| Incident/Project Name | 1. **Operational Period**
 |
| --- | --- |
| Click or tap here to enter text. | Date/Time Click or tap here to enter text. |
| 1. **Ambulance Services**
 |
| **Name** | **Complete Address** | **Phone****&****EMS Frequency** | **Advanced Life Support (ALS) Yes No** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |[ ] [ ]
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |[ ] [ ]
| 1. **Air Ambulance Services**
 |
| **Name** | **Phone** | **Type of Aircraft & Capability** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **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** |
| Click or tap here to enter text. | **Lat:**  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |[ ] [ ]  Click or tap here to enter text. |
|  | **Long:** | Click or tap here to enter text. |  |  |  |  |  |  |
|  | **VHF:** | Click or tap here to enter text. |  |  |  |  |  |  |
| Click or tap here to enter text. | **Lat:**  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |[ ] [ ]  Click or tap here to enter text. |
|  | **Long:**  | Click or tap here to enter text. |  |  |  |  |  |  |
|  | **VHF:** | Click or tap here to enter text. |  |  |  |  |  |  |
| Click or tap here to enter text. | **Lat:**  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |[ ] [ ]  Click or tap here to enter text. |
|  | **Long:** | Click or tap here to enter text. |  |  |  |  |  |  |
|  | **VHF:** | Click or tap here to enter text. |  |  |  |  |  |  |
| Click or tap here to enter text. | **Lat:**  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |[ ] [ ]  Click or tap here to enter text. |
|  | **Long:**  | Click or tap here to enter text. |  |  |  |  |  |  |
|  | **VHF:** | Click or tap here to enter text. |  |  |  |  |  |  |
| 1. **Division | Branch | Group**
 |  **Area Location Capability** |  |
| Click or tap here to enter text. | **EMS Responders & Capability:** | Click or tap here to enter text. |
|  | **Equipment Available on Scene:** | Click or tap here to enter text. |
|  | **Medical Emergency Channel:** | Click or tap here to enter text. |
|  | **ETA for Ambulance to Scene:** | Click or tap here to enter text. |
|  |  **Air:** | Click or tap here to enter text. |
|  |  **Ground:** | Click or tap here to enter text. |
|  | **Approved Helispot:** | Click or tap here to enter text. |
|  |  **Lat:**  | Click or tap here to enter text. |
|  |  **Long:** | Click or tap here to enter text. |
|  | **EMS Responders & Capability:** | Click or tap here to enter text. |
|  | **Equipment Available on Scene:** | Click or tap here to enter text. |
|  | **Medical Emergency Channel:** | Click or tap here to enter text. |
|  | **ETA for Ambulance to Scene:** | Click or tap here to enter text. |
|  |  **Air:** | Click or tap here to enter text. |
|  |  **Ground:** | Click or tap here to enter text. |
|  | **Approved Helispot:** | Click or tap here to enter text. |
|  |  **Lat:**  | Click or tap here to enter text. |
|  |  **Long:** | Click or tap here to enter text. |

| 1. **Name & Location**
 | **Remote Camp Location(s)** |  |
| --- | --- | --- |
| Click or tap here to enter text. | **Point of Contact:** | Click or tap here to enter text. |
| **EMS Responders & Capability:** | Click or tap here to enter text. |
| **Equipment Available on Scene:** | Click or tap here to enter text. |
| **Medical Emergency Channel:** | Click or tap here to enter text. |
| **ETA for Ambulance to Scene:** | Click or tap here to enter text. |
|  **Air:** | Click or tap here to enter text. |
|  **Ground:** | Click or tap here to enter text. |
| **Approved Helispot:** | Click or tap here to enter text. |
|  **Lat:**  | Click or tap here to enter text. |
|  **Long:** | Click or tap here to enter text. |
| Click or tap here to enter text. | **Point of Contact:** | Click or tap here to enter text. |
| **EMS Responders & Capability:** | Click or tap here to enter text. |
| **Equipment Available on Scene:** | Click or tap here to enter text. |
| **Medical Emergency Channel:** | Click or tap here to enter text. |
| **ETA for Ambulance to Scene:** | Click or tap here to enter text. |
|  **Air:** | Click or tap here to enter text. |
|  **Ground:** | Click or tap here to enter text. |
| **Approved Helispot:** | Click or tap here to enter text. |
|  **Lat:**  | Click or tap here to enter text. |
|  **Long:** | Click or tap here to enter text. |
| 1. **Prepared By (Medical Unit Leader)**
 | 1. **Date/Time**
 | 1. **Reviewed By (Safety Officer)**
 | 1. **Date/Time**
 |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

| **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 | [ ]  **RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE***Ex: Unconscious, difficulty breathing, bleeding severely, 2o – 3o burns more than 4 palm sizes, heat stroke, disoriented.*[ ]  **YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.** *Ex: Significant trauma, unable to walk, 2o – 3o burns not more than 1-3 palm sizes.*[ ]  **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 | Click or tap here to enter text. | *Brief Summary of Injury or Illness**(Ex: Unconscious, Struck by Falling Tree)*  |
| Evacuation Request | Click or tap here to enter text. | *Air Ambulance / Short Haul/Hoist**Ground Ambulance / Other*  |
| Patient Location | Click or tap here to enter text. | *Descriptive Location & Lat. / Long. (WGS84)* |
| Incident Name | Click or tap here to enter text. | *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 Click or tap here to enter text. |
|  Treatment: Click or tap here to enter text. |

**4. EVACUATION PLAN:**

|  |
| --- |
| Evacuation Location (*if different*): (*Descriptive Location (drop point, intersection, etc.) or Lat. / Long.*) Patient's ETA to Evacuation Location:Click or tap here to enter text. |
| Helispot / Extraction Site Size and Hazards:Click or tap here to enter text. |

**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*Click or tap here to enter text. |

**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 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| AIR-TO-GRND | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| TACTICAL | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 |
| 7. CONTINGENCY: ***Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.***Click or tap here to enter text.***.*** |
| **8. ADDITIONAL INFORMATION:** *Updates/Changes, etc.*Click or tap here to enter text. |
| **REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.** |