Project - Medical Evacuation Preplan

Employees using this form should prepare it in advance (whenever beginning work in a new area), and keep it in a place known & accessible to all crew members so the information is readily available to transmit to Missoula Dispatch Center (via radio, cell phone, etc.) should an emergency arise. All medical emergencies will be handled by Missoula Dispatch Center unless otherwise not staffed.

Project Name		Crew/Project	ct Leader
Project Location Geographic	Name		
Project Latitude	>	(WGS84, Degrees Decimal Min	
Project Legal T	R	1⁄4 Section	
Project Area Radio Frequenc	cy/Repeate	er Name:	
Frequencies, Tx	CG tone:	Rx:	
Cell/Sat Phone #		Missoula Dispatch	h 829-7070
N	/ledical Qu	ualifications of Perso	onnel On-site
Name	Qualit	fications/Endorsemer	ents Medical Equipment
(At least 75'x75' clear o		own or Potential Helis regetation with at least Location T/R/Sec.	spots t a 10'x10' flat landing spot) Lat x Long (hddd° mm.mmm/WGS84)
Location Name		round Extraction Poir Legal Location	ints Lat x Long
(Campground, Road Junction, etc.)		T/R/Sec.	(hddd° mm.mmm/WGS84)
Ro	ads and T	rail Numbers – Best <i>i</i>	Access Route

Medical Incident Report - 8 Line

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.

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.

		providing medical care."				
verity of cy / 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. 					
ness &					Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)	
port Request					Air Ambulance / Short Haul/Hoist Ground Ambulance / Other	
nt Location				E	Descriptive Location & Lat. / Long. (WGS84)	
lent Name					Geographic Name + "Medical" (Ex: Trout Meadow Medical)	
ident Commander					Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)	
ient Care					Name of Care Provider (Ex: EMT Smith)	
AL RESOURCES /	EQUIP	MENT NEEDS:	auma Bag, IV/Fluid(s), S	Splints, Rope rescue, Whee	eled litter, HAZMAT, Extrication	
				l Contacts as applica	bla -	
Channel Name/Num	nber	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *	
Channel Name/Num	nber	Receive (RA)	Tone/NAC *	Transmit (TX)		
Channel Name/Num	nber	Receive (RA)	Tone/NAC *	Transmit (TX)		
	Priority of Injury or ness & alism of Injury port Request ent Location dent Name cident Commander cient Care ATIENT ASSESSN sment: 06 RT PLAN: eation (if different): (Description Site Size and AL RESOURCES /	Priority Ex: S of Injury or ness & aism of Injury port Request ent Location dent Name cident Commander cient Care ATIENT ASSESSMENT: C sment: 06 RT PLAN: raction (if different): (Descriptive content): (Descriptive content) raction Site Size and Hazar	Ex: Significant trauma, unable GREEN / PRIORITY 3 Ex: Sprains, strains, minor head of Injury or ness & nism of Injury port Request ent Location dent Name cident Commander cident Care ATIENT ASSESSMENT: Complete this section for sment: 06 RT PLAN: raction (if different): (Descriptive Location (drop point, raction Site Size and Hazards: AL RESOURCES / EQUIPMENT NEEDS:	Ex: Significant trauma, unable to walk, 2° – 3° burns not GREEN / PRIORITY 3 Minor Injury or illing Ex: Sprains, strains, minor heat-related illness. For Injury or mess & sism of Injury Port Request Ent Location Ident Name Cident Commander Cident Care ATIENT ASSESSMENT: Complete this section for each patient as applications are interested in the section (drop point, intersection, etc.) or exaction Site Size and Hazards: AL RESOURCES / EQUIPMENT NEEDS:	Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm size. GREEN / PRIORITY 3 Minor Injury or illness. Non-Emerger Ex: Sprains, strains, minor heat-related illness. of Injury or ness & nism of Injury port Request ent Location dent Name cident Care ATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most sment: 06 RT PLAN: ation (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's Ex. Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm size. Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm size. Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm size. Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm size. Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm size. Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm size. Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm size. Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm size. Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm size. Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm size. Ex: Significant trauma, unable to walk not life in the size of life i	