

# MEDICAL PLAN (ICS 206 WF)

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:								
7. Name & Location		Remote Camp Location(s)						
Click here to enter text.		Point of Contact:						
		EMS Responders & Capability:						
		Equipment Available on Scene:						

# MEDICAL PLAN (ICS 206 WF)

7. Name & Location	Remote Camp Location(s)		
	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

# MEDICAL PLAN (ICS 206 WF)

## Medical Incident Report

**FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.**

Use items one through nine to communicate situation to communications/dispatch.

**1. CONTACT COMMUNICATIONS/DISPATCH**

*Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)*

**2. INCIDENT STATUS: Provide incident summary and command structure.**

Nature of Injury/Illness		<i>Describe the injury (Ex: Broken leg with bleeding)</i>
Incident Name		<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>
Incident Commander		<i>Name of IC</i>
Patient Care		<i>Name of Care Provider (Ex: EMT Smith)</i>

**3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.**

Number of Patients:	Male / Female	Age:	Weight:
Conscious? <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC!			
Breathing? <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC!			
Mechanism of Injury: <i>What caused the injury?</i>			
Lat/Long (Datum WGS84) <i>Ex: N 40° 42.45' x W 123° 03.24'</i>			

**4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY**

SEVERITY	TRANSPORT PRIORITY
<input type="checkbox"/> URGENT-RED Life threatening injury or illness. <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i>	Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE.
<input type="checkbox"/> PRIORITY-YELLOW Serious Injury or illness. <i>Ex: Significant trauma, not able to walk, 2° – 3° burns not more than 1-2 palm sizes.</i>	Ambulance or consider air transport if at remote location. Evacuation may be DELAYED.
<input type="checkbox"/> ROUTINE-GREEN Not a life threatening injury or illness. <i>Ex: Sprains, strains, minor heat-related illness.</i>	Non-Emergency. Evacuation considered Routine of Convenience.

**5. TRANSPORT PLAN:**

Air Transport: (Agency Aircraft Preferred)

<input type="checkbox"/> Helispot	<input type="checkbox"/> Short-haul/Hoist	<input type="checkbox"/> Life Flight	<input type="checkbox"/> Other
Ground Transport:			
<input type="checkbox"/> Self-Extract	<input type="checkbox"/> Carry-Out	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Other

**6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:**

<input type="checkbox"/> Paramedic/EMT(s)	<input type="checkbox"/> Crew(s)	<input type="checkbox"/> SKED/Backboard/C-Collar
<input type="checkbox"/> Burn Sheet(s)	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Trauma Bag
<input type="checkbox"/> Medication(s)	<input type="checkbox"/> IV/Fluid(s)	<input type="checkbox"/> Cardiac Monitor/AED
<input type="checkbox"/> Other (i.e. splints, rope rescue, wheeled litter)		

**7. COMMUNICATIONS:**

Function	Channel Name/Number	Receive (Rx)	Tone/NAC *	Transmit (Tx)	Tone/NAC *
<i>Ex: Command</i>	<i>Forest Rpt, Ch. 2</i>	<i>168.3250</i>	<i>110.9</i>	<i>171.4325</i>	<i>110.9</i>
COMMAND					
AIR-TO-GRND					
TACTICAL					

\*(NAC for digital radio system)

**8. EVACUATION LOCATION:**

Lat/Long (Datum WGS84) <i>EX: N 40 42.45' x W 123 03.24'</i>	
Patient's ETA to Evacuation Location:	
Helispot/Extraction Size and Hazards:	

**9. CONTINGENCY:**

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

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