| Incident/Project Name | | | | | | | 1. **Operational Period** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Click here to enter text. | | | | | | | Date/Time Click here to enter text. | | | | | | | | | | |
| 1. **Ambulance Services** | | | | | | | | | | | | | | | | | |
| **Name** | | **Complete Address** | | | | | | | | | | **Phone**  **&**  **EMS Frequency** | | | **Advanced Life Support (ALS)  Yes No** | | |
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| 1. **Air Ambulance Services** | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Phone** | | | **Type of Aircraft & Capability** | | | | | | | | | |
| Click here to enter text. | | | | | Click here to enter text. | | |  | | | | | | | | | |
| 1. **Hospitals** | | | | | | | | | | | | | | | | | |
| **Name**  **Complete Address** | **GPS Datum – WGS 84 or NAD 83**  **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:** | | | Click here to enter text. | |  | | | | Click here to enter text. | Click here to enter text. | | |  |  |  | |
| **Long:** | | | Click here to enter text. | |
| **VHF:** | | |  | |
|  | **Lat:** | | | Click here to enter text. | |  | | | | Click here to enter text. | Click here to enter text. | | |  |  | Click here to enter text. | |
| **Long:** | | | Click here to enter text. | |
| **VHF:** | | |  | |
| Click here to enter text. | **Lat:** | | | Click here to enter text. | | Click here to enter text. | | | |  | Click here to enter text. | | |  |  | Click here to enter text. | |
| **Long:** | | | Click here to enter text. | |
| **VHF:** | | |  | |
| Click here to enter text. | **Lat:** | | | Click here to enter text. | | Click here to enter text. | | | |  | Click here to enter text. | | |  |  | Click here to enter text. | |
| **Long:** | | |  | |
| **VHF:** | | |  | |
| 1. **Division | Branch | Group** | | | **Area Location Capability** | | | | | | | | | |  | | | | |
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| 1. **Name & Location** | **Remote Camp Location(s)** | | |  | |
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| 1. **Prepared By (Medical Unit Leader)** | | 1. **Date/Time** | 1. **Reviewed By (Safety Officer)** | | 1. **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.*   |  |  |  | | --- | --- | --- | | Nature of Injury/Illness |  | *Describe the injury*  *(Ex: Broken leg with bleeding)* | | Incident Name |  | *Geographic Name + "Medical"*  *(Ex: Trout Meadow Medical)* | | Incident Commander |  | *Name of IC* | | Patient Care |  | *Name of Care Provider*  *(Ex: EMT Smith)* |   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?  YES NO = MEDEVAC! | | | | | | Breathing?  YES  NO = MEDEVAC! | | | | | | Mechanism of Injury:  *What caused the injury?* | |  | | | | Lat/Long (Datum WGS84)  Ex: N 40o 42.45' x W 123o 03.24' | |  | | |   4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY   |  |  | | --- | --- | | SEVERITY | TRANSPORT PRIORITY | | URGENT-RED Life threatening injury or illness.  *Ex: Unconscious, difficulty breathing, bleeding severely, 2o – 3o burns more than 4 palm sizes, heat stroke, disoriented.* | Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE. | | PRIORITY-YELLOW Serious Injury or illness.  *Ex: Significant trauma, not able to walk, 2o – 3o burns not more than 1-2 palm sizes*. | Ambulance or consider air transport if at remote location. Evacuation may be DELAYED. | | ROUTINE-GREEN  Not a life threatening injury or illness.  *Ex: Sprains, strains, minor heat-related illness.* | Non-Emergency. Evacuation considered  Routine of Convenience. |   5. TRANSPORT PLAN:   |  |  |  |  | | --- | --- | --- | --- | | Air Transport:(Agency Aircraft Preferred) | | | | | Helispot | Short-haul/Hoist | Life Flight | Other | | Ground Transport: | | | | | Self-Extract | Carry-Out | Ambulance | Other |   6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:   |  |  |  | | --- | --- | --- | | Paramedic/EMT(s) | Crew(s) | SKED/Backboard/C-Collar | | Burn Sheet(s) | Oxygen | Trauma Bag | | Medication(s) | IV/Fluid(s) | Cardiac Monitor/AED | | Other (i.e. splints, rope rescue, wheeled litter) | | |   7. COMMUNICATIONS:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Function | Channel Name/Number | Receive (Rx) | Tone/NAC \* | Transmit (Tx) | Tone/NAC \* | | *Ex: Command* | *Forest Rpt, Ch. 2* | *168.3250* | *110.9* | *171.4325* | *110.9* | | COMMAND |  |  |  |  |  | | AIR-TO-GRND |  |  |  |  |  | | TACTICAL |  |  |  |  |  |   \*(NAC for digital radio system)  8. EVACUATION LOCATION:   |  |  | | --- | --- | | Lat/Long (Datum WGS84)  *EX: N 40 42.45' x W 123 03.24'* |  | | Patient's ETA to Evacuation Location: |  | | Helispot/Extraction Size and Hazards: |  |   9. CONTINGENCY: | |
| ***Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...*** | **REMEMBER:** **Confirm ETA's of resources ordered** **Act according to your level of training** **Be Alert. Keep Calm. Think Clearly. Act Decisively.** |