

# 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<br>Complete Address     | GPS Datum – WGS 84<br>Coordinate Standard<br>Degrees Decimal Minutes<br>DD° MM.MMM' N - Lat<br>DD° MM.MMM' W - Long |                               | Travel Time<br>Air    Gnd   |    | Phone | Helipad<br>Yes    No     |                          | Level<br>of Care<br>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"/> <b>RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b><br><i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i><br><input type="checkbox"/> <b>YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.</b><br><i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i><br><input type="checkbox"/> <b>GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport</b><br><i>Ex: Sprains, strains, minor heat-related illness.</i> |   |
| Nature of Injury or Illness & Mechanism of Injury |  | <i>Brief Summary of Injury or Illness<br/>(Ex: Unconscious, Struck by Falling Tree)</i> |
| Evacuation Request                                |  | <i>Air Ambulance / Short Haul/Hoist<br/>Ground Ambulance / Other</i>                    |
| Patient Location                                  |  | <i>Descriptive Location &amp; Lat. / Long. (WGS84)</i>                                  |
| Incident Name                                     |  | <i>Geographic Name + Medical<br/>(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<br/>(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.