***Version 7.9.14 lj***

***FILL TO LINE 8 and Fax to designated responsible function unit   
or save and send to*** [***Grand Junction Dispatch***](mailto:centraloregondispatch@gmail.com?subject=Completed%20Medical%20Evacuation%20Plan) ***center, FO or RD   
  
PRIOR TO STARTING PROJECT***

**Project Description/Location**

1. **PROJECT NAME & TYPE:** Click here to enter text.
2. **START DATE:** Click here to enter a date.
3. **FIELD, A/G CONTACT:** Click here to enter text. **PHONE NUMBER:** Click here to enter text.
4. **RADIO FREQUENCY:** Click here to enter text.

1. **PROJECT LOCATION DESCRIPTION: (ex: North of Rifle on top of the Flat Tops, along the Buford/New Castle Road)** Click here to enter text.

**Latitude:** Click here to enter text. **°** Click here to enter text. **‘**

**Longitude:** Click here to enter text. **°** Click here to enter text. **‘**

**6. TRAVEL ROUTE TO PROJECT AREA:** (From closest main route , driving distance from paved road)  
Click here to enter text.

**7. NEAREST LAT/LONG HELISPOT**

**Latitude:** Click here to enter text. **°** Click here to enter text. **‘**

**Longitude:** Click here to enter text. **°** Click here to enter text. **‘**

**8. SPECIAL INFORMATION/** **FLIGHT HAZARDS:** (visual… power lines, towers, etc…add Lat x Long)

Click here to enter text.

**Medical Incident Report**

***Use items one through nine to communicate situation to communications/dispatch.***

1. **CONTACT COMMUNICATIONS/DISPATCH**

*Ex: “Communications, Div. Alpha. Stand-by for Priority Medical Incident Report.” (If life threatening request designated frequency be cleared for emergency traffic.)*

1. **INCIDENT STATUS: Provide incident summary and command structure**

|  |  |  |
| --- | --- | --- |
| **Nature of Injury/Illness** | Click here to enter text. | *Describe the injury (Ex: Broken leg with bleeding)* |
| Incident Name: | Click here to enter text. | *Geographic Name + “Medical” (Ex: Trout Meadow Medical)* |
| Incident Commander: | Click here to enter text. | *Name of IC* |
| Patient Care: | Click here to enter text. | *Name of Care Provider (Ex: EMT Smith)* |

1. **INITIAL PATIENT ASSESSMENT:** *Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report. See page 100 for detailed Patient Assessment.*

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Patients:  Click here to enter text. | Male   Female | Age: Click here to enter text. | Weight: Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Conscious? | Yes | No = MEDEVAC! |
| Breathing? | Yes | No = MEDEVAC! |

|  |  |
| --- | --- |
| Mechanism of Injury: *What caused the injury?* | Click here to enter text. |
| Lat/Long (Datum WGS 84) Ex: N 40°42.45’ x W 123° 03.24’ | Lat Click here to enter text. Long Click here to enter text. |

1. **SEVERITY OF EMERGENCY, TRANSPORT PRIORITY**

|  |  |
| --- | --- |
| SEVERITY | TRANSPORT PRIORITY |
| **URGENT – RED** **Life threatening injury or illness.** Ex: Unconscious, difficulty breathing, bleeding severely, 2º-3º burns more than 4 palm sizes, heat stroke, disoriented. | Ambulance or MEDEVAC helicopter. Evacuation need is **IMMEDIATE**. |
| **PRIORITY-YELLOW Serious injury or illness.** Ex: Significant trauma, not able to walk, 2º-3º burns not more than 1-2 palm sizes | Ambulance or consider air transport if at remote location. Evacuation may be **DELAYED**. |
| **ROUTINE-GREEN**  Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness | Non-Emergency. Evacuation considered **Routine of Convenience**. |

1. **TRANSPORT PLAN:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Air Transport:** | (Agency Aircraft Preferred) |  |  |
| Helispot | Short-haul/Hoist | Life Flight | Other |
| **Ground Transport:** |  |  |  |
| Self-Extract | Carry -Out | Ambulance | Other |

1. **ADDITIONAL RESOURCE/EQUIPMENT NEEDS:**

|  |  |  |
| --- | --- | --- |
| Paramedic/EMT(s) | Crew(s) | SKED/Backboard/C-Collar |
| Burn Sheet(s) | Oxygen | Trauma Bag |
| Medications | IV/Fluid(s) | Cardiac Monitor/AED |
| Other (e.g. splints, rope rescue, wheeled litter | Click here to enter text. |  |

1. **COMMUNICATIONS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Function | Channel Name/Number | Receive (Rx) | Tone/NAC\* | Transmit (Tx) | Tone/NAC\* |
| *Ex: Command* | *Forest Rpt, Ch. 2* | *168.3250* | *110.9* | *171.4325* | *110.9* |
| COMMAND | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| AIR-TO-GRND | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| TACTICAL | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

\*(*NAC for digital radio system*)

1. **EVACUATION LOCATION:**

|  |  |
| --- | --- |
| Lat/Long (Datum WGS 84) Ex: N 40°42.45’ x W 123° 03.24’ | Click here to enter text. |
| Patient’s ETA to Evacuation Location: | Click here to enter text. |
| Helispot/Extraction Size and Hazards | Click here to enter text. |

1. **CONTINGENCY:**

Click here to enter text.

**REMEMBER:**

* **Confirm ETAs of resources ordered.**
* **Act according to your level of training.**
* **Be alert. Keep Calm. Think Clearly. Act Decisively.**