



2019 IMT Meetings



INTRODUCTIONS

Name

Agency

Team Affiliation

TOPICS



Out of state reciprocity

EMPF / EMTF Requests

Team MCI policy

Military medevac

Additional air resources in the area

Medical Incident Report

REMS

Questions / Open discussion



EMPF / EMTF REQUESTS

- "Trainee Approved"
- Pairings - EMTF can be paired with trainee EMPF and sign off



OUT OF STATE RECIPROACITY

- Get ahead of it if you're the first team assigned
- State and Local contacts and requirements
- Ensure contacts and required forms/docs are ready to pass on to an incoming Team



TEAM MCI

- Every Team should have one preset
- Work with Team Safety
- We can provide you with a template as a starting point if needed



MILITARY MEDEVAC

- **Appropriate contact channels – direct / air ops**
- **Capabilities (NVG, Hoist, etc)**
- **Staffing (personnel qualifications and availability of aircraft)**
- **Time to launch from notification**



ADDITIONAL AIRCRAFT IN AREA

- **Who's listening?** (Ferguson Fire CHP)
- **Coast Guard**
- **Local Jurisdiction** (Cal Fire, County, City, etc)
- **Time to launch from notification**

Hirz / Delta Incident – 206 (Medical Plan)

Date / Time: 9/16/2018 DAY 0600 - 1800



NAME		LOCATION	PHONE	ALS Level Care		
				Yes	No	
1. Ambulance / Medical Services						
Ambulance 2		Incident Ambulance in DP 51 (24 hour)	Command to Communications	Yes		
Ambulance 78		Incident Ambulance at DP 73 (24 hour)	Command to Communications	Yes		
Ambulance 5		Incident Ambulance Suppression/Repair	Command to Communications	Yes		
UTV 1		Incident UTV ALS Transport at DP 73	Command to Communications	Yes		
Ambulance 103		Incident Ambulance DP54 (Coffee Crk)	Command to Communications	Yes		
Ambulance 104		Incident Ambulance DP55 (Coffee Crk)	Command to Communications	Yes		
2. Air Ambulance Services (COORDINATE with AIR AMBULANCES on CALCORD)						
Name	Phone	PHONE				
Kern County 407 Mountain Gate, CA	657-464-7830	ALS, Night Vision, Hoist Capable, <u>Incident Assigned</u> , 24 hrs.				
Grand Canyon H-838 Trinity Center HB	214-998-4501 541-870-1510	BLS, Short Haul 150' - 350', <u>Incident Assigned</u> , Day time hoist only				
REACH / PHI Redding CA CHP H-16 Redding, CA	530-226-2499	ALS, Night Vision, No Hoist Capability, <u>Non-Incident Assigned</u>				
Cal Fire H-202 Bieber, CA	530-226-2499	ALS, <u>Non-incident assigned</u> , Day time hoist only				
Cal Fire H-202 Bieber, CA	530-226-2499	BLS, <u>Non-incident assigned</u> , Day time hoist only				
3. Hospitals						
Name	Address	Air	Ground	Phone	Helipad Yes	No
Pulse Urgent Care Level 4	100 E. Cypress Ave. Redding CA	N/A	45 Min	(530)-722-1111 10AM-7:30PM		X
Mercy Medical Center Level 2 Trauma	2175 Roseline Ave. Redding CA	20 Min	80 Min	(530)-225-7201	X	
Shasta Regional Medical Level 3 Trauma	1100 Butte Ave Redding CA	20 Min	80 Min	(530)-244-5353	X	
Mercy Mt. Shasta Medical Level 3 Trauma	914 Pine St. Mt. Shasta CA	10 Min	20 Min	(530)-926-1108	X	
UC Davis Medical Center Level 1 Trauma / Burn Center	2315 Stockton Blvd. Sacramento CA	1.25 Hrs	3.75 Hours	(916)-734-3636 (916)-734-3790	X	
4. Division / Crew Pre-plan. Update and discuss with assigned resources daily.						
Crew EMT's & Equipment						
FEMP/ FEMT & Location Advanced Life Support?						
Air Hoist Site / Unimproved Landing Site: Lat: Long:						
Helispot: Elevation: Lat: Long:						
Med LZ:						
5. Remote Aid Stations						
Medical Unit Leader Contacts		Eric Williams (661) 805-4403 / Jeff Brooks (818) 903-6295				
EMS Responders & Capability:						
Equipment Available on Site:		Medical supplies				
Ambulance ETA:		Air –		Ground –		
6. Prepared By (Medical Unit Leader)		7. Date/Time	8. Reviewed By (Safety Officer)		9. Date / Time	
Eric Williams – MEDL		9/15/2018	Team 4 Safety		9/15/2018	
Jeff Brooks – MEDL (T)		1900			1900	





MEDICAL INCIDENT REPORT

- **Activation and Notification**
- **Section 1 and 2 should activate a response**
- **Section 3 and 4 should give patient assessment / report to support response requested**

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FEMP/ FEMT & Location Advanced Life Support?	
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Lat: Long:	
Helispot: Elevation:	
Lat: Long:	
Med LZ:	

5. Remote Aid Stations

Medical Unit Leader Contacts	Eric Williams (661) 805-4403 / Jeff Brooks (818) 903-6295
EMS Responders & Capability:	
Equipment Available on Site:	Medical supplies
Ambulance ETA:	Air – Ground –

6. Prepared By (Medical Unit Leader)

7. Date/Time	8. Reviewed By (Safety Officer)	9. Date / Time
Eric Williams – MEDL Jeff Brooks – MEDL (T)	9/15/2018 1900	Team 4 Safety 9/15/2018 1900





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 COMMUNICATIONS

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 Incident, IC is TFLD Jones. EMT Smith is providing medical care."

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

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

Agency Affiliation: (NO PATIENT NAMES)	Federal	Contractor	Local Government
Patient Assessment:	Age:	Weight:	Chief Complaint:
(If pertinent to Injury)	Skin Signs: (color/moisture/temp)	Level of Consciousness:	BP: HR: Respirations:
Treatment:			

4. TRANSPORT PLAN:

Evacuation Location (drop point, intersection, helispot, Lat. / Long, hazards) Patient's ETA to Location:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

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	Contact on CALCORD When aircraft in line of site	156.0750 N	156.7	156.0750	156.7
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

*** Follow up with MEDL upon return to ICP ***





REMS

- What do you expect?
- What might show up? (number of personnel)



QUESTIONS AND DISCUSSION