

SANTA FE NATIONAL FOREST

**RAINBOW FAMILY GATHERING
2009**



INCIDENT ACTION PLAN

July 5, 2009

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Search and Rescue Society of British Columbia

Hypothermia - Physiology, Signs, Symptoms and Treatment Considerations

SARBC

Search and Rescue Society of British Columbia



Hypothermia

Physiology, Signs, Symptoms and Treatment Considerations

As you know, hypothermia is a temperature related disorder. Therefore, it is necessary to understand human physiology as it pertains to temperature stress.

Man is considered to be a tropical animal. Normal functioning of the human animal requires a body temperature of 37 degrees Celsius (98.6 degrees Fahrenheit). Comfortable human survival using only that protection from temperature stress which is provided physiologically at birth would therefore require an environment providing a temperature of 37 degrees Celsius, plus or minus perhaps 1 degree.

The body can self-compensate for small upward or downward variations in temperature through the activation of a built-in thermoregulatory system, controlled by temperature sensors in the skin.

The response to an upward variation in body temperature is the initiation of perspiration, which moves moisture from body tissues to the body surface. When the moisture reaches the surface it evaporates, carrying with it a quantity of heat. The explanation for a person becoming thirsty when exposed to a hot environment for a period of time is that fluids lost due to perspiration must be replaced.

The response to a downward variation in body temperature is shivering, which is the body's attempt to generate heat. Shivering is an involuntary contraction and expansion of muscle tissue occurring on a large scale. This muscle action creates heat through friction.

Now that the necessary groundwork has been laid we can delve into the intricacies of hypothermia and it's treatment.

THE DISORDER

Hypothermia is defined as a core temperature of less than 35 degrees Celsius. Hypothermia is also considered the clinical state of sub-normal temperature when the body is unable to generate sufficient heat to efficiently maintain functions.

Many variables contribute to the development of hypothermia. Age, health, nutrition, body size, exhaustion, exposure, duration of exposure, wind, temperature, wetness, medication and intoxicants may decrease heat production, increase heat loss, or interfere with thermostability.

The healthy individual's compensatory responses to heat loss via conduction, convection, radiation, evaporation and respiration may be overwhelmed by exposure. Medications may interfere with thermoregulation. Acute or chronic central nervous system processes may decrease the efficiency of thermoregulation.

Let's look at the definitions of the aforementioned causes of heat loss.

Conduction:

direct transfer of heat by contact with a cooler object - conduction of heat to the cooler object

Convection:

cool air moving across the surface of the body, heat transferred to the cool air, warming it and cooling the body

Radiation:

heat radiated outward from the warm body to the cooler environment

Evaporation:

the loss of heat through the process of removing water from the surface of the body through vaporization

Respiration:

inspired air raised to body temperature and then exhaled

Each of these causes of heat loss can play a large or small role in the development of hypothermia, depending on clothing, head cover, wind, weather, etc.

Once hypothermia develops, the heat deficit is shared by two body compartments, the shell and the core. The shell consists of the outer 1.65 mm of skin and has an average area of 1.8 square meters. This constitutes approximately 10% of a 70 kg mass. The remainder of the body is the core.

However, when we speak of Core Temperature it is the thoracic, or critical core we are concerned with, mainly the area of the heart, lungs and brain.

RECOGNITION OF SIGNS AND SYMPTOMS

Impending Hypothermia:

Due to physiological, medical, environmental, or other factors the person's core temperature has decreased to 36 degrees Celcius. The person will increase activity in an attempt to warm up. The skin may become pale, numb and waxy. Muscles become tense, shivering may begin but can be overcome by activity. Fatigue and signs of weakness begin to show.

Mild Hypothermia:

The person has now become a victim of hypothermia. The core temperature has dropped to 35 - 34 degrees Celcius. Uncontrolled, intense shivering begins. The victim is still alert and able to help self, however movements become less coordinated and the coldness is creating some pain and discomfort.

Moderate Hypothermia:

The victim's core temperature has now dropped to 33 - 31 degrees Celcius. Shivering slows or stops, muscles begin to stiffen and mental confusion and apathy sets in. Speech becomes slow, vague and slurred, breathing becomes slower and shallow, and drowsiness and strange behavior may occur.

Severe Hypothermia:

Core temperature now below 31 degrees Celcius. Skin is cold, may be bluish-gray in color, eyes may be dilated. Victim is very weak, displays a marked lack of coordination, slurred speech, appears exhausted, may appear to be drunk, denies problem and may resist help. There is a gradual loss of consciousness. There may be

little or no apparent breathing, victim may be very rigid, unconscious, and may appear dead.

TREATMENT PREFACE

Treatment of cold injuries has long been controversial.

Hippocrates, Aristotle and Galen mention various cold injury treatments. Cold has had major impacts on military history. Hannibal lost nearly half his army of 46,000 crossing the Alps in 218 BC. Baron Larrey, Napoleon's chief surgeon, reported only 350 of the 12,000 men in the Twelfth Division survived the cold. He observed that those soldiers placed closest to the campfire during that retreat from Russia died. The winter of 1777 took its toll on Washington's troops. There were large losses to cold injuries in the Crimean and both world wars. About 10% of the United States casualties in Korea were cold related.

Be aware that hypothermia may masquerade as a variety of conditions, including death, in a variety of situations and seasons.

Always act on the premise that **"no one is dead until warm and dead"**.

Patients cold, stiff and cyanotic, with fixed pupils and no audible heart tones or visible thoracic excursions have been successfully resuscitated. One patient recovered completely in the morgue.

The only certain criterion for death in hypothermia is irreversibility of cardiac arrest when the patient is warm.

Conclusions regarding the potential reversibility of coexisting conditions should be withheld until the patient is rewarmed. Resuscitation, including CPR if necessary, should be continued until either failure after hospital rewarming to 35 degrees Celcius or danger through exposure to rescuers exists.

The sole consensus regarding prehospital treatment is that all patients at some point should be rewarmed.

Initial management principles emphasize prevention of further heat loss, rewarming as soon as is safely possible at a **"successful"** rate and rewarming the core before the shell, in an attempt to avoid inducing lethal side effects during rewarming. This treatment goal is important, since hypothermia itself may not be fatal above 25 degrees Celcius core temperature.

Hypothermia causes several reactions within the body as it tries to protect itself and retain its heat. The most important of these is *vasoconstriction*, which halts blood flow to the extremities in order to conserve heat in the critical core area of the body.

When core temperature exceeds 30 degrees Celcius the major source of heat production is shivering thermogenesis.

This maintains peripheral vasoconstriction, which minimizes the severity of vascular collapse during rewarming. Induction of vasodilation in these patients may precipitate rewarming shock and metabolic acidosis.

Rapid shunting of cold blood from the periphery to the core as the direct result of vasodilation may cause the core temperature to drop. This phenomenon of a drop in temperature after initiation of therapy is termed core temperature after-drop.

Prevention of vasodilation is the reason why it is imperative that the patient's extremities not be rewarmed before the core. If vasodilation occurs, cold blood returning to the heart may be enough to put the patient into ventricular fibrillation.

The patient must also be handled very gently and not be allowed to exercise, as muscular action can pump cold blood to the heart.

Certain assumptions permit safe treatment. If the patient is unresponsive and not shivering, one should presume severe hypothermia.

At temperatures below 32 degrees Celsius, one should expect an irritable myocardium, a temperature gradient between the core and periphery, and relative hypovolemia (abnormally decreased volume of circulating blood in the body).

The patient is in a "**metabolic ice-box**", and sudden thawing may be disastrous to the cardiovascular system.

TREATMENT FOR THE DIFFERENT LEVELS OF HYPOTHERMIA

Impending Hypothermia:

Seek or build a shelter to get the person out of the cold, windy, wet environment.

Start a fire or get a cookstove going to provide warmth. Provide the person with a hot drink (no alcohol, coffee or tea).

Have further heat loss by insulating the person with extra clothes, etc. This person should recover from the present condition quite quickly.

Mild Hypothermia:

Remove or insulate the patient from the cold environment, keeping the head and neck covered. This prevents further heat loss and allows the body to rewarm itself.

Provide the patient with a warm, sweetened drink (no alcohol, coffee or tea) and some high energy food. Limited exercise may help to generate some internal heat, but it depletes energy reserves.

Moderate Hypothermia:

Remove or insulate the patient from the cold environment, keeping the head and neck covered. Apply mild heat (*comfortable to your elbow*) to the head, neck, chest, armpits and groin of the patient.

Use hot water bottles, wrapped Thermo-Pads, or warm moist towels.

It is possible that you may have to continue this treatment for some time. Offer sips of warm, sweetened liquids (no alcohol, coffee or tea) if the patient is fully conscious, beginning to rewarm and is able to swallow. Patient should be seen by a physician.

Severe Hypothermia:

Place patient in a prewarmed sleeping bag with one or two other people. Skin to skin contact in the areas of the chest (ribs) and neck is effective. Exhale warm air near the patient's nose and mouth, or introduce steam into the area.

Try to keep the patient awake, ignore pleas of "leave me alone, I'm ok". The patient is in serious trouble, keep a close, continuous watch over the patient.

Apply mild heat, with the aim of stopping temperature drop, not rewarming.

If patient has lost consciousness be very gentle, as by now the heart is extremely sensitive. Always assume the patient is revivable, do not give up.

Check for pulse at the carotid artery. If, after *two minutes* you find no pulse check on the other side of the neck for two minutes.

If there is any breathing or pulse, no matter how faint, do not give CPR but keep very close watch for changes in vital signs.

If no pulse is found begin CPR immediately, stopping only when the heart begins to beat or the person applying CPR can not carry on any longer without endangering himself.

Medical help is imperative, hospitalization is needed.

CONCLUSION

Treatment of hypothermia should be approached with knowledge and care.

It is altogether too easy to cause more harm than good by using the wrong treatment. If one can not distinguish the level of hypothermia through visible signs and symptoms then he should assume severe hypothermia.

Through recent research and clinical findings it has come to be concluded that the safest and most effective method of treating hypothermia is through inhalation rewarming. The necessary equipment for providing inhalation rewarming therapy in the field is now readily available. However, this equipment may not be available when it is needed and people who may end up in the position of having to provide treatment must know the alternative methods which have been described here.

Always remember, gentle handling, insulation, no alcohol, coffee or tea, and don't try to rewarm a patient in a hurry.

Any method which will rewarm a patient in a hurry in the field will likely cause further complications, if not death.

Compiled by: Michael McEwan For: The Search and Rescue Society of British Columbia

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*Last Updated: Saturday, October 28, 1995
by MCDPRI*

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2009 RAINBOW IAP MEDICAL PLAN

Emergency Procedures Checklist

1. Conduct Size-up of the situation to include:

- Nature of the problem, i.e., injury or illness.
- Number of people involved & crew identification.
- DO NOT give names of individuals over the radio
- Chief complaints, patient assessment (refer: to IRPG page 35).

2. Contact Santa Fe Dispatch Center

- Clear all radio traffic.
- Point of contact will relay patient information & type of evacuation requested.
- Point of contact will relay Lat. & Long. for pick up location or major landmark. Lat. & Long., UTM's or Legal location are required for Helicopter life flights.

3. For an ALS Med-EVAC Request:

- Point of contact will notify Incident Commander and Santa Fe Dispatch Center for ALS-EVAC.
(* See below for locations on Air Ambulances*).
- If an outside Air Ambulance is requested, Santa Fe Dispatch Center initiates call. Santa Fe Dispatch informs Incident Commander and point of contact on estimated time of arrival and destination of patient.
- Point of contact will inform Santa Fe Dispatch Center with patient lift-off.
- Non-emergency radio Communications resume when emergency is complete, Santa Fe Dispatch Center will announce to all units.

4. For a Medical Transport request:

- Incident Commander or point of contact will notify Santa Fe Dispatch Center for Medical Transport (*See below for locations Medical Transports*) request.
- Incident Commander or point of contact will identify and relay pick-up site.
- Santa Fe Dispatch Center will coordinate patient pick-up designated medical transport.
- Santa Fe Dispatch Center relays ETA to pick-up site.
- Santa Fe Dispatch Center will announce to all units to resume normal radio operations.

Hospitals/Clinics:

Name	Address	Travel Time		Phone	Helped		Burn Center	
		Air	Ground		Yes	No	Yes	No
Checker Board Area Health Systems	6349 HWY. 550 CUBA, NM 87013	15m	60m	911 (Emergency) (505) 289-3291	X			X
UNM Hospital	2211 Lomas NE, Albuquerque	35m	1.5 hrs	(505)272-2411 (Emergency) (505)272-2111	X		X	
Presbyterian Hospital	1100 Central Ave. S.E. Albuquerque, NM	35m	1.5 hrs	505-841-1234	X			X
St. Vincent	Santa Fe	25m	2.5h	(505)820-5250	X			X

Designated Helispots:

- [REDACTED]
 - [REDACTED]
1. This an emergency landing zone only as it is a “power in, power out” helispot. Use only as last alternative.
- Meadow Family Gathering Helispot: [REDACTED]
 - Cuba Admin Site, Warehouse, Engine Station Helispot: [REDACTED]

EMTs:

HELICOPTER AMBULANCE SERVICE IN & ADJACENT TO YOUR AREA

LOCATION	FACILITY	CALL SIGN	TYPE AC	PHONE NUMBER	Avg. Flight Time (Minutes)
PHI Air Medical Med 50, 51	Albuquerque, NM	N351LG	Eurocopter AS350-B3 "A-Star"	1-800-633-5438	45 - 70
PHI Air Medical Med 52	Santa Fe, NM	N352LG	Eurocopter AS350-B3 "A-Star"	1-800-633-5438	15 - 40
San Juan Regional Air Care 1	Farmington, NM	N911NM	Bell 222UT	1-505-609-2000 Main # 1-505-609-6280 Patient Service	45 - 70
PHI Air Medical Med 53	Grants, NM	N353LG	Eurocopter AS350-B3 "A-Star"	1-800-633-5438	60 - 80
Mercy Memorial Center	Durango, CO	N403CF Care flight 4	Agusta 119 Koala	1-800-345-2516	45 - 70

GROUND AMBULANCE SERVICE

FACILITY/LOCATION	COMMERCIAL PHONE	24 HOUR PHONE	ETA
CUBA RESCUE 125	CUBA, NM - EAST CORDOVA LANE	(505) 289-3456 or 911 or 1-800-898-2876	YES
CUBA AMBULANCE	CUBA, NM 6349 HWY 550	(505) 289-3456 or 911 or 1-800-898-2876	YES

AIR AMBULANCE SERVICE

FACILITY/LOCATION	ADDRESS/LOCATION	24 HOUR PHONE
AIR CARE	FARMINGTON, NM	1-800-452-9990
LIFEGUARD AIR EMERGENCY SERVICES	ALBUQUERQUE, NM	(505) 272-3116
CAREFLIGHT	SANTA FE, NM	1-800-4521
TRI-STATE CARE FLIGHT	DURANGO, CO	1-800-800-0900 Disp. 970-382-7790 Office

Updates of hospitals in area

Albuquerque Area		
Lovelace Downtown	601 Dr. Martin Luther King JR Ave NE Albuquerque N.M 87102	505-727-8000
Lovelace Womens	4701 Montgomery Blvd NE Albuquerque NM 87109	505-727-7800
Lovelace Westside	10501 Golf Course RD NW Albuquerque NM 87114	505-727-2000
Presbyterian Down Town	1100 Central Ave NE Albuquerque NM 87106	505-841-1234
Prebyterian Kasemen	8300 Constitution Ave NE Albuquerque NM 87110	505-291-2000
Heart Hospital	504 Elm Street NE Albuquerque NM 87012	505-724-2000
University NM	2211 Lomas Blvd NE Albuquerque, NM 87106	505-272-2411
Veterans Admin	2100 Ridgecrest Dr SE Albuquerque, NM 87108	505-265-1711
Rio Rancho		
Presbyterian, Rio Rancho	4100 High Resort Blvd SE Rio Rancho, NM 87124	505-462-8901
Santa Fe		
St. Vencent's	455 Saint Michaels Dr Ste 110 Santa Fe, NM 87505	505-983-3361
Espanola		
Espanola Vally	1010 Spruce St Espanola, NM 87532	505-753-7111
Farmington		
San Juan Regional	525 S Schwartz Ave Farmington, NM 87401	505-325-5011

DOH Nursing Response Strategic Plan, Rainbow Family Gathering, June-July 2009

Local Hospital Contacts:

Lovelace Westside Emergency Room	[REDACTED]	[REDACTED]
	Lead technician, ER	
	[REDACTED]	[REDACTED]
	@lovelace.com	
	[REDACTED], MD	[REDACTED]
PMS, Cuba, New Mexico	[REDACTED]	[REDACTED]
	[REDACTED], RN	[REDACTED]
Presbyterian Urgent Care, Rio Rancho, NM	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	@phs.org	
EMS Services, Cuba	[REDACTED]	[REDACTED]
Cuba Fire Department	[REDACTED]	[REDACTED]
UNM Psychiatric Emergency	[REDACTED], RN	[REDACTED]
Presbyterian Downtown	[REDACTED], RN	[REDACTED]
UNM Emergency Room	[REDACTED], RN	[REDACTED]
	[REDACTED]	[REDACTED]
	@salu.unm.edu	
Lovelace Downtown ER	[REDACTED], RN	[REDACTED]
San Juan Regional Medical Center, ER	[REDACTED], RN	[REDACTED]
	[REDACTED]	[REDACTED]
	@SJPMC.net	
	[REDACTED]	[REDACTED]
	RN Infectious Disease	
	[REDACTED]	[REDACTED]
	@SJPMC.net	

Nursing Response Strategic Plan:

██████████, RN, BSN
██████████, RN

1. Attend inter-agency briefings
 2. Establish relationships with Forest Service, EMS, local hospitals and urgent care, Rainbow Family CALM
 3. Provide a consistent physical presence at the gathering/establish trust and exchange of information to the extent possible with CALM workers
 4. Assist DOH Epidemiology infectious disease surveillance, and intervention if necessary (e.g. sample collection, medication administration, isolation and quarantine)
 5. Stock local Public Health Office with equipment specified by Epidemiology Department
 6. Provide on-call support as needed
 7. Participate in education outreach to Rainbow kitchens and CALM
 8. Provide adult immunizations of Hep B and Hep A to Forest Service personnel as requested
 9. Accompany Epidemiology teams to the gathering in order to provide a consistent contact and facilitate exchange of information.
 10. Maintain regular contact and exchange of information with nurse managers at local Emergency Rooms in order to facilitate enhanced syndromic surveillance as recommended by DOH Infectious Disease Epidemiology Bureau.
 11. Inform DOH Pharmacy and Laboratory staff as needed regarding laboratory sampling activities and any recommended distribution of medication.
-

COMMUNICATION PLAN

A. Radio Frequencies:

1. Command Frequency(s):

- **PRIMARY:** SFNF RPT - RX=[REDACTED], TX=[REDACTED]
Tone = [REDACTED] ([REDACTED])
- **SECONDARY:** SFNF RPT - RX=[REDACTED] TX=[REDACTED]
Tone = [REDACTED] ([REDACTED])

2. Tactical Frequency(s)

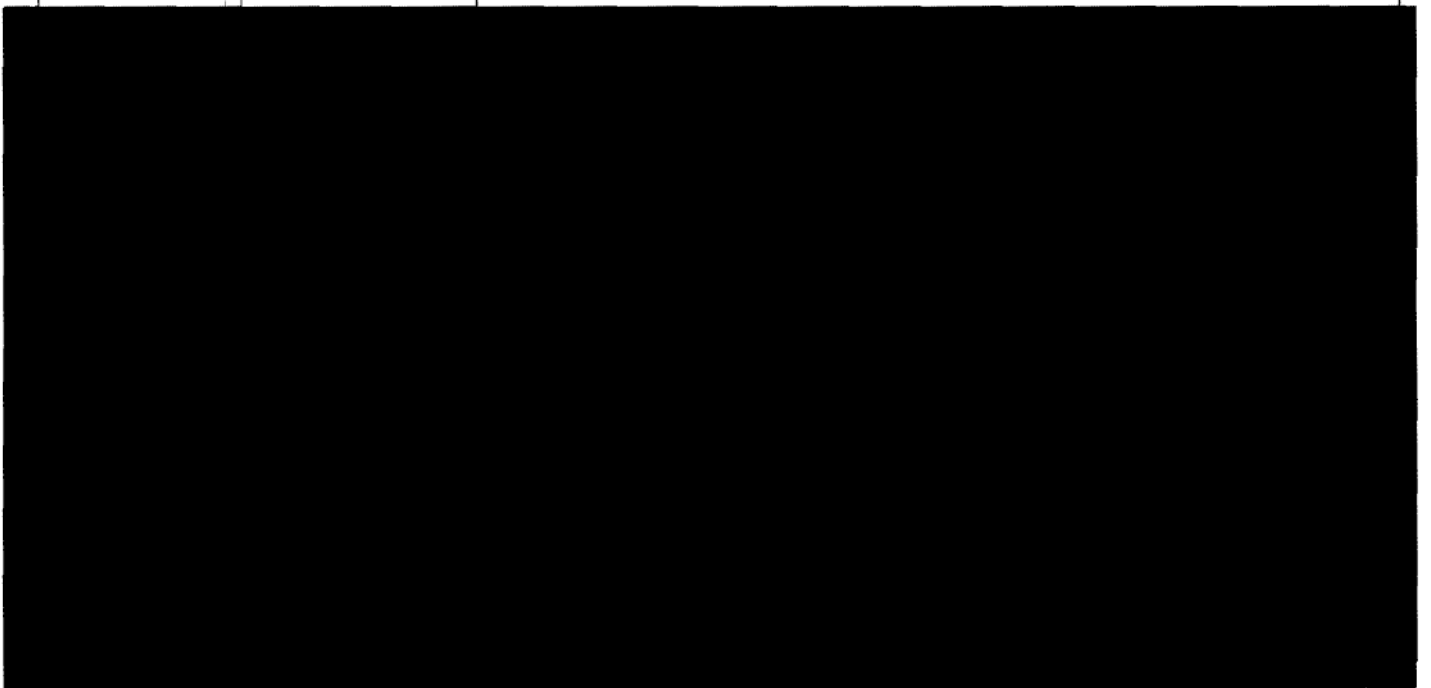
- **PRIMARY:** Tac1 [REDACTED] RX/TX

3. Air Operations Frequency(s): Air to Ground - [REDACTED]

B. Verizon Identified Best Cellular Phone Coverage Sites:

1. 36.0123 x 106.7698
2. 36.0411 x 106.7588
3. 36.0418 x 106.7837

CHANNEL	NAME	USE
[REDACTED]	[REDACTED]	[REDACTED]



RAINBOW
ICP PHONE NUMBERS

06/20/09

Information:

505-438-5685 For the Public Only



Logistics:



Finance



Plans



Law Enforcement



Communications



Briefing Room

(Homeland Security trailer)



To call Cuba Ranger District dial 7 and last 4 digits.

To call Santa Fe NF SO dial 7 and last 4 digits.

All other calls dial 9 and all other digits.

To set up your voicemail and retrieve your voicemail, press the "messages" button (envelope) and then the code.

1. OPERATIONS Resources		2. DIVISION/GROUP Resources		ASSIGNMENT LIST					
3. INCIDENT NAME Rainbow Family Gathering 2009				4. OPERATIONAL PERIOD Daytime Operations DATE <u>07/05/2009</u> TIME <u>0800-2000</u>					
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF <u>Jim Eaton - [REDACTED]</u>		DIVISION/GROUP SUPERVISOR <u>Jim Eaton - [REDACTED]</u>							
BRANCH DIRECTOR _____		AIR TACTICAL GROUP SUPERVISOR _____							
6. RESOURCES ASSIGNED TO THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	CALL #	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME			
Wildlife	[REDACTED]	Ramon Borrego	1	N					
Fire	[REDACTED]	Jared Taylor	1	N					
Fire	[REDACTED]	Brian McCoy	1	N					
Fire	[REDACTED]	Rick Duran	1	N					
Fire	[REDACTED]	James Casaus	1	N					
Fuels	[REDACTED]	Tom Fuchtman	1	N					
7. OPERATIONS									
<ul style="list-style-type: none"> • Sweat Lodge garbage still there. • Do H2O samples on Palomas and American Creeks. • Monitor exodus and rehab. • Meet Jay HI for rehab coordination. 									
8. SPECIAL INSTRUCTIONS									
<ul style="list-style-type: none"> • Maintain situational awareness with LEO personnel and incident command post. 									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	[REDACTED]	[REDACTED] repeater		SUPPORT	LOCAL			
	REPEAT	[REDACTED]	[REDACTED]			REPEAT			
DIV./GROUP TACTICAL		[REDACTED] TX/RX	Tac 1		GROUND TO AIR				
PREPARED BY (RESOURCE UNIT LEADER)				APPROVED BY (PLANNING SECT. CH.)			DATE	TIME	

1. OPERATIONS Law Enforcement	2. DIVISION/GROUP Daytime	ASSIGNMENT LIST
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3. INCIDENT NAME Rainbow Family Gathering 2009	4. OPERATIONAL PERIOD Daytime Operations DATE 07/05/2009 TIME 0800-2000
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OPERATIONS CHIEF BRANCH DIRECTOR	Ex.(b)(6) & (b)(7)(C) [REDACTED]	5. OPERATIONAL PERSONNEL	Ex.(b)(6) & (b)(7)(C) [REDACTED] Ex.(b)(2)(high)
		DIVISION/GROUP SUPERVISOR AIR TACTICAL GROUP SUPERVISOR	

6. RESOURCES ASSIGNED TO THIS PERIOD

STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	CALL #	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME
K-9 Unit	Ex.(b)(2)(high)	Ex.(b)(6) & (b)(7)(C)	1	N	0800	2000
	[REDACTED]	[REDACTED]	1	N	0800	2000
K-9 Unit	[REDACTED]	[REDACTED]	1	N	0800	2000
	[REDACTED]	[REDACTED]	1	N	0800	2000
Patrol	[REDACTED]	[REDACTED]	1	N	0800	2000
	[REDACTED]	[REDACTED]	1	N	0800	2000

- 7. OPERATIONS**
- Operate as Unified Command and manage as one Incident Command Team.
 - Manage parking along roads 69 and 70 to maintain access.
 - Monitor one way travel along FR 70 between Welcome Home and San Gregorio.
 - Assist Resource Advisors, Santa Fe NF, local EMS, and County health officials as requested.
 - Insure compliance with all federal and state laws.

- 8. SPECIAL INSTRUCTIONS**
- Maintain situational awareness with resource personnel and incident command post.

Ex.(b)(2)(high) **9. DIVISION/GROUP COMMUNICATIONS SUMMARY**

FUNCTION	FREQ.	SYSTEM	CHAN.	FUNCTION	FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	[REDACTED]	repeater	SUPPORT	[REDACTED]	LOCAL	
	REPEAT	[REDACTED]				REPEAT	
DIV./GROUP TACTICAL	[REDACTED] TX/RX	T a c 1		GROUND TO AIR			

PREPARED BY (RESOURCE UNIT LEADER)	APPROVED BY (PLANNING SECT. CH.)	DATE	TIME
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Ex. (b)(2)(high)

1. OPERATIONS Law Enforcement		2. DIVISION/GROUP Daytime		ASSIGNMENT LIST			
3. INCIDENT NAME Rainbow Family Gathering 2009			4. OPERATIONAL PERIOD Daytime Operations DATE 07/05/2009 TIME 1200-2400				
Ex.(b)(6) & (b)(7)(C)		5. OPERATIONAL PERSONNEL		Ex.(b)(6) & (b)(7)(C)			
OPERATIONS CHIEF [REDACTED]		DIVISION/GROUP SUPERVISOR [REDACTED]		Ex.(b)(2)(high)			
BRANCH DIRECTOR [REDACTED]		AIR TACTICAL GROUP SUPERVISOR [REDACTED]					
6. RESOURCES ASSIGNED TO THIS PERIOD							
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	CALL #	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME	
K-9 Unit	Ex.(b)(2)(high)	Ex.(b)(6) & (b)(7)(C)	1	N	1200	2400	
	[REDACTED]	[REDACTED]	1	N	1200	2400	
K-9 Unit	[REDACTED]	[REDACTED]	1	N	1200	2400	
	[REDACTED]	[REDACTED]	1	N	1200	2400	
Patrol	[REDACTED]	[REDACTED]	1	N	1200	2400	
	[REDACTED]	[REDACTED]	1	N	1200	2400	
	[REDACTED]	[REDACTED]			1200	2400	
7. OPERATIONS							
<ul style="list-style-type: none"> • Operate as Unified Command and manage as one Incident Command Team. • Manage parking along roads 69 and 70 to maintain access. • Monitor one way travel along FR 70 between Welcome Home and San Gregorio. • Assist Resource Advisors, Santa Fe NF, local EMS, and County health officials as requested. • Insure compliance with all federal and state laws. 							
8. SPECIAL INSTRUCTIONS							
<ul style="list-style-type: none"> • Pay special attention when driving back down at night. Wildlife such as deer and elk are prevalent in the area. 							
Ex.(b)(2)(high) 9. DIVISION/GROUP COMMUNICATIONS SUMMARY							
FUNCTION	FREQ.	SYSTEM	CHAN.	FUNCTION	FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	[REDACTED] repeater		SUPPORT			
	REPEAT	[REDACTED]			LOCAL		
DIV/GROUP TACTICAL	[REDACTED] TX/RX	T a c 1		GROUND TO AIR			
PREPARED BY (RESOURCE UNIT LEADER)			APPROVED BY (PLANNING SECT. CH.)		DATE	TIME	

Ex. (b)(2)(high)

1. OPERATIONS Law Enforcement	2. DIVISION/GROUP Daytime	ASSIGNMENT LIST
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3. INCIDENT NAME Rainbow Family Gathering 2009	4. OPERATIONAL PERIOD Daytime Operations DATE <u>07/05/2009</u> TIME <u>0800-2000</u>
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OPERATIONS CHIEF BRANCH DIRECTOR	Ex.(b)(6) & (b)(7)(C) [REDACTED]	5. OPERATIONAL PERSONNEL DIVISION/GROUP SUPERVISOR AIR TACTICAL GROUP SUPERVISOR	Ex.(b)(6) & (b)(7)(C) [REDACTED] Ex.(b)(2)(high)
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6. RESOURCES ASSIGNED TO THIS PERIOD

STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	CALL #	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME
K-9 Unit	Ex.(b)(2)(high)	Ex.(b)(6) & (b)(7)(C)	1	N	2400	1200
	[REDACTED]	[REDACTED]	1	N	2400	1200
K-9 Unit	[REDACTED]	[REDACTED]	1	N	2400	1200
	[REDACTED]	[REDACTED]	1	N	2400	1200
Patrol	[REDACTED]	[REDACTED]	1	N	2400	1200
	[REDACTED]	[REDACTED]	1	N	2400	1200

- 7. OPERATIONS**
- Operate as Unified Command and manage as one Incident Command Team.
 - Manage parking along roads 69 and 70 to maintain access.
 - Monitor one way travel along FR 70 between Welcome Home and San Gregorio.
 - Assist Resource Advisors, Santa Fe NF, local EMS, and County health officials as requested.
 - Insure compliance with all federal and state laws.

- 8. SPECIAL INSTRUCTIONS**
- Pay special attention when driving back after a long night shift.
 - Monitor fatigue.

Ex.(b)(2)(high)

9. DIVISION/GROUP COMMUNICATIONS SUMMARY

FUNCTION	FREQ.	SYSTEM	CHAN.	FUNCTION	FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	Rx [REDACTED]	[REDACTED] repeater	SUPPORT			
	REPEAT	[REDACTED]	[REDACTED]				
DIV./GROUP TACTICAL		[REDACTED] TX/RX	T a c 1	GROUND TO AIR			

PREPARED BY (RESOURCE UNIT LEADER)	APPROVED BY (PLANNING SECT. CH.)	DATE	TIME
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Ex. (b)(2)(high)

1. OPERATIONS Law Enforcement	2. DIVISION/GROUP Daytime	ASSIGNMENT LIST
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3. INCIDENT NAME Rainbow Family Gathering 2009	4. OPERATIONAL PERIOD Daytime Operations DATE <u>07/05/2009</u> TIME <u>0800-2000</u>
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OPERATIONS CHIEF BRANCH DIRECTOR	Ex.(b)(6) & (b)(7)(C) [REDACTED]	5. OPERATIONAL PERSONNEL DIVISION/GROUP SUPERVISOR AIR TACTICAL GROUP SUPERVISOR	Ex.(b)(6) & (b)(7)(C) [REDACTED] Ex.(b)(2)(high)
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6. RESOURCES ASSIGNED TO THIS PERIOD

STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	CALL #	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME
Mounted	Ex.(b)(2)(high)	Ex.(b)(6) & (b)(7)(C)	1	N	0800	2000
Mounted	[REDACTED]	[REDACTED]	1	N	0800	2000
Mounted	[REDACTED]	[REDACTED]	1	N	0800	2000

- 7. OPERATIONS**
- Operate as Unified Command and manage as one Incident Command Team.
 - Manage parking along roads 69 and 70 to maintain access.
 - Monitor one way travel along FR 70 between Welcome Home and San Gregorio.
 - Assist Resource Advisors, Santa Fe NF, local EMS, and County health officials as requested.
 - Insure compliance with all federal and state laws.
 - Will help Resources GPS paths and trails.

- 8. SPECIAL INSTRUCTIONS**
- Maintain situational awareness with resource personnel and incident command post.

Ex.(b)(2)(high) **9. DIVISION/GROUP COMMUNICATIONS SUMMARY**

FUNCTION	FREQ.	SYSTEM	CHAN.	FUNCTION	FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	[REDACTED] repeater		SUPPORT			
	REPEAT	[REDACTED]			LOCAL REPEAT		
DIV./GROUP TACTICAL	[REDACTED] TX/RX	Tac 1		GROUND TO AIR			

PREPARED BY (RESOURCE UNIT LEADER)	APPROVED BY (PLANNING SECT. CH.)	DATE	TIME
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UNIT LOG		1. Incident Name Rainbow Gathering	2. Date Prepared 07/05/09	3. Time Prepared 1530 hrs.
4. Unit Name/Designators TEAM PIOs		5. Unit Leader (Name and Position) Lead PIO Denise Ottaviano		6. Operational Period
7. Personnel Roster Assigned				
Name		ICS Position		Home Base
Denise Ottaviano		NIMT PIO		Albuquerque Service Center, Albuquerque
Andrea M. Fruitt		PIO		R3 Carson NF, Tres Piedras, RD
Lawrence Lujan		PIO		R3 Santa Fe NF, SO
Sheila Poole		PIO		R3, RO
8. Activity Log				
Time	Major Events			
	Denise, Sheila and Bob Beckley traveled to R/G site. Denise did an interview with a photographer who had received a grant from National Geographic to do a photo documentary about the Rainbow Gathering. He asked general questions about the management of the Gathering. It may or may not be used by Nat. Geo.			
	Lawrence begin Incident summary. Andrea bought Albuquerque Journal and read through article about R/G. Made copies and updated boards.			
	Lawrence and Andrea prepared time sheets and reviewed CTR's to turn in.			
	Andrea in office answered phones.			
	Andrea looked through documentation binders and made sure all accurate information was in the binders.			