

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

| 1. Incident/Project Name | | 2. Operational Period | | | | | | |
|------------------------------|---|---|-------------|-----------------------------|-------|--------------------------|--------------------------|------------------------|
| | | | | | | | | |
| 3. Ambulance Services | | | | | | | | |
| Name | Complete Address | Phone & EMS Frequency | | Advanced Life Support (ALS) | | | | |
| | | | | Yes | No | | | |
| | | | | | | | | |
| 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 | | Phone | Helipad | | Level of Care Facility |
| | Lat: | Long: | Air | Gnd | | Yes | No | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | <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: | | | | | | | | |

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| 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 |
| | | | |

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

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. TRANSPORT PLAN:

Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

| Function | Channel Name/Number | Receive (RX) | Tone/NAC * | Transmit (TX) | Tone/NAC * |
|-------------|---------------------|--------------|------------|---------------|------------|
| COMMAND | | | | | |
| AIR-TO-GRND | | | | | |
| TACTICAL | | | | | |

7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.

8. ADDITIONAL INFORMATION: Updates/Changes, etc.

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