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, 2° – 3° 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, 2° – 3° 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 and Mechanism of Injury		*Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)*
Evacuation Request		*Air Ambulance / Short-Haul/Hoist/ Ground Ambulance / Other*
Patient Location		*Descriptive Location and 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 108	
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/#	Receive (RX)	Tone/ NAC	Transmit (TX)	Tone/ NAC
COMMAND					
AIR-TO-GROUND					
TACTICAL					

7. **CONTINGENCY:** Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Think 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.**