



When completed, send to coftc@firenet.gov

Must be sent **Prior to Project Start Date**

PROJECT MEDEVAC PLAN

Project Name:

Type of Project:

Start Date:

Field Contact:

Phone Number:

Radio Channel:

(Degrees, Decimal Minutes)

(Degrees, Decimal Minutes)

Project Latitude:

Project Longitude:

(Degrees, Decimal Minutes)

(Degrees, Decimal Minutes)

LZ Location:

Latitude:

Longitude:

LZ Location:

Latitude:

Longitude:

LZ Location:

Latitude:

Longitude:

Travel Route to Project Area (from closest main route)

Special Information / Flight Hazards (power lines, towers, etc.)

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.**
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.

Air Medivacs will use the designated emergency tactical channel for the Project / Incident when responding