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

| **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 consideredRoutine 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.** |