

PRIOR TO STARTING PROJECT

PROJECT MEDICAL EVACUATION [MEDEVAC] PLAN

1. PROJECT NAME & TYPE:

START DATE:

FIELD CONTACT:

PHONE NUMBER:

RADIO CHANNEL:

PROJECT LOCATION:

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2. LZ LOCATION:

Latitude:

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Longitude:

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3. TRAVEL ROUTE TO PROJECT AREA: (From closest main route)

4. SPECIAL INFORMATION/ FLIGHT HAZARDS: (power lines, towers, etc...)

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EMERGENCY MEDICAL NOTIFICATION PROCEDURES

**In the event of a medical emergency: Designate an on-scene point of contact and notify 911 and/or Dispatch with the following information:**

1. Relay patient information, location, identify any on-scene medical personnel and **who is in charge of the medical incident.**
  - Follow 8-LINE Medical Plan on the second page of this document or on page 118 in the IRPG (Pink Pages)
2. Document all information received and transmitted on the radio or phone.
3. Identify any changes in the on-scene Point of Contact or medical personnel as they occur.
4. Continue Patient Assessment and provide updates.

**AirLink and Life Flight (from the Redmond Base) will use V-Med 29 for ground communication when responding to an incident with FS/BLM employees as the ground contact. The designation of this frequency does not prevent alternate or contingent frequencies from being established should the need arise**

# MEDICAL PLAN (8 - LINE)

Controlled Unclassified Information//Basic

## 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	<input type="checkbox"/> <b>RED / PRIORITY 1</b> Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> <b>YELLOW / PRIORITY 2</b> Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> <b>GREEN / PRIORITY 3</b> Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		Brief Summary of Injury or Illness <i>(Ex: Unconscious, Struck by Falling Tree)</i>
Transport Request		Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location		Descriptive Location & Lat. / Long. (WGS84)
Incident Name		Geographic Name + "Medical" <i>(Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		Name of on-scene IC of Incident within an Incident <i>(Ex: TFLD Jones)</i>
Patient Care		Name of Care Provider <i>(Ex: EMT Smith)</i>

3. INITIAL PATIENT ASSESSMENT: *Complete this section for each patient as applicable (start with the most severe patient)*

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:

Evacuation Location *(if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.)* Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

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*

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					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: **Considerations:** *If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.*

8. ADDITIONAL INFORMATION: *Updates/Changes, etc.*

**REMEMBER:** Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.