

Type 4/5 Medical Plan

Medical Resources:

Incident Medical Personnel :

Name: _____ Level: _____

Name: _____ Level: _____

Name: _____ Level: _____

Gear Available:

_____ 1st Aid Kit _____ 10 person

_____ BLS Kit _____ ALS Kit

_____ O₂ _____ Splints

_____ Backboard _____ Litter

_____ Other:

Additional medical gear/personnel needs :

Evacuation:

Air:

Landing Zones/Helispots:

Primary (Lat/Long - DDD, MM.M):

Lat: _____, _____.

Long: _____, _____.

LZ Hazards:

Secondary (Lat/Long - DD, MM.M):

Lat: _____, _____.

Long: _____, _____.

LZ Hazards:

Ground:

Ground access/trailhead:

Distance to access/trailhead:

Terrain/access problems:

Potential ground transportation method:

_____ Wheeled Litter _____ Crew Carry _____ UTV

_____ Horse

Other:

ETA medical response:

Air: _____ Ground: _____

ETE to get injured to:

LZ: _____ Ground access: _____

Contingency Communications:

Fire Dispatch 307-739-3630

Primary Radio Repeater:

Secondary Radio Repeater:

Air to Ground :

Incident Sat Phone #:

Cell Signal: None Poor Good

Considerations*:

I can get my people out in a timely manner if I need to.

My people can get me out in a timely manner if needed.

Evacuation concerns or deficiencies discussed w/ Zone Duty Officer

***The intent of these considerations (and the plan in general) is to stimulate thought and discussion on the potential for medical evacuation during any incident response. The perception of timely evacuations may be a present condition, but realize that the situation can change, sometimes in rapid fashion, plan accordingly...**

Emergency procedures reviewed and updated:

Date/Time: _____

Date/Time: _____

Date/Time: _____

Personnel briefed on medical plan:

Date/Time: _____

Date/Time: _____

Date/Time: _____

Emergency Procedures:

Provide initial lifesaving care (XABC).

Notify Teton Dispatch of medical emergency - request priority radio traffic.

Complete medical size up.

Provide Dispatch with medical size up.

STAY CALM, THINK CLEARLY, ACT DECISIVELY