

# 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:						
	VHF:						
	Lat:				<input type="checkbox"/>	<input type="checkbox"/>	
	Long:						
	VHF:						
	Lat:				<input type="checkbox"/>	<input type="checkbox"/>	
	Long:						
	VHF:						
	Lat:				<input type="checkbox"/>	<input type="checkbox"/>	
	Long:						
	VHF:						
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:	

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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

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## 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.

<b>Nature of Injury/Illness</b>		<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"/> <b>NO = MEDEVAC!</b>			
Breathing? <input type="checkbox"/> YES <input type="checkbox"/> <b>NO = MEDEVAC!</b>			
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"/> <b>URGENT-RED Life threatening injury or illness.</b> <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 <b>IMMEDIATE.</b>
<input type="checkbox"/> <b>PRIORITY-YELLOW Serious Injury or illness.</b> <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 <b>DELAYED.</b>
<input type="checkbox"/> <b>ROUTINE-GREEN</b> Not a life threatening injury or illness. <i>Ex: Sprains, strains, minor heat-related illness.</i>	Non-Emergency. Evacuation considered <b>Routine of Convenience.</b>

### 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
<b>Ground Transport:</b>			
<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:

<b>Considerations:</b> <i>If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...</i>	<b>REMEMBER:</b> <span style="color: red;">Confirm ETA's of resources ordered Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively.</span>
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