



INCIDENT WITHIN INCIDENT (IWI) PROCEDURES

It is the priority of CAL FIRE to provide the safest working environment possible during all incident operations. In the event of an IWI, the following plan and procedures shall be followed to implement mitigations measures for "rapid intervention" to reduce the severity/consequences resulting from the situation. Critically injured patients have the greatest chance of survival if definitive treatment is provided within the first hour of injury (the Golden Hour). The intent of the IWI procedure is to provide the greatest chance of a positive outcome.

Secondary incidents can be of various types and levels of seriousness, such as:

- Medical
- Trauma
- Rescue
- Vehicle Accident
- Aircraft Accident
- Hazardous Materials
- Law Enforcement Action

Secondary incidents shall be categorized as either "Minor" or "Major" based on the following definitions:

MINOR:

Those incidents that require a low-level response, generally involve minor injuries, illnesses or resulting damage, and would not be considered an "emergency." The Division/Group Supervisor can typically handle these incidents with minimal, if any, impact to ongoing operations.

MAJOR:

Those incidents that require a high level of response (i.e. additional resources, technical rescue assistance, etc.), involve significant injuries, illnesses or resulting damage, and are considered an "emergency." These incidents will require the assignment and name designation of an "IWI Supervisor" for the incident within the incident, a dedicated radio frequency, and a separate incident number. These incidents may have significant impacts to ongoing operations and may cause some operations to cease.

When an emergency is reported, the **Incident Commander, or his/her designee**, is responsible for declaring whether it will be deemed an IWI or not. When a Major IWI determination is made, the MAJOR Incident-within-an-Incident (IWI) Plan will be followed.



MAJOR INCIDENT-WITHIN-AN-INCIDENT (IWI) PLAN

In the event that a "Major Incident" occurs during the original incident, the following procedures will be followed:

NOTE: The Incident Commander, or his/her designee, is responsible for determining/declaring a Major IWI.

IC/Operations/Communications Unit (if established): (upon receipt of "Emergency" or "Priority" Traffic)

- | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Time |
|---|------------------------------|-----------------------------|------|
| • Clear the Command Net for Emergency Traffic Only | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| • Contact the IC or Operations Chief (Comms) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| ➤ IC/Operations will establish a new incident (an incident with an incident) and, if necessary, will assign a Point of Contact to the new incident. | | | |
| • Act as a communications relay if needed. (Comms) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| • Communications will utilize the pre-assigned tactical frequency (i.e. CALCORD), if requested by Operations or the Point of Contact. (Command may be utilized for short duration incidents). | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| ➤ If a new tactical frequency is assigned, notify all units on Command Net of this change. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| • Advise when the IWI is Cleared. | | | |

"Resume all Normal Radio Traffic on Command Net" Yes No

Notifications:

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Time		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Time
IC and/or Deputy IC	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Crew Tech/Spec	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical Unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Liaison	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Safety Officer	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Plans	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Air Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Logistics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Finance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Date: _____ **Time:** _____ **Incident Type:** _____

Location (physical or legal): _____

Reporting Party: _____ **Phone # or Identifier:** _____

Documented by: _____ **Identifier or ICS Position:** _____