| 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.** |