

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

1. Incident/Project Name		2. Operational Period						
		Date/Time						
3. Ambulance Services								
Name	Complete Address	Phone & EMS Frequency	Advanced Life Support (ALS)					
			Yes	No				
4. Air Ambulance Services								
Name	Phone	Type of Aircraft & Capability						
5. Hospitals								
Name Complete Address	GPS Datum – WGS 84 Coordinate Standard Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long		Travel Time Air Gnd		Phone	Helipad Yes No	Level of Care Facility	
	Lat:					<input type="checkbox"/>	<input type="checkbox"/>	
	Long:					<input type="checkbox"/>	<input type="checkbox"/>	
	VHF:					<input type="checkbox"/>	<input type="checkbox"/>	
	Lat:					<input type="checkbox"/>	<input type="checkbox"/>	
	Long:					<input type="checkbox"/>	<input type="checkbox"/>	
	VHF:					<input type="checkbox"/>	<input type="checkbox"/>	
	Lat:					<input type="checkbox"/>	<input type="checkbox"/>	
	Long:					<input type="checkbox"/>	<input type="checkbox"/>	
	VHF:					<input type="checkbox"/>	<input type="checkbox"/>	
6. Division Branch Group		Area Location Capability						
		EMS Responders & Capability:						
		Equipment Available on Scene:						
		Medical Emergency Channel:						
		ETA for Ambulance to Scene:						
		Air:						
		Ground:						
		Approved Helispot:						
		Lat:						
		Long:						
		EMS Responders & Capability:						
		Equipment Available on Scene:						
		Medical Emergency Channel:						
		ETA for Ambulance to Scene:						
		Air:						
		Ground:						
		Approved Helispot:						
		Lat:						
		Long:						

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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>
Evacuation 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. EVACUATION PLAN:

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

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, crews, immobilization devices, AED, oxygen, trauma bag, IV/fluid(s), splints, rope rescue, wheeled litter, HAZMAT, extrication

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

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

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

8. ADDITIONAL INFORMATION: Updates/Changes, etc.

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