

# 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		Travel Time		Phone		Helipad		Level of Care Facility		
		Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long		Air	Gnd			Yes	No			
	Lat: _____ Long: _____ VHF: _____							<input type="checkbox"/>	<input type="checkbox"/>			
	Lat: _____ Long: _____ VHF: _____							<input type="checkbox"/>	<input type="checkbox"/>			
	Lat: _____ Long: _____ VHF: _____							<input type="checkbox"/>	<input type="checkbox"/>			
	Lat: _____ Long: _____ VHF: _____							<input type="checkbox"/>	<input type="checkbox"/>			
6. Division   Branch   Group		Area Location Capability										
		<b>EMS Responders &amp; Capability:</b>										
		<b>Equipment Available on Scene:</b>										
		<b>Medical Emergency Channel:</b>										
		<b>ETA for Ambulance to Scene:</b>										
		<b>Air:</b>										
		<b>Ground:</b>										
		<b>Approved Helispot:</b>										
		<b>Lat:</b>										
		<b>Long:</b>										
				<b>EMS Responders &amp; Capability:</b>								
				<b>Equipment Available on Scene:</b>								
				<b>Medical Emergency Channel:</b>								
				<b>ETA for Ambulance to Scene:</b>								
				<b>Air:</b>								
				<b>Ground:</b>								
<b>Approved Helispot:</b>												
<b>Lat:</b>												
<b>Long:</b>												

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

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.