase.

### During IWI:

- Air Ops to report inside Communications or IWI meeting area if at ICP. **If not at ICP**, coordinate over the radio/cell phone with OSC and MEDL for air medical transportation needs.
- Determine the need for specialized aviation support and coordinate response.
- Implement the Helibase Emergency Rescue (Appendix D) plan as needed.
- If the IWI involves aircraft: immediately check for fuel sharing and fuel tests and ground other aircraft if needed.
- Coordinate with Air Tactical Group Supervisor (ATGS) to manage airspace.
- Coordinate with ATGS any tactical priority changes to support rescue operations. (Dust abatement, water or tanker drops, etc.)
- Coordinate with Helibase rendezvous points for Air Ambulances.
- Ensure Helibase is creating a second Unit Log for IWI if aircraft are supporting.
- Inform Command and General Staff of any NTSB and/or Aircraft Accident Investigation Team response.

## DIVISION SUPERVISOR (DIVS)

### Pre-IWI

- Identify new potential helispots and drop points including routes and travel times daily and communicate those to the Situations Unit Leader and MEDL.
- Ensure resources on the Division have reviewed and verified the IWI procedures and that the ICS 206 is valid for the current operation (language barriers).

### During IWI

- Ensure IWI command has been established.
- Use Medical Incident Report (MIR) for Initial communication to ICP.
- Coordinate with on-scene Safety Officer to ensure that the IWI is managed appropriately and maintain continuity of operations.
- Ensure Coordination of appropriate EMS and rescue resources response to the accident site (utilize closest EMTs from crews and engine companies until EMTF & EMTP arrive on scene).
- Ensure the incident scene is secure and remove unnecessary personnel.
- Coordinate additional resources if necessary/available (i.e. an adjoining available Division Supervisor) to the accident site to assume the role of IWI IC or transfer command of the impacted Division.
- Ensure divisional objectives are maintained and/or the impact of IWI is communicated to the Operations Section Chief and adjoining Divisions.
- Consider accountability of all Division resources by doing a Personnel Accountability Report.
- Capture Patient transport information.



## LOGISTICS SECTION CHIEF (LSC)

### Pre-IWI

- Identify and implement the designated IWI emergency meeting area.
- Follow up with all Logistical Unit Leaders on preparation for an IWI.
- Ensure IMT notification protocol is tested and operational.
- Ensure that the IWI meeting area is equipped with a remote radio and speaker if possible.
- Ensure meeting area needs are met (i.e. whiteboard)

### During IWI

- LSC to assemble **outside** Communications or at the established IWI meeting area.
- Order needed resources for the emergency, if requested.
- Monitor support functions and assess additional needs.
- Provide ground transportation as needed.
- Coordinate removal of damaged vehicles, after investigation.
- Coordinate Security with Liaison Officer and Operations Section Chief as necessary.
- Locate and secure personal effects of injured personnel.
- Notify Unit Law Enforcement for scene security.

## SECURITY MANAGER (SECM)

### Pre-IWI

- Identify contact information for law enforcement cooperators for involvement with an IWI.
- Identify LEO/LE&I resources with the host Agency.

### During IWI

- Ensure the coordination of scene safety and security at the IWI site.
- Ensure the coordination with the Safety Officer of evidence collection, site preservation, and site photos are documented.
- Coordinate with local law enforcement jurisdiction and assist local law enforcement as needed.
- The SECM ensures that all reports are accurate and forwarded to DOCL in a timely manner.
- Lead investigator for vehicle accidents and PURPLE incidents, working with the Safety Officer.

## LIAISON (LOFR)

### Pre-IWI

- Identify contact information for cooperators for involvement with an IWI.
- Coordinate with local agency 911 dispatch to establish POCs for IMT.

### During-IWI

- Liaison Officer to report:
  - Outside** Communications **At** the established IWI meeting area.
- Coordinate investigations with the appropriate entities.
- Coordinate with IC/PIOs for information dissemination.
- Communicate with cooperators and key stakeholders.
- Assist with coordination of supporting agencies (Home Unit, Red Cross, Wildland Firefighter Foundation, Chaplain and other Non-Profit Organizations).
- Assist with information dissemination pertaining to affected cooperators and key stakeholders (Local dispatch center, Unit Fire Management Officer and Agency Administrators)

## HUMAN RESOURCES (HRSP)

### Pre-IWI

- Identify CISM contacts for the current incident location.
- Identify Hospital Liaison/Patient Advocate/Family Liaison resources with the host Agency.

### During IWI

- HRSP to report to the IWI meeting area.
- Consider the cultural needs of individuals involved in the IWI.
- May function as Hospital Liaison if not provided by Home Unit as needed.
- Monitor team member exposure to IWI trauma.

## MEDICAL UNIT LEADER (MEDL)

### Pre-IWI

- Complete the ICS 206 (See Appendix A) form for inclusion in Incident Action Plan (IAP). ICS 206 to include day and night hoist helicopter available to the incident and list of Medical Emergency Procedures for Line and Camp Emergencies.
- Complete the Medical Incident Report (MIR) (See Appendix B) which will be included in IAP.
- Coordinate with non-incident medical support services for availability and capacity.

### During IWI

- Medical Unit Leader to report **inside** Communications or at the established IWI meeting area.
- Coordinate proper medical response with Operations and Air Operations.
- Coordinate with the Communications Unit to ensure proper Medical Unit procedures are followed in the Emergency Definitions (Appendix G) and Emergency Response Matrix (Page 2).
- Coordinate with the Logistics Section for on-scene support.
- Coordinate ground ambulance transport, medical supplies, and other medical needs.
- Confirm patient requires transportation. Respond team's appropriate resources if needed/ available.
- Provide on-scene EMT's or Paramedics (EMTF& EMTP) when possible.
- Coordinate backfill resources for adequate coverage during IWI.
- Backfill supplies utilized during IWI.
- 

## COMMUNICATIONS UNIT LEADER (COML)

### Pre-IWI

- Ensure Emergency Definitions (Appendix G) and Emergency Response Matrix (Page 2) are provided to every RADO and posted in Communications
- Ensure all RADOs know the Emergency Definitions and Emergency Response Matrix at the beginning of each operational shift.
- Consider utilizing voice recording device for legal record
- Designate note taker for IWI log

### During IWI

- COML to report **inside** Communications.
- COML controls access into Communications and posts sign that states; i.e.: **"Emergency in Progress - OSC, AOBD, SOF and MEDL inside only"**.
- Ensure Command and General Staff notifications have been made.
- Ensure documentation for the IWI is complete including IWI specific radio logs and forward to SOF and DOCL.
- Designate a frequency for emergency radio transmissions based on complexity or severity of incident.
- Do not transmit patient name, affected crew, affected aviation resource tail number, etc., at any time during the incident.