

*SANTA FE NATIONAL FOREST*

**RAINBOW FAMILY GATHERING  
2009**



**INCIDENT ACTION PLAN**

**July 7, 2009**

<b>INCIDENT OBJECTIVES</b>	1. Incident Name <b>Rainbow Family Gathering 2009</b>	2. Date <b>07/07/2009</b>	3. Time <b>0700</b>
4. Operational Period <b>07/07/2009 Rainbow Unified Command Team Operational Period</b>			
5. General Control Objectives for the Incident (Include alternatives) <ul style="list-style-type: none"> <li>• <b>Provide for the safety and welfare of all incident staff through effective organization, good briefings, supervision within span-of-control, coordination of all resources, reliable communications, continuous situation awareness, and effective scene size-up prior to committing resources on any response.</b></li> <li>• <b>Use all available resources and opportunities to show respectful regard for Rainbow Family participants.</b></li> <li>• <b>Promote the safety and welfare of the public, protect infrastructure, and public property through information and enforcement of laws.</b></li> <li>• <b>Provide timely response to all appropriate requests for assistance.</b></li> <li>• <b>Ensure that incident personnel follow established Department of Agriculture guidelines regarding civil rights, and other Forest Service policies, practices, and procedures.</b></li> <li>• <b>Provide effective incident management training experience for all trainee positions.</b></li> <li>• <b>Mobilize the needed resources to manage the event activity safely, effectively, and efficiently.</b></li> <li>• <b>Provide timely and accurate information to internal audiences, all levels of media, local communities, affected agencies, and partners.</b></li> </ul>			
6. Weather Forecast for Period <ul style="list-style-type: none"> <li>• <b>Keep informed of twice daily Santa Fe Zone Interagency Dispatch Center forecasts.</b></li> </ul>			
7. General Safety Message <ul style="list-style-type: none"> <li>• <b>Observe driving regulations and personal limitations.</b></li> <li>• <b>Reduce speed by 25% on Forest Roads</b></li> <li>• <b>Honor Work/Rest requirements. (Work shifts restricted to 12 hours without IC prior approval).</b></li> <li>• <b>Get adequate rest, hydration, and use your vitamins.</b></li> <li>• <b>Santa Fe NF requires a hardhat to be worn anytime outside the vehicle when in the NF.</b></li> </ul>			
8. Attachments (mark if attached)			
<input checked="" type="checkbox"/> Organization List - ICS 203	<input checked="" type="checkbox"/> Medical Plan - ICS 206	<input checked="" type="checkbox"/> (Other)	
<input checked="" type="checkbox"/> Div. Assignment Lists - ICS 204	<input checked="" type="checkbox"/> Incident Map	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Communications Plan - ICS 205	<input type="checkbox"/> Traffic Plan	<input type="checkbox"/>	
9. Prepared by (Planning Section Chief)	10. Approved by (Incident Commander)		

Organization Assignment List, ICS Form 203

ORGANIZATION ASSIGNMENT LIST		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
		Rainbow Gathering 2009	07/07/2009	0700
POSITION	NAME	4. OPERATIONAL PERIOD (DATE/TIME)		
5. INCIDENT COMMAND AND STAFF		9. OPERATIONS SECTION		
Ex.(b)(6) & (b)(7)(C)		Ex.(b)(6) & (b)(7)(C)		
INCIDENT COMMANDER	Derek Padilla, [REDACTED]	CHIEF	[REDACTED]	
DEPUTY	[REDACTED]	DEPUTY	[REDACTED]	
SAFETY OFFICER	Robert Beckley, Ex.(b)(2)(high) Rick Albrecht-(alternate)	a. BRANCH I- DIVISION/GROUPS		
INFORMATION OFFICER	Denise Ottaviano,	BRANCH DIRECTOR		
LIAISON OFFICER	Lawrence Lujan, Dave Bervin-Emerg. Serv. Rep.	DEPUTY		
6. AGENCY REPRESENTATIVES		DIVISION/GROUP	Daytime	[REDACTED] Ex.(b)(6) &
AGENCY	NAME	DIVISION/ GROUP	Evening	[REDACTED] (b)(7)(C)
USFS	Dan Jiron	DIVISION/ GROUP	Night	[REDACTED]
Cuba VFD	Alissa Short	DIVISION/GROUP	Mounted	[REDACTED]
USMS	[REDACTED] Ex.(b)(6) & (b)(7)(C)	DIVISION /GROUP	Resources	Jim Eaton- [REDACTED] Ex.(b)(2)(high)
NM State Police	[REDACTED]	b. BRANCH II- DIVISIONS/GROUPS		
Sandoval Cnty SD	[REDACTED]	BRANCH DIRECTOR		
Rio Arriba SD	[REDACTED]	DEPUTY		
NM DHS & EM	Don Scott, James Mason	DIVISION/GROUP		
	Mary Magnusson	DIVISION/GROUP		
7. PLANNING SECTION		DIVISION/GROUP		
CHIEF	Andy Lang	DIVISION/GROUP		
DEPUTY	[REDACTED]	DIVISION/GROUP		
RESOURCES UNIT	[REDACTED]	DIVISION/GROUP		
GISS (THSP)	Bill Griggs, Rick, Dave	9c. VISITORS		
DOCUMENTATION UNIT	[REDACTED]	[REDACTED]		
DEMOBILIZATION UNIT	[REDACTED]	[REDACTED]		
TECHNICAL SPECIALISTS	[REDACTED]	[REDACTED]		
8. LOGISTICS SECTION		d. AIR OPERATIONS BRANCH		
CHIEF	Richard Montoya, [REDACTED]	AIR OPERATIONS BR. DIR.		
DEPUTY	Ex.(b)(2)(high)	AIR TACTICAL GROUP SUP.		
a. SUPPORT BRANCH		AIR SUPPORT GROUP SUP.		
DIRECTOR	[REDACTED]	HELICOPTER COORDINATOR		
SUPPLY UNIT	[REDACTED]	AIR TANKER/FIXED WING CRD.		
FACILITIES UNIT	[REDACTED]	[REDACTED]		
GROUND SUPPORT UNIT	[REDACTED]	[REDACTED]		
b. SERVICE BRANCH		10. FINANCE/ADMINISTRATION SECTION		
DIRECTOR	[REDACTED]	CHIEF	Ex.(b)(6) &	[REDACTED]
COMMUNICATIONS UNIT	Chris Reynolds, Curtis Steinman (THSP)	DEPUTY	(b)(7)(C)	[REDACTED]
MEDICAL UNIT	[REDACTED]	TIME UNIT	[REDACTED]	[REDACTED]
FOOD UNIT	[REDACTED]	PROCUREMENT UNIT	[REDACTED]	Barbara Hatch Sophie Salaz
PREPARED BY (RESOURCES UNIT)		COMPENSATION/CLAIMS UNIT	[REDACTED]	[REDACTED]
		COST UNIT	[REDACTED]	[REDACTED]

***SAFETY & HEALTH REMINDERS 2009 RAINBOW FAMILY GATHERING  
Santa Fe National Forest***

***July 5, 2009, through duration.***

***Today the Rainbow family members will start leaving in mass.  
Watch for increased traffic.***

*Always look out for the other driver, be prepared for the unexpected. Limit speed to match the road condition. Wear your seat belts. Watch out for animals.*

***DRIVING HOME*** – remember you must have had 8 consecutive hours off duty before beginning your shift or travel time driving home. No more than 2 hours driving time with out a rest stop, No more than 10 hours per shift.

***Use good Officer Safety and Protective measures*** – Gloves & germ killing skin gel. Watch out for sharp objects and needles. Be aware of edge weapons.

***Mental alertness***, Look out for each other and recognize dangerous situations. Never stop seeking the next threat. Have an escape route.

***Know your Backup*** – Have good Communications with each other and other L.E. units in the area.

***Use good Officer Safety Skills.*** After transport wipe or spray your patrol vehicle with Lysol or decontamination wipes. And clean handcuffs.

***Support and assist other L.E. agencies as needed.***

***Beware of all dogs.*** Look where you walk. Parvo virus is contagious.

***When you go home, “think of where you walk, with those field boots”.***  
***Please decontaminate your field boots and gloves.***

***Resource personnel please check in and out with forest dispatch and Rainbow ICP.*** When parking and leaving your vehicle, lock it up. Always be aware of your surroundings – leave if you feel unsafe or unsure. Always have an on going escape route. “Ask yourself “what if”.

***L.E. units assist Resource workers and State EMS workers when they are in the area Provide cover for them as needed. Have them check in and out with you.***

***Everybody I want to thank you for the great job you all are doing and have done.***



## Information Statement

### Preventing the Transmission of Bloodborne Pathogens

*This Information Statement was developed as an educational tool based on the opinion of the authors. It is not a product of a systematic review. Readers are encouraged to consider the information presented and reach their own conclusions.*

This report provides an overview of strategies intended to reduce the risk of transmitting bloodborne pathogens in a variety of orthopaedic settings. It includes information on preventing the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV), and discusses issues involving infected health care personnel (HCPs). Numerous documents from the United States Centers for Disease Control and Prevention (CDC) as well as other scientific publications were reviewed to arrive at this summary of recommendations for the implementation and monitoring of strategies most relevant to the orthopaedic surgeon.

The recommendations in this report are intended to supplement those of the CDC. They are not intended to supersede updates of CDC recommendations, their updates, or advances in the field. This is an attempt to bring relevant information together in a single document. Orthopaedic surgeons are encouraged to become familiar with the CDC recommendations and current updates on preventing healthcare-associated transmission of bloodborne pathogens; this information can be found on the CDC's website ([www.cdc.gov](http://www.cdc.gov)). With this combined information, orthopaedic surgeons will be able to develop comprehensive strategies to deal with bloodborne pathogens tailored to their particular practice settings.

Orthopaedic surgeons, like all physicians, accept a moral and ethical responsibility to provide patient care with compassion and dignity. The orthopaedic surgeon, while making informed decisions, should take whatever precautions she or he deems necessary in order to prevent the transmission of bloodborne pathogens. This report, in addition to the recommendations of other agencies, provides a solid background upon which orthopaedic surgeons can make such decisions. The well-being of all patients and health care professionals, regardless of their bloodborne pathogen-infection-status, is of the utmost importance.

### Background

Transmission of HBV, HIV, and HCV has been well-documented in health care settings. Transmission of these viruses has been reported from patient to HCP, from HCP to patient, and from patient to patient. Although all three viruses are bloodborne and share common routes of transmission, the epidemiology of transmission of each differs based on the virus involved and circumstances of the exposure. HBV is more efficiently transmitted than HCV or HIV, especially if the source is positive for hepatitis B e antigen (HBeAg), a marker for increased infectivity. In fact, when HBeAg is present, HBV is 100 times more likely than HIV to be transmitted after a percutaneous exposure to infected blood. HCV, while less infectious than HBV, is on average six times more likely than HIV to be transmitted after a percutaneous exposure. Although much attention has focused on preventing HIV transmission, it is important for HCPs to be mindful of all of these common bloodborne pathogens. Measures for preventing transmission are common to all three of these viruses.

## **TRANSMISSION IN HEALTH CARE SETTINGS**

### **Patient-to-HCP transmission of bloodborne pathogens**

The risk of occupational transmission of HBV, HCV, and HIV is influenced by:

1. the prevalence of infection with bloodborne pathogen infection in the patient population
2. the nature and frequency of occupational exposures to blood or other body fluids, and
3. the risk of infection transmission after exposure.<sup>1-3</sup>

In general, the prevalence of infection is higher among hospitalized patients than in the general population; prevalence of one or more viruses may be higher among certain high-risk populations such as injection drug users and men who have sex with men.<sup>4-7</sup> Blood is the single most important source of exposure to HBV, HCV, and HIV in healthcare settings. Percutaneous exposures (e.g., needlesticks and punctures or cuts with other sharp objects) are most frequently sustained by those occupational groups that handle sharps, including surgeons, but are also sustained by others, including downstream workers such as housekeepers and those disposing of waste. The greatest risk of infection transmission is associated with percutaneous exposure to blood, followed by exposure of a mucous membrane to blood, and the least risk with exposure to nonintact skin. While delivery of the hepatitis B vaccine series offers the best protection against HBV, preventing the transmission of HBV, HCV, and HIV to HCPs is accomplished by preventing exposures to blood, primarily by preventing percutaneous injuries during medical procedures. Orthopaedic surgeons and their staff should consider all patients as potentially infected with bloodborne pathogens.<sup>8-10</sup> Infection control recommendations must be adhered to rigorously to minimize the risk of exposure to potentially infected blood or other body fluids. Fortunately, increased awareness of the risks and improvements in devices such as the addition of retractable protection shields on catheter stylets<sup>11</sup> have resulted in a decrease in parenteral injuries over the past decade.<sup>12,13</sup> A study of medical students in Birmingham, England, has demonstrated that a consistent, ongoing effort to educate health-care professionals can greatly increase awareness of the dangers of percutaneous exposure and ways to avoid it.<sup>14</sup> Educational efforts must go beyond an emphasis solely on needle-stick injuries, providing mentoring and competency training to surgeons, residents, nurses, medical students, and other staff, including workers who do not have a role in the OR but handle supplies or dispose of waste.<sup>15,16</sup>

### **Hepatitis B Virus**

HBV infection is a well-recognized occupational risk for HCPs.<sup>2,3</sup> The risk of infection is primarily related to the degree of contact with blood in the work place. The risk of transmission after a percutaneous exposure to infected blood is 30% if the source is positive for HBeAg, but is less than 6% if the source is HBeAg-negative.<sup>3,2</sup> The principal modes of nosocomial HBV transmission are:

1. direct percutaneous inoculation of blood or body fluids containing HBV via needle-stick or other injuries from sharp instruments,
2. direct inoculation of blood or body fluids containing HBV onto mucous membranes, cutaneous scratches, abrasions, burns or other lesions, and
3. indirect inoculation of HBV from environmental surfaces contaminated with blood or body fluids onto mucous membranes, cutaneous scratches, abrasions, burns or other lesions.

Serologic studies conducted in the United States during the 1970s demonstrated that HCPs have a prevalence of HBV infection up to 10 times higher than that in the general population.<sup>7, 17-22</sup>

Therefore, the risk of HBV transmission from patients to HCPs is significantly high. Although the risk of

HBV transmission from patients to HCPs has not changed since the 1970s, the incidence of HBV infection among HCPs has declined dramatically in recent years. The incidence of infection among HCPs is now lower than that in the general population.<sup>18-20</sup> This decline is generally attributed to increasing numbers of HCPs receiving the hepatitis B vaccination series and improved adherence to the principles of universal precautions, leading to decreased exposure.<sup>20-23</sup> In addition, the use of postexposure prophylaxis with hepatitis B vaccine with or without hepatitis B immune globulin has prevented transmission of infection after exposure.<sup>24</sup>

### **Hepatitis C Virus**

HCV is the most common chronic bloodborne infection in the United States.<sup>25</sup> Although the prevalence of HCV infection among HCPs is no greater than the general population, the risk of occupational infection from HCV has been increasingly recognized. Transmission of HCV occurs primarily through large or repeated direct percutaneous exposures to blood.<sup>25</sup> The risk of transmission after a percutaneous exposure to anti-HCV positive blood is 1.8%, ranging from 0-6%.<sup>3,2,24</sup> One study found that a history of accidental needle-stick injury was the only occupational risk factor independently associated with HCV infection.<sup>26</sup> Another study, from France, identified risk factors for HCV infection after occupational percutaneous exposure: deep injury and a hollow-bore needle used in an artery or vein.<sup>27</sup> To date, there have been no reported infections associated with intact skin exposures. However, there have been two reported cases of HCV transmission resulting from a blood splash to the conjunctiva.<sup>28,29</sup>

Currently, occupational HCV transmission is only preventable through prevention of blood exposure. As more information becomes available about treatment of HCV infection, prevention and treatment strategies could change.

### **Human Immunodeficiency Virus**

The risk for HIV transmission after percutaneous exposure to infected blood is approximately 0.3% or about 3 out of 1,000,000.<sup>1</sup> Several factors increase the risk of infection associated with an exposure. An increased risk of seroconversion is associated with a deep injury, the injection of a large quantity of blood, an injury with a hollow needle, or injury while inserting a needle into a vein or artery.<sup>31</sup> The patient's stage of infection may also play a role. Since there is a higher titer of HIV in the blood of a person in the advanced stages of AIDS, there may be a greater risk of seroconversion after an exposure to the blood of a patient with advanced disease.

Although the highest risk of occupational HIV transmission is associated with percutaneous injuries, other modes of transmission are possible. In the United States, occupational transmission has been documented in 57 HCPs after exposure to blood or body fluids of patients.<sup>32-35</sup> Episodes of HIV transmission after non-intact skin exposure to blood have also been documented, but the risk of transmission by this route has not been precisely quantified.<sup>1</sup> Additionally, there is a documented but undetermined risk associated with HIV-infected body fluids other than blood. Fluids with potential for transmission in the occupational setting include cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids.<sup>1,9</sup>

### **HCP-to-patient transmission of bloodborne pathogens**

Transmission of HBV, HCV, and HIV from HCP to patient has been documented.<sup>7, 36-46</sup> However, the risk of transmission from HCP to patient is much lower than from patient to HCP. The vast majority of HCPs infected with a bloodborne virus do not pose a risk to patients, because they do not perform activities where the conditions necessary for transmission are met. Three conditions are necessary for HCPs to pose a risk for transmitting a bloodborne virus to patients. First, the HCP must be viremic

(i.e., have infectious virus circulating in the bloodstream). Second, the HCP must be injured or have a condition (e.g. weeping dermatitis) that allows direct exposure to his/her blood or other infectious body fluids. Third, the HCP's blood or infectious body fluid must gain direct access to a patient's wound, traumatized tissue, mucous membranes, or similar portal of entry. The greatest risk of transmission of infection from HCP to patient is for HBV. HCP-to-patient transmission of HBV has primarily occurred during invasive procedures performed by HBeAg-positive HCPs.<sup>36-38,40,41</sup> Nonetheless, transmission of HBV from an infected provider to patient(s) has been documented for HCPs who have a mutant form of HBV that prevents expression of e antigen and generally have lower levels of viremia than those who are e antigen positive.<sup>42</sup> In the UK, HCPs who have this pre-core mutant are prohibited from performing invasive procedures.<sup>43</sup> There is a lack of consensus in the US about similar restrictions.

Of the three bloodborne viruses, HIV carries a lowest risk of transmission from HCP to patient. Worldwide, there are only four reported instances of HIV transmission occurring from an infected HCP to a patient.<sup>47,46,48,49</sup> A cluster of six patients was infected by a dentist in Florida.<sup>45</sup> In 1997, an orthopaedic surgeon in France transmitted HIV to one of his patients during an invasive procedure.<sup>46</sup> A third case, where transmission is suspected, concerns an instance of HIV transmission from an infected nurse to a surgical patient in France.<sup>48</sup> Although there is no published explanation of the mode of transmission, HIV sequencing implicated the nurse as the source for the patient's infection. A fourth case involved transmission from an HIV-infected obstetrician to his patient during performance of caesarean delivery.<sup>49</sup> This low number of cases of HIV transmission from an HIV-infected HCP to patient indicates an extremely low risk of transmission through this mechanism.

### **Patient-to-patient transmission of bloodborne pathogens**

Patient-to-patient transmission of bloodborne viruses has been detected in a variety of healthcare settings, both in the United States and other countries.<sup>50-55</sup> Such transmission occurs indirectly from patient to patient, resulting from lapses in infection control practices of caregivers. Almost all of the transmissions reported could have been prevented through adherence to recommended practices for infection control. Different mechanisms of transmission that have been implicated include improper handling of blood collection equipment, contamination of multi-dose vials, and improperly cleaned, disinfected or sterilized equipment.<sup>55,54,53,52,51,50</sup> For instance, HBV and HCV transmission between patients in hemodialysis centers has been attributed to the sharing of medication vials and supplies.<sup>50,53</sup> Additionally, transmission of HIV from one patient to another has occurred during nuclear medicine procedures where syringes were either misidentified or inadvertently reused between patients.<sup>51</sup>

The accumulated data show declining trends in the transmission of bloodborne viruses among patients and HCPs and increasing adoption by HCPs of strategies to prevent blood contact.<sup>8,10,13,56</sup> However, the rare episodes of transmission that do occur, either from infected HCPs to patients or from infected patients to other patients, demonstrate a continuing need to reinforce the prevention strategies recommended in this document.

## **PREVENTING TRANSMISSION OF HBV, HCV, AND HIV IN HEALTH CARE SETTINGS**

### **Preventing transmission from patients to HCPs**

#### **Employer responsibilities**

Every medical office and facility should have an occupational health plan for the prevention and treatment of exposures to bloodborne pathogens. This includes orthopaedic settings where surgeons and their staff perform procedures that put them at risk for contact with a patient's blood or other



screened donors.<sup>79</sup>

### **Managing Exposures to Bloodborne Pathogens**

Incidents of percutaneous, mucous membrane, or non-intact skin exposures to blood or other potentially infected fluids should be reported immediately to a person designated by the health care institution as being responsible for the management of occupational exposures to blood. Relevant information that should be documented includes the activity in which the HCP was engaged in at the time of the incident, the extent to which safe workplace practices and protective equipment were used, a description of the exposure source, and details of the exposure such as mode, volume and type of fluid involved, as well as the severity of the exposure.<sup>24</sup> As consistent with applicable law, both the source patient and exposed HCP should be tested for HBsAg, HCV antibody, and HIV antibody.<sup>62</sup> The organization should have policies in place for the testing of source individuals in cases where consent cannot be obtained (e.g. when the patient is unconscious). If the source cannot be identified, decisions regarding appropriate follow-up should be individualized. Follow-up testing after an exposure to a source of unknown infection status might be performed (after baseline) at 6 months after the exposure (unless the exposure is being treated as one to an infected source). Serologic testing should be available to all HCPs who are concerned that they may have been infected with HIV.<sup>19,24</sup> CDC recommends that follow-up testing should be conducted at 6 weeks, 3 months, and 6 months after exposure to a known HIV-positive source.<sup>24</sup> Extended HIV follow-up (e.g., for 12 months) is recommended for HCP who become infected with HCV following exposure to a source co-infected with HIV and HCV. Appropriate pre- and post-test counseling should be provided. The confidentiality of all medical data and the identities of the individuals involved should be protected during all phases of medical management and counseling.

If a patient is exposed to the potentially infected blood or body fluid of a HCP, the exposed patient should be immediately informed of the incident. The same procedures detailed above for management of HCP exposures should be followed for both the source HCP and the exposed patient.

CDC recommendations concerning exposure to potentially contaminated blood vary with each type of bloodborne pathogen and the source's infection status.<sup>24,56</sup> Additionally, depending on the circumstances of the exposure, different protocols may be recommended. Antiretroviral postexposure prophylaxis (PEP), as discussed below, may play an important role in preventing infection after exposures to infected blood or other body fluids.<sup>56,24</sup> Treatment decisions for exposed HCPs or patients should always be made in consultation with experts in antiretroviral therapy.

#### Immediate Treatment

If blood or other fluids contaminate a HCP's skin, the contaminated area should be washed immediately with soap and water. If it is not possible to leave the area to clean the contaminated site (e.g. during surgery), circulating personnel should clean the surgical team member's contaminated area of skin. If the skin is cut or punctured, care must be taken not to expose the patient to the HCP's blood, gloves should be removed and the wound washed with soap and water. Exposed mucous membranes should be flushed with water.<sup>24,56</sup> Serological testing and the initial risk assessment should be conducted as outlined above and postexposure treatment administered as necessary.

#### Postexposure Prophylaxis

##### *Hepatitis B Virus*

After an exposure to HBV, appropriate immunoprophylactic treatment can generally prevent infection. The mainstay of postexposure immunoprophylaxis is the hepatitis B vaccine. The addition of a single

dose of hepatitis B immune globulin (HBIG) is also recommended, if it can be given within seven days of exposure.<sup>24</sup> However, it is preferable to give the HBIG within 24 hours of the exposure. If the exposed individual has previously been vaccinated with the hepatitis B vaccine, postexposure blood tests should ensure that the individual's HBV antibody levels are appropriate.

#### *Hepatitis C Virus*

Currently there is no postexposure prophylaxis available for HCV. A HCP who may have been exposed to HCV should be tested and monitored for evidence of seroconversion so that treatment for chronic liver disease can be initiated as soon as possible. Studies indicate that interferon treatment begun early in the course of HCV infection is associated with a higher rate of resolved infection.<sup>24,25,81,82</sup> However, no data exist indicating that treatment begun during the acute phase of infection is more effective than treatment begun early during the course of chronic HCV infection. Interferon is currently FDA approved only for treatment of chronic HCV infection. The combination of interferon + ribavirin has been shown to be more effective than interferon alone in the treatment of chronic HCV infection, and is FDA approved for this indication.<sup>10</sup> This drug combination may prove to be a promising treatment early in the course of HCV infection. Determination of the most effective treatments will require further evaluation with well-designed research protocols.

#### *Human Immunodeficiency Virus*

In June 1996 the U.S. Public Health Service (PHS) first published recommendations for PEP after certain occupational exposures to HIV.<sup>83</sup> The PHS recommends that PEP be used for exposures that pose a risk of HIV infection, but is not justified for exposures that do not pose a known risk. Exposures that pose a high risk include those involving a deep injury, visible blood on the device that caused the injury, injury from a needle that was placed in a source patient's vein or artery, or an exposure from a source patient who died of AIDS within 60 days after exposure (indicating a high titer of HIV present in the blood).<sup>31</sup> The PHS recommendations for PEP\*, updated in 2005,<sup>56</sup> include either a two-drug basic regimen, consisting of drug combinations such as zidovudine (AZT) and lamivudine (3TC), or lamivudine and tenofovir, or an enhanced regimen, which is the basic regimen with the addition of two or more drugs, generally a protease inhibitor alone or a "boosted" protease inhibitor, such as lopinavir/ritonavir for higher-risk exposures. PEP should be started promptly, preferably within a few hours of exposure, and given for four weeks, if tolerated. Decisions about postexposure treatment should be individualized if the source patient's HIV status is unknown.

#### **Conclusion**

Although current data indicate that the risk of transmitting a bloodborne pathogen in a health care setting is low, some risk is unavoidable. The danger can be greatly reduced by following the accepted recommendations of the CDC, PHS, and other agencies. The orthopaedic surgeon should be familiar with these established guidelines. This report provides emphasis on those areas of exposure prevention and treatment most pertinent to the orthopaedic setting. Adherence to the recommendations in this report, and familiarity with other accepted guidelines will help protect the orthopaedic surgeon, surgical staff, and patients from nosocomial HBV, HCV, and HIV infections. The importance of providing the best quality health care to patients, in a safe environment for HCPs, should be the goal of every medical office and health care facility.

These recommendations may be modified periodically as new information becomes available in this rapidly developing field.

\*The use of antiretroviral agents as postexposure prophylaxis following occupational exposure to HIV is not "cleared for marketing" by the FDA.










Your **National Weather Service** forecast

# Cuba NM

Enter Your "City, ST" or zip code

NWS Albuquerque, NM  
**Point Forecast:** Cuba NM  
 36.03°N 106.96°W (Elev. 6898 ft)

Mobile Weather Information | [En Español](#)  
 Last Update: 5:26 am MDT Jul 7, 2009  
 Forecast Valid: 8am MDT Jul 7, 2009-6pm MDT Jul 13, 2009

Today	Tonight	Wednesday	Wednesday Night	Thursday	Thursday Night	Friday	Friday Night	Saturday
								
Mostly Sunny Hi 87 °F	Mostly Clear Lo 50 °F	Mostly Sunny Hi 89 °F	Partly Cloudy Lo 51 °F	Slight Chc Tstms Hi 86 °F	Slight Chc Tstms Lo 52 °F	Slight Chc Tstms Hi 88 °F	Slight Chc Tstms Lo 52 °F	Slight Chc Tstms Hi 90 °F

### Detailed 7-day Forecast

**Today:** Mostly sunny, with a high near 87. Northwest wind between 5 and 15 mph.

**Tonight:** Mostly clear, with a low around 50. North wind between 5 and 15 mph.

**Wednesday:** Mostly sunny, with a high near 89. North wind between 5 and 15 mph.

**Wednesday Night:** Partly cloudy, with a low around 51. North wind between 5 and 15 mph.

**Thursday:** A 10 percent chance of showers and thunderstorms. Partly cloudy, with a high near 86. North wind between 5 and 15 mph.

**Thursday Night:** A 10 percent chance of showers and thunderstorms. Mostly cloudy, with a low around 52.

**Friday:** A 10 percent chance of showers and thunderstorms. Partly cloudy, with a high near 88.

**Friday Night:** A 10 percent chance of showers and thunderstorms. Partly cloudy, with a low around 52.

**Saturday:** A 10 percent chance of showers and thunderstorms. Partly cloudy, with a high near 90.

**Saturday Night:** A 10 percent chance of showers and thunderstorms. Partly cloudy, with a low around 52.

**Sunday:** A 10 percent chance of showers and thunderstorms. Partly cloudy, with a high near 91.

**Sunday Night:** A 10 percent chance of showers and thunderstorms. Partly cloudy, with a low around 51.

**Monday:** Mostly sunny, with a high near 91.

### Current Conditions [More Down]

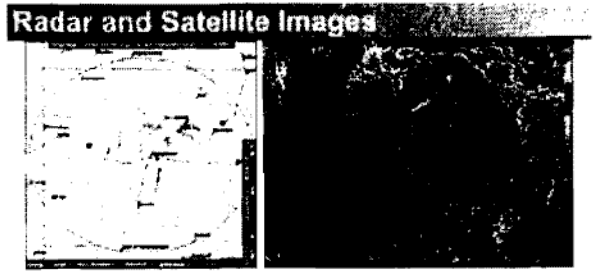
**Torreón**  
 Lat: 36.03 Lon: -106.95 Elev: 6909  
 Last Update on Jul 6, 8:20 am MDT  
 Not a Current Observation

<b>Humidity:</b>	57 %
<b>Wind Speed:</b>	S 10 MPH
<b>Barometer:</b>	NA
<b>Dewpoint:</b>	54 °F (12 °C)
<b>Visibility:</b>	20.00 mi.
<b>More Local Wx:</b>	<b>3 Day History:</b>

**A Few Clouds**

**70 °F**  
**(21 °C)**

ALBUQUERQUE PTBL #2 Observation  
 COYOTE RAWS Observation  
 CUBA RAWS Observation  
 DEADMAN PEAK RAWS Observation  
 JARITA MESA RAWS Observation  
 JEMEZ RAWS Observation  
 LOS ALAMOS Observation  
 STONE LAKE RAWS Observation  
 TOWER RAWS Observation



### Detailed Point Forecast [More Up]

[Click Map for Forecast](#)      [Disclaimer](#)

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Local forecast by  
"City, St" or zip code

City, St

[Current Hazards](#)  
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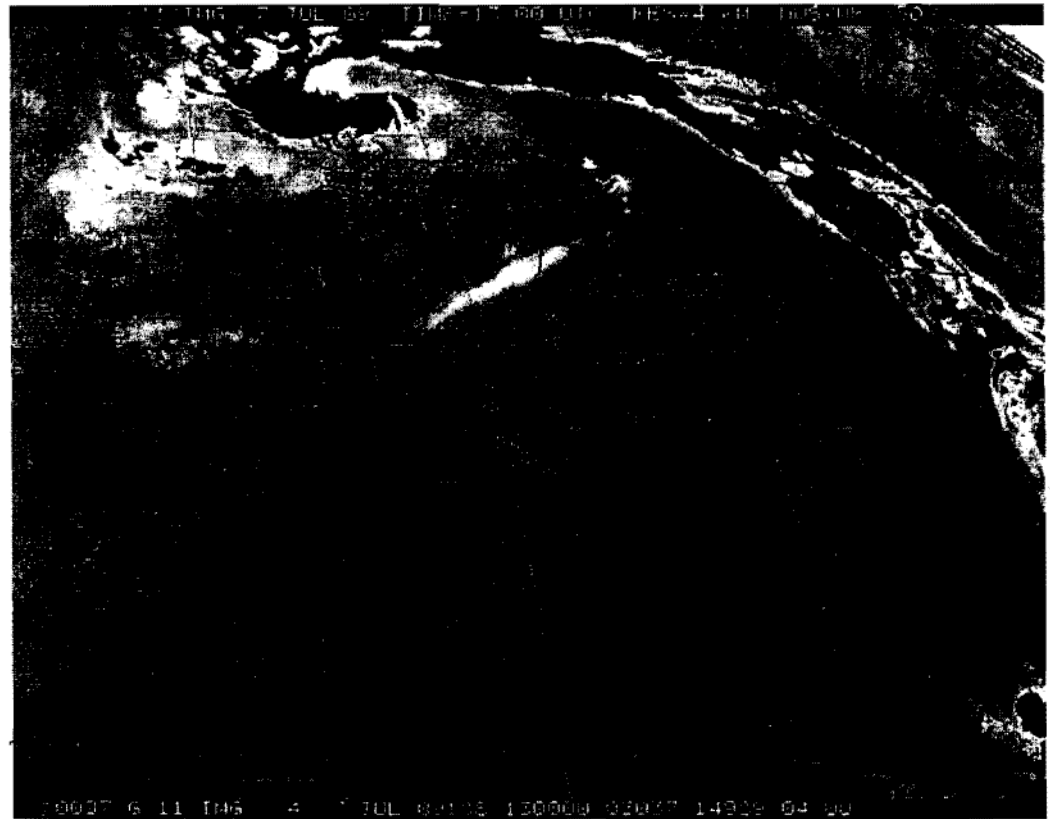
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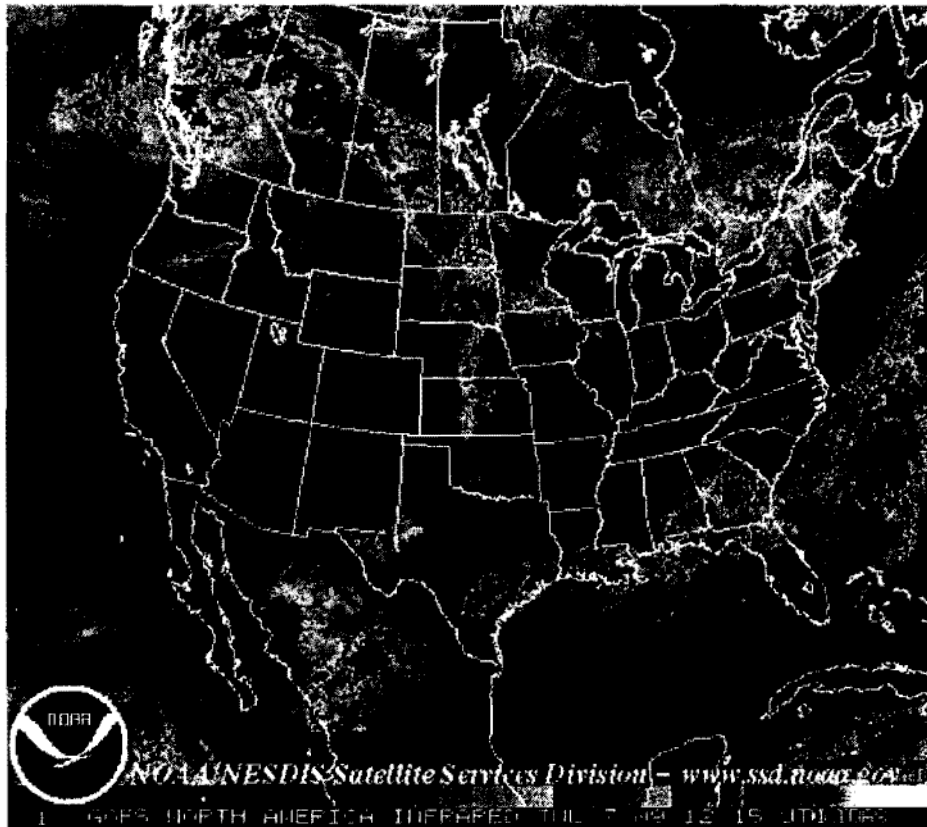
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[National](#)  
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[Submit Storm Report](#)

[Current Conditions](#)  
[Observations](#)  
[Satellite Images](#)  
[Surface Maps](#)  
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Albuquerque Weather Forecast Office  
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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.

Ex. (b)(2)(high)

**Hospitals/Clinics:**

Name	Address	Travel Time		Phone	Helicopter		Emergency Center	
		Air	Ground		Year	Service	24/7	Service
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]
  - [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 A/C	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]
	<a href="mailto:[REDACTED]@lovelace.com">@lovelace.com</a>	
	MD	[REDACTED]
PMS, Cuba, New Mexico	[REDACTED]	[REDACTED]
	[REDACTED]	RN
Presbyterian Urgent Care, Rio Rancho, NM	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	<a href="mailto:[REDACTED]@phs.org">@phs.org</a>	
EMS Services, Cuba	[REDACTED]	[REDACTED]
Cuba Fire Department	[REDACTED]	[REDACTED]
UNM Psychiatric Emergency	[REDACTED]	[REDACTED]
	[REDACTED], RN	
Presbyterian Downtown	[REDACTED]	[REDACTED]
	[REDACTED], RN	
UNM Emergency Room	[REDACTED]	[REDACTED]
	[REDACTED] RN	
	[REDACTED]	[REDACTED]
	<a href="mailto:[REDACTED]@salu.unm.edu">@salu.unm.edu</a>	
Lovelace Downtown ER	[REDACTED]	[REDACTED]
	[REDACTED], RN	
San Juan Regional Medical Center, ER	[REDACTED]	[REDACTED]
	[REDACTED], RN	
	[REDACTED]	[REDACTED]
	<a href="mailto:[REDACTED]@SJRMC.net">@SJRMC.net</a>	
	[REDACTED], RN Infectious Disease	
	[REDACTED]	[REDACTED]
	<a href="mailto:[REDACTED]@SJRMC.net">@SJRMC.net</a>	

**Nursing Response Strategic Plan:**

[REDACTED], RN, BSN  
[REDACTED], 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.

Ex. (b)(2)(high)

**Radio Call Signs for Incident**

Ex.(b)(6) & (b)(7)(C)



Ex.(b)(2)(high)

CHRIS REYNOLDS (Communications Unit Leader)  
TOM FLORICH  
BOB BECKLEY  
REBECCA ROOF  
MARCIA ROSE-RITCHIE



Ex.(b)(6) & (b)(7)(C)

U.S MARSHALLS CALL SIGNS	
NAME	CALL SIGN
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Ex.(b)(2)(high)

<b>1. OPERATIONS Resources</b>	<b>2. DIVISION/GROUP Resources</b>	<b>ASSIGNMENT LIST</b>					
<b>3. INCIDENT NAME</b> Rainbow Family Gathering 2009		<b>4. OPERATIONAL PERIOD</b> Daytime Operations DATE <u>07/07/2009</u> TIME <u>0800-2000</u>					
<b>5. OPERATIONAL PERSONNEL</b>							
OPERATIONS CHIEF BRANCH DIRECTOR	<u>Jim Eaton - [REDACTED]</u>	DIVISION/GROUP SUPERVISOR AIR TACTICAL GROUP SUPERVISOR	<u>Jim Eaton - [REDACTED]</u>				
<b>6. RESOURCES ASSIGNED TO THIS PERIOD</b>							
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]	Jarod 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			
		Mike Kilroy	1	N			
		Matt Penya	1	N			
<b>7. OPERATIONS</b>							
<ul style="list-style-type: none"> <li>• Monitor parking and traffic flow.</li> <li>• Do H2O samples on Palomas and American Creeks.</li> <li>• Monitor exodus and rehab needs.</li> <li>• Meet Jay Hi for rehab coordination.</li> <li>• Send all photos to Lawrence Lujan who will make up disks and distribute to event management.</li> </ul>							
<b>8. SPECIAL INSTRUCTIONS</b>							
<ul style="list-style-type: none"> <li>• Maintain situational awareness with LEO personnel and incident command post.</li> </ul>							
<b>9. DIVISION/GROUP COMMUNICATIONS SUMMARY</b>							
FUNCTION	FREQ.	SYSTEM	CHAN.	FUNCTION	FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	[REDACTED]	repeater	SUPPORT	LOCAL	[REDACTED]	
	REPEAT	[REDACTED]			REPEAT	[REDACTED]	
DIV/GROUP TACTICAL	[REDACTED] TX/RX	Tac 1		GROUND TO AIR			
PREPARED BY (RESOURCE UNIT LEADER)				APPROVED BY (PLANNING SECT. CH.)		DATE	TIME

<b>1. OPERATIONS</b> Law Enforcement		<b>2. DIVISION/GROUP</b> Daytime		<b>ASSIGNMENT LIST</b>			
<b>3. INCIDENT NAME</b> Rainbow Family Gathering 2009			<b>4. OPERATIONAL PERIOD</b> Daytime Operations DATE <u>07/07/2009</u> TIME <u>0800-2000</u>				
Ex.(b)(6) & (b)(7)(C) OPERATIONS CHIEF BRANCH DIRECTOR		5. OPERATIONAL PERSONNEL DIVISION/GROUP SUPERVISOR AIR TACTICAL GROUP SUPERVISOR			Ex.(b)(6) & (b)(7)(C) Ex.(b)(2)(high)		
<b>6. RESOURCES ASSIGNED TO THIS PERIOD</b>							
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	
			1	N	0800	2000	
K-9 Unit			1	N	0800	2000	
			1	N	0800	2000	
Patrol			1	N	0800	2000	
			1	N	0800	2000	
<b>7. OPERATIONS</b>							
<ul style="list-style-type: none"> <li>• Operate as Unified Command and manage as one Incident Command Team.</li> <li>• Manage parking along roads 69 and 70 to maintain access.</li> <li>• Monitor one way travel along FR 70 between Welcome Home and San Gregorio.</li> <li>• Assist Resource Advisors, Santa Fe NF, local EMS, and County health officials as requested.</li> <li>• Insure compliance with all federal and state laws.</li> </ul>							
<b>8. SPECIAL INSTRUCTIONS</b>							
<ul style="list-style-type: none"> <li>• Maintain situational awareness with resource personnel and incident command post.</li> </ul>							
Ex.(b)(2)(high) <b>9. DIVISION/GROUP COMMUNICATIONS SUMMARY</b>							
FUNCTION	FREQ.	SYSTEM	CHAN.	FUNCTION	FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL REPEAT	repeater		SUPPORT	LOCAL REPEAT		
DIV./GROUP TACTICAL		T a c 1		GROUND TO AIR			
PREPARED BY (RESOURCE UNIT LEADER)				APPROVED BY (PLANNING SECT. CH.)		DATE	TIME



<b>1. OPERATIONS</b> Law Enforcement		<b>2. DIVISION/GROUP</b> Daytime		<b>ASSIGNMENT LIST</b>				
<b>3. INCIDENT NAME</b> Rainbow Family Gathering 2009			<b>4. OPERATIONAL PERIOD</b> Daytime Operations DATE <u>07/07/2009</u> TIME <u>1200-2400</u>					
OPERATIONS CHIEF BRANCH DIRECTOR		Ex.(b)(6) & (b)(7)(C) [REDACTED]		<b>5. OPERATIONAL PERSONNEL</b> DIVISION/GROUP SUPERVISOR AIR TACTICAL GROUP SUPERVISOR		Ex.(b)(6) & (b)(7)(C) [REDACTED] Ex.(b)(2)(high)		
<b>6. RESOURCES ASSIGNED TO THIS PERIOD</b>								
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) [REDACTED]	Ex.(b)(6) & (b)(7)(C) [REDACTED]	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		
<b>7. OPERATIONS</b>								
<ul style="list-style-type: none"> <li>• Operate as Unified Command and manage as one Incident Command Team.</li> <li>• Manage parking along roads 69 and 70 to maintain access.</li> <li>• Monitor one way travel along FR 70 between Welcome Home and San Gregorio.</li> <li>• Assist Resource Advisors, Santa Fe NF, local EMS, and County health officials as requested.</li> <li>• Insure compliance with all federal and state laws.</li> </ul>								
<b>8. SPECIAL INSTRUCTIONS</b>								
<ul style="list-style-type: none"> <li>• Pay special attention when driving back down at night. Wildlife such as deer and elk are prevalent in the area.</li> </ul>								
<b>9. DIVISION/GROUP COMMUNICATIONS SUMMARY</b>								
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION	FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	Ex.(b)(2)(high) [REDACTED]	[REDACTED] repeater		SUPPORT			
	REPEAT					LOCAL 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



Ex.(b)(2)(high)

<b>1. OPERATIONS</b> Law Enforcement	<b>2. DIVISION/GROUP</b> Daytime	<b>ASSIGNMENT LIST</b>
---	-------------------------------------	------------------------

<b>3. INCIDENT NAME</b> Rainbow Family Gathering 2009	<b>4. OPERATIONAL PERIOD</b> Daytime Operations DATE <u>07/07/2009</u> TIME <u>0800-2000</u>
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<b>OPERATIONS CHIEF</b> <b>BRANCH DIRECTOR</b>	Ex.(b)(6) & (b)(7)(C) [REDACTED]	<b>5. OPERATIONAL PERSONNEL</b> 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.

- 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 REPEAT	[REDACTED] repeater		SUPPORT	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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