TEAM LOGO	# Incident Emergency Plan (IEP) ## 2023

The primary goal of this foundational document is to provide incident personnel guidelines necessary to locate, triage, extricate, treat, and transport all "Medical Emergency" patients with the utmost efficiency and effectiveness as possible. The secondary purpose of this plan is to provide guidelines to any incident that may occur within the incident, by supporting common terminology and consistent processes that will improve understanding and action between AA, IMT and field responders. This process may be personalized to some extent to fit specific incident situations, unique challenges, or IMT needs and capabilities. Information and additions can be made but items should not be removed from the uniform process established within this foundational document. This foundational document is to be reviewed and updated annually by the NIMO Safety function.

This foundational document will act as the plan for the Incident Within Incident (IWI) for all IMT managed incidents. The Command and General Staff are expected to perform their respective tasks as outlined. Complexity and resources assigned to the incident will determine if an additional command frequency will be utilized. The highest qualified responder will initiate the IEP at the emergency site and maintains control until a higher qualified responder if warranted. When an IWI is initiated, C&G will assemble at the IWI meeting area for implementation of this Incident Emergency Plan (IEP).

This foundational document follows all 3 Dutch Creek Protocols; (1) Standardized Medical Emergency Procedures for Incident Management Teams (IMT) to include in their Incident Emergency Plans, (2) Following Communications Center protocols (3) Utilization of the expanded ICS form 206 which includes the 8- line Medical Incident Report (MIR).

Upon assuming command of an incident, IMT will ensure the following procedures are followed:

☐ The Safety Officer should complete an Incident Emergency Plan Roster (example: Appendix G). This roster should be completed at the start of the Team's incident assignment and will include the Command and General Staff that will respond in the event of an Incident Within Incident (IWI).

☐ Safety should ensure that copies of this plan with the current contact information are placed in the ICP Communications, designated IWI meeting area and distributed within C&G.

☐ Plans should ensure that a daily updated or corrected IAPs will be created after the morning operational briefing.

☐ Plans should ensure the corrected IAPs have a noticeably different appearance and are delivered to Command & General Staff. A corrected IAP and corrected map will go to Communications, and designated IWI meeting area.

☐ Logistics has established an area that will be determine the IWI meeting area.

☐ Logistics should ensure that the IWI meeting area is equipped with a remote radio and speaker, wall poster of ICS 206WF (MIR 8line) and blank page for notes if possible.

☐ Safety and the IC will ensure this IEP response plan will be reviewed and validated by the C&G prior to taking command of the incident.

Signed by IC:_____Date/Time: _____
<p style="text-align:center">Print Name, Incident Commander</p>

INCIDENT COMMANDER (IC)

Pre-IWI
☐ Ensure that the Incident Emergency Plan is signed and implemented upon transfer of command.
☐ Coordinate with Agency Administrator with information dissemination pertaining to affected cooperators and key stakeholders.
  - Local dispatch center.
  - Unit Fire Management Officer
  - Unit Public Affairs Officer
☐ Ensure cooperators and key stakeholders are briefed on IWI protocol.
☐ Confirm delegated tasks are completed as assigned.

During IWI
☐ IC (or Deputy IC) to assemble with other team members **outside** Communications or IWI meeting area.
☐ Notify Agency Administrator and Geographic Area Coordination Center.
☐ Provide briefing to Command and General Staff and other personnel as appropriate.
☐ Establish management action point for ordering a separate organization to handle Incident within Incident if needed.
☐ Assign appropriate organization based on complexity or severity of incident.
☐ Coordinate with Agency Administrator to order Critical Incident Stress Management Team for debriefing of affected personnel after incident if applicable.
☐ Coordination with Agency Administrator to communicate incident information to affected cooperators and key stakeholders.
☐ Assign a Hospital Liaison for injured personnel if not provided by Home/Host Unit as needed.
☐ If patient transported a long distance by air, contact local Agency to meet patient at hospital until Incident Hospital Liaison or Unit representative arrives.
☐ Assist with coordination to assign a Family Liaison Officer.
☐ Confirm delegated tasks are completed as assigned.
☐ Do not transmit patient name, crew, unit tail number, etc., at any time during the incident.

SAFETY OFFICER (SOF)

Pre-IWI
☐ Complete an IWI Roster at the start of the Team's incident assignment to include the Command & General Staff who will respond in the event of an IWI.
☐ Safety will ensure that copies of IEP are placed in the ICP Communications and distributed within C&G.
☐ Helibase Emergency Plan is posted at Helibase.
☐ Safety and the IC will ensure this IEP response plan will be reviewed and validated by the C&G prior to taking command of the incident.
☐ Establish an expectations and notification protocol with hosting agency
☐ Conduct IMT AARs for continued validations of the IEP.
☐ Conduct an IWI drill with IMT.

During IWI

- ☐ Safety Officer to assemble **<u>inside</u>** Communications.
- ☐ Line Safety Officer and/or Field Safety Officer to respond to incident site.
- ☐ Evaluate safety issues at the accident site and work with Division/Group Supervisor in charge to mitigate them.
- ☐ Determine required reviews and investigations in accordance with the Red Book Chapter 18.
- ☐ Initiate the investigation of the IWI and the appropriate investigation resources/teams with Agency Administrator/Incident Commander approval.
- ☐ Coordinate the protection and security origin of the IWI.
- ☐ Maintain witness names, initial statements and all evidence relating to the accident.
- ☐ Coordinate investigation with the Security Manager, Comps/Claims Unit and Unit LEO.
- ☐ Obtain sketches and photos of emergency scene.
- ☐ Coordinate with and support the Division/Group Supervisor in charge at the scene.
- ☐ Verify that agency reporting requirements have been followed.
- ☐ Confirm notification of Fed OSHA/State OSHA if appropriate.
- ☐ Notify the Unit Safety Officer and other forest officers as required.
- ☐ In the event that a wildland fire entrapment or fatality occurs, coordinate with the State or Regional Risk Management Officer for immediate required notification to National Incident Coordination Center (NICC). A Wildland Fire Fatality and Entrapment Initial Report (PMS 405-1) should be submitted to NICC within 24 hours by the State or Regional Risk Management Officer.

LIAISON (LOFR)

Pre-IWI

- ☐ Identify contact information for cooperators for involvement with an IWI.
- ☐ Identify Hospital Liaison/Family Liaison resources with host Agency.

During IWI

- ☐ Liaison Officer to assemble **<u>outside</u>** Communications or IWI meeting area.
- ☐ Ensure coordination with investigating entities.
- ☐ Communicate with cooperators and key stakeholders.
- ☐ Assign a Liaison Officer as Hospital Liaison if not provided by Home Unit as needed.
- ☐ If patient transported a long distance by air, contact local Fire Agency to meet patient at hospital until Incident Hospital Liaison or Unit representative arrives.
- ☐ Coordinate with Logistics, Security Manager and local agencies.
- ☐ Develop a plan to coordinate a Family Liaison with supporting agencies, (Home Unit, Red Cross, Wildland Firefighter Foundation, Chaplain and other Non-Profit Organizations).
- ☐ Assist with information dissemination pertaining to affected cooperators and key stakeholders.
  - o Local dispatch center.
  - o Unit Fire Management Officer and Agency Administrator(s).

PUBLIC INFORMATION OFFICER (PIO)

Pre-IWI
- ☐ Develop IWI communication plan with Incident Commander and Agency Public Affairs Officer.
- ☐ Establish pre-approved statements that are able to be used as situations are unfolding (when things are being posted to social media, when calls come in to the PIO line, etc.)

During IWI
- ☐ Public Information Officer to assemble **<u>outside</u>** Communications or IWI meeting area.
- ☐ Designate an IWI PIO.
- ☐ Collect pertinent emergency information for public release.
- ☐ Coordinate information with Incident Commander and Agency Public Affairs Officer to prepare talking points, news release and/or set up press conference.
- ☐ Coordinate with Operations to assign Information Officers to field media inquiries at accident scene, medivac site and liaise with hospital spokesperson when appropriate.
- ☐ Assign Information Officers to field media inquiries at accident scene, medevac site and hospital, when appropriate.
- ☐ Coordinate information release with IC (and Liaison if assigned), LEO and Logistics regarding roadblocks, evacuations, and emergency medical locations.
- ☐ Withholds release of personal information until approved by Incident Commander and/or Agency Administrator.
- ☐ Restrict media from entering the IWI scene until all Operations and Investigation activities are complete.
- ☐ After approval from IC, coordinate with Plans to arrange a briefing for incident personnel.
- ☐ Provides periodic update to PIO section.
- ☐ Ensures continuity of operation within section. Orders additional staff as needed.
- ☐ Do not transmit patient name, crew, unit tail number, etc., at any time during the incident.

OPERATIONS SECTION CHIEF (OSC)

Pre-IWI
- ☐ Ensure Operations staff have reviewed and verified the IWI plan and the ICS 206 is valid for the current operation.

During IWI
- ☐ The ICP Communications will be the single communications point.
- ☐ One Operations Section Chief to assemble **<u>inside</u>** Communications or IWI meeting area.
- ☐ Implement the Incident Emergency Plan, providing coordination between the on scene DIVS or Operations Section Chief and other Team sections/units.
- ☐ Ensure appropriate incident organization.
- ☐ Identify special needs, i.e. Law Enforcement, Heavy Rescue, Haz Mat response and air resources.
- ☐ Verify with Medical Unit Leader and Air Operations Director that Air-Medical transportation needs can be met for the incident.
- ☐ Coordinate and support the Safety Officer's investigation and Law enforcement agencies involved.

AIR OPERATIONS (AOBD)

Pre-IWI
- ☐ Identify availability and ordering process for a Hoist equipped helicopter with the regional GACC.
- ☐ Ensure emergency plan is posted at the Helibase.

During IWI:
- ☐ Air Ops to assemble **inside** Communications or IWI meeting area if at ICP. **If not at ICP**, coordinate over the radio/cell phone with Operations Section Chief and MEDL for air medical transportation needs.
- ☐ Determine need for Hoist Rescue Helicopter and/or Air Ambulance and coordinate response through local Emergency Coordination Center.
- ☐ Implement the Helibase Emergency Rescue (Appendix D) plan as needed.
- ☐ If the Incident within Incident involves aircraft: immediately check for fuel sharing and fuel tests and ground other aircraft if needed.
- ☐ Coordinate with Air Tactical Group Supervisor (ATGS) to manage airspace for transient Air Ambulances and/or Hoist Helicopters.
- ☐ Coordinate with ATGS any tactical priority changes to support Rescue Operations. (Dust abatement, water or tanker drops, etc.)
- ☐ Coordinate with Helibase rendezvous points for Air Ambulances.
- ☐ Ensure Helibase is creating a second Unit Log for IWI if aircraft are supporting.
- ☐ Inform Command and General Staff of any NTSB and or Aircraft Accident Investigation Team response.

DIVISION SUPERVISOR (DIVS)

Pre-IWI
- ☐ Identify new potential helispots and drop points including routes and travel times daily and communicate those to the Situations Unit Leader and MEDL.
- ☐ Ensure resources on the Division have reviewed and verified the IWI plan and the ICS 206 is valid for the current operation.

During IWI
- ☐ Establish command for the Incident within Incident (IWI) emergency.
- ☐ The Division Supervisor or Point of Contact (POC) with patient/situation will notify communications, give location, severity type of event, # injured, severity and the resources required for care and extrication. Conduct continual size-up of the situation. Use Medical Incident Report.
- ☐ Work with on-scene Safety Officer. Consider REMS resource to respond as needed.
- ☐ Coordinate and oversee line FEMT& FEMP response to the accident site (utilize closest EMT's from crews and engine companies until FEMT & FEMP arrive on scene).
- ☐ Secure the incident scene and have all unnecessary personnel removed from the scene.
- ☐ Coordinate additional resources (i.e. an adjoining available Division Supervisor) to the accident site or incident to assist in managing the new incident or take over the impacted Division.
- ☐ Ensure divisional objectives are maintained and/or impact of IWI is communicated to Operations Section Chief and adjoining Divisions.
- ☐ If injured or missing personnel, ensure accountability of all Division resources by doing a Personnel Accountability Report.
- ☐ Ensure the Medical Incident Report form is being followed.

PLANNING SECTION CHIEF (PSC)

Pre-IWI

☐ Plans will ensure that a daily updated or corrected IAP will be created after the morning operational briefing.
☐ The corrected IAP shall have a color cover sheet and be delivered to Command & General Staff. A corrected IAP and corrected map will go to Communications.

During IWI

☐ Planning Section Chief to assemble **<u>outside</u>** Communications or IWI meeting area.
☐ In the event the IC is not available the Planning Section Chief will fulfill IC duties related to the IWI.
☐ PSC will notify Communications during an IWI to identify the appropriate Command and General Staff to be notified.
☐ Complete the Wildland Entrapment/Fatality Initial Report (NFES 0869) as needed.
☐ Brief other incident Command and General Staff on the IWI.
☐ Identify and assign an accountability officer to track resources assigned to the IWI.

LOGISTICS SECTION CHIEF (LSC)

Pre-IWI

☐ Identify and implement the designated IWI emergency meeting area.
☐ Follow up with all Logistical Unit Leaders on preparation for an IWI.
☐ Ensure IMT notification protocol is tested and operational.
☐ Ensure that the IWI meeting area is equipped with a remote radio and speaker if possible.

During IWI

☐ LSC to assemble **<u>outside</u>** Communications or IWI meeting area.
☐ Order needed resources for the emergency, if requested.
☐ Monitor support functions and assess additional needs.
☐ Provide ground transportation as needed.
☐ Coordinate removal of damaged vehicles, after investigation.
☐ Assist Medical Unit Leader with communications between hospital and ambulance.
☐ Coordinate Security with Team Liaison and Operations Section Chief as necessary.
☐ Locate and secure personal effects of injured personnel.
☐ Notify Unit Law Enforcement for scene security.

MEDICAL UNIT LEADER (MEDL)

Pre-IWI
- ☐ Prior to any IWI complete current <u>ICS 206</u> (See Appendix A) form for inclusion in Incident Action Plan. ICS 206 to include day and night hoist helicopter available to the incident and list of Medical Emergency Procedures for Line and Camp Emergencies.
- ☐ Prior to any IWI the <u>Medical Incident Report</u> (See Appendix B) will be included in Incident Action Plan after the ICS 206.
- ☐ Coordinate with non-incident support services for availability and capacity.

During IWI
- ☐ Medical Unit Leader to assemble **<u>inside</u>** Communications or IWI meeting area.
- ☐ Coordinate proper medical response with Operations and Air Operations.
- ☐ Coordinate with the Communications Unit to ensure proper Medical Unit procedures are followed in the Emergency Definitions and Emergency Response Matrix.
- ☐ Coordinate with the Logistics Section for on scene support.
- ☐ Coordinate ground ambulance transport, medical supplies and other medical needs.
- ☐ Confirm patient needs transportation. Respond REMS Team if needed/available.
- ☐ Provide on scene EMT's or Paramedics (FEMT& FEMP) when possible.
- ☐ Coordinate backfill resources for adequate coverage during IWI.
- ☐ Backfill supplies utilized during IWI.

COMMUNICATIONS UNIT LEADER (COML)

Pre-IWI

- ☐ Identify and implement the emergency meeting area.
- ☐ Follow up with all Logistical Unit Leaders on preparation for an IWI.
- ☐ Ensure Emergency Definitions and Emergency Response Matrix is provided to every RADO and posted in Communications
- ☐ Ensure all RADOs know the Emergency Definitions and Emergency Response Matrix at the beginning of each operational shift.

During IWI

- ☐ COML to assemble **<u>inside</u>** Communications.
- ☐ COML controls access into Communications and posts sign that states: ***<u>"Emergency in Progress - OSC, AIR OPS, SOF and MEDL inside only"</u>***.
- ☐ Ensure Command and General Staff notifications have been made.
- ☐ Ensure documentation for the IWI is complete including IWI specific radio logs and forward to SOF and DOCL.
- ☐ Designate a frequency for emergency radio transmissions based on complexity or severity of incident.
- ☐ Do not transmit patient name, crew, unit tail number, etc., at any time during the incident.

FINANCE SECTION CHIEF (FSC)

Pre-IWI

☐ Coordinate with SOF/MEDL/COMP to identify roles and to establish communication with local medical providers.
☐ Identify Hospital Liaison/Family Liaison resources with Host Agency.
☐ Coordinate with Agency Administrative Officer and/or Incident Business Advisor on identifying the process and it is in place.

During IWI

☐ Finance Section Chief to assemble **outside** Communications or IWI meeting area.
☐ Coordinate with Agency Administrative Officer and/or Incident Business Advisor on process implementation.
☐ Coordinate Compensation/Claims Unit's response to hospital.
☐ Gather and collect contract information and share information with identified IMT members.
☐ Comp for Injury Specialist (INJR) or (COMP) to respond appropriately according to Emergency Response Matrix.
☐ Coordinate with Claims Specialist to document potential IWI claims or other liabilities.
☐ FSC (or if PROC/TIME is assigned) coordinate documentation relative to payment to federal resources, cooperators or contracted resources if involved.

Appendix List:

- o Appendix A - ICS 206 Medical Plan Template
- o Appendix B - ICS 206 WF
- o Appendix C - Medical Incident Report
- o Appendix D - Helibase Emergency Rescue Plan (for Helibase)
- o Appendix E - IWI Response Plan
- o Appendix F - IEP Definitions (for Comm Unit, Radio Operators)
- o Appendix G - Incident Emergency Plan Roster (for Communications)

MEDICAL PLAN
ICS 206

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD

5. INCIDENT MEDICAL AID STATIONS

MEDICAL AID STATIONS	LOCATION	PARAMEDICS	
		YES	NO

6. TRANSPORTATION

A. AIR AMBULANCES

NAME	LOCATION	PHONE	PARAMEDICS	
			YES	NO

B. GROUND AMBULANCES & REM TEAMS

NAME	LOCATION	PARAMEDICS	
		YES	NO

7. HOSPITALS

NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CTR	
		AIR	GRND		YES	NO	YES	NO

8. MEDICAL EMERGENCY PROCEDURES

LINE "MEDICAL-EMERGENCY" PLAN:

- **Reporting Party** to contact Communications with:
  - Patient Complaint, Condition and Location via Tactical or Command frequency.
  - **Red, Yellow & Green** Patients triggers Incident within Incident (IWI)
  - The highest qualified responder will run **"Medical-Emergency"** on the assigned frequency assuming the role of IWI IC.
  - IWI IC will use **"Medical Incident Report"** worksheet on back of this page or in IRPG.
  - Communications contacts Medical Unit Leader on the assigned frequency or cell phone (list number).

IN-CAMP – 24 HOUR MEDICAL
- Contact incident Communications with: Patient Complaint, Condition and Location via LOGS net or assigned frequency.

ICS 206 6/2017	9. PREPARED BY: (Medical Unit Leader) MEDL	10. REVIEWED BY: (Safety Officer)

MEDICAL PLAN (ICS 206 WF)
Controlled Unclassified Information//Basic

1. Incident/Project Name	2. Operational Period
	Date/Time

3. Ambulance Services

Name	Complete Address	Phone & EMS Frequency	Advanced Life Support (ALS) Yes	No
			☐	☐
			☐	☐

4. Air Ambulance Services

Name	Phone	Type of Aircraft & Capability

5. Hospitals

Name Complete Address	GPS Datum – WGS 84 Coordinate Standard Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long	Travel Time Air Gnd	Phone	Helipad Yes No	Level of Care Facility
	Lat: Long: VHF:			☐ ☐	
	Lat: Long: VHF:			☐ ☐	
	Lat: Long: VHF:			☐ ☐	
	Lat: Long: VHF:			☐ ☐	

6. Division | Branch | Group — Area Location Capability

Division	Branch	Group	Area Location Capability	
	EMS Responders & Capability:	
	Equipment Available on Scene:	
	Medical Emergency Channel:	
	ETA for Ambulance to Scene:	
	Air:	
	Ground:	
	Approved Helispot:	
	Lat:	
	Long:	
	EMS Responders & Capability:	
	Equipment Available on Scene:	
	Medical Emergency Channel:	
	ETA for Ambulance to Scene:	
	Air:	
	Ground:	
	Approved Helispot:	
	Lat:	
	Long:	

MEDICAL PLAN (ICS 206 WF)

7. Name & Location	Remote Camp Location(s)	
	Point of Contact:	
	EMS Responders & Capability:	
	Equipment Available on Scene:	
	Medical Emergency Channel:	
	ETA for Ambulance to Scene:	
	Air:	
	Ground:	
	Approved Helispot:	
	Lat:	
	Long:	
	Point of Contact:	
	EMS Responders & Capability:	
	Equipment Available on Scene:	
	Medical Emergency Channel:	
	ETA for Ambulance to Scene:	
	Air:	
	Ground:	
	Approved Helispot:	
	Lat:	
	Long:	

8. Prepared By (Medical Unit Leader)	9. Date/Time	10. Reviewed By (Safety Officer)	11. Date/Time

MEDICAL PLAN (ICS 206 WF)
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	☐ **RED / PRIORITY 1** Life or limb threatening injury or illness. Evacuation need is IMMEDIATE
	   Ex: Unconscious, difficulty breathing, bleeding severely, 2º – 3º burns more than 4 palm sizes, heat stroke, disoriented.
	☐ **YELLOW / PRIORITY 2** Serious Injury or illness. Evacuation may be DELAYED if necessary.
	   Ex: Significant trauma, unable to walk, 2º – 3º burns not more than 1-3 palm sizes.
	☐ **GREEN / PRIORITY 3** Minor Injury or illness. Non-Emergency transport
	   Ex: Sprains, strains, minor heat-related illness.

Nature of Injury or Illness & Mechanism of Injury		*Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)*
Evacuation 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)*
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)*

Patient Assessment: See IRPG PAGE 106

Treatment:

4. **EVACUATION 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:** <u>*Considerations:*</u> *If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead..*

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

<u>**REMEMBER:**</u> **Confirm ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.**

HELIBASE EMERGENCY RESCUE PLAN

HELIBASE: _____   INCIDENT/PROJECT: _____   DATE: _____

In the event of an injury; either incident-related or aircraft-mishap-related, fast and efficient medical evacuation procedures must be immediately initiated. Safety will be of primary concern during medevac.

At least one helicopter must be designated each day to be available for medevac operations. A secondary helicopter should be designated in the event the primary is involved in an accident or otherwise unavailable. If a hospital or military facility has helicopter medevac capability, the use of these aircraft should be strongly considered for transport of injured personnel to medical facilities.

A minimum of _____ Emergency Medical Technician(s) will be assigned to Helicopter Medevac Operations.

Use the Emergency Medical Services - Helicopter Ambulance Request sheet to obtain injury and site information for unknown locations. Information below should be updated as aircraft availability changes.

FAA N #	HELICOPTER MANAGER	PAX SEATS	LITTER/RAPPEL/EXTRACTION/ SHORT-HAUL CAPABLE?	REMARKS (Medical Equipment On Board or Assigned, etc.)				

NEAREST MEDICAL FACILITY:	GEOGRAPHIC LOCATION	LATITUDE	LONGITUDE	VOR	NM	DEG	EST FT	CONTACT FREQ	REMARKS (Landing Site, etc.)
NEAREST BURN CENTER:									

HELICOPTER LIFEFLIGHT FACILITY LOCATED AT	TYPE AIRCRAFT	PHONE NUMBER	OPERATING FREQUENCY(IES)	REMARKS

Helibase Emergency Rescue Plan (for Helibase-Appendix D)   HBM-11 (Test) (May, 1994)

Incident Within Incident Response Plan

Communications will activate the IEP when the initial notification to the RADO occurs. Notification should include Color/Severity, Chief Complaint/Mechanism of Injury, and Geographic Location, if possible, as well as the Date and Time of the notification. IMT members will be asked to respond (or not) based on the severity. During Night Shift, Communications will notify the Section Rep(s) directly.

Severity	Day Shift Response	Night Shift Response
GREEN Routine	SOF (and/or MEDL if assigned) will report to Communications or IWI meeting area. The patient will be treated appropriately, and relevant notifications will be made.	Communications contacts the SOF (and/or MEDL if assigned), who makes an assessment. The patient will be treated appropriately, and relevant notifications will be made.
YELLOW Priority	SOF (and MEDL if assigned) PSC, LSC, OSC, FSC, PIO, IC/DIC (AOBD, COMP if assigned) will proceed to the designated IWI meeting area.	Communications contacts the SOF (and MEDL if assigned). Appropriate C&G members to be notified.
RED Urgent	SOF (and MEDL if assigned) PSC, LSC, OSC, FSC, PIO, IC/DIC (AOBD, COMP if assigned) will proceed to the designated IWI meeting area.	Communications contacts the SOF (and MEDL if assigned). Appropriate C&G members to be notified.
Unknown Severity	In the absence of a declared severity we will respond to the incident as a **RED** response.	
PURPLE Other, potential Critical, Incidents	LSC, SECM, PSC and SOF will proceed to Communication. Appropriate C&G members to be notified.	
NOTE: PURPLE examples include, but are not limited to: unaccounted-for incident resources, threats to employees, accidents involving the public that incident personnel respond to- not initially requiring the use of ICS 206, but requiring IMT response.		

Incident Emergency Plan Definitions

Severity	Definitions
Routine	**Non-Emergency Incident–** Patient has minor injury or illness. **Non-Emergency transportation** is through Ground Support, FEMT or assigned Supervisor. Communications <u>does not</u> restrict radio traffic. Coordination of patient status and transportation information (MIR) and assessment is communicated through Communications. **Per Medical Incident Report or IRPG these patients are** GREEN **Priority 3**
Priority	**Medical Emergency –** Patient has serious injury or illness. Evacuation may be delayed if necessary if other IWIs takes priority. **Communication <u>does</u> require a clear channel.** Coordination of the patient information and assessment is through Communications. **Per Medical Incident Report patient is** YELLOW **Priority 2**
Urgent	**Medical Emergency –** Patient has life threatening injury or illness. Evacuation need is immediate. **Communication does require a clear channel.** Coordination of the patient information and assessment is through Communications. **Per Medical Incident Report patient is** RED **Priority 1**
Unknown Emergency	In the absence of a declared severity we will respond to the incident as a RED response.
Other Potential Emergency	Examples include, but are not limited to: unaccounted-for incident resources, threats to employees, accidents involving the public that incident personnel respond to- not initially requiring the use of ICS 206, but requiring IMT response.

- ☐ **All departure and arrival times and other pertinent information recorded in Communications Log**
- ☐ **When the emergency is over, clear all emergency radio traffic for normal use**
- ☐ **Notification to Compensation/Claims has been made**

Injured or deceased individual(s)

- ☐ **Names shall not be used over the radio**
- ☐ **Deceased individuals and their equipment are not to be moved, except to accomplish rescue work or to protect the health and safety of others. If there is potential for a serious accident investigation, consider leaving the site as undisturbed as possible.**

Clear Text - Utilization of clear text should be a priority on all incidents so that common terminology is expressed and understood. If an emergency needs to be declared and radio traffic silenced, all personnel shall follow "Emergency Traffic" guidelines to clear radio traffic.

Operations Section Chief, Division Supervisors or Communication Units shall acknowledge the severity of the emergency. Clear text shall be used to identify the situation of the emergency: "MEDICAL EMERGENCY", "FIREFIGHTER TRAPPED", "FIREFIGHTER BURNED", "FIREFIGHTER MISSING", to notify all on-scene personnel. Also, the "Location" needs to be communicated and could be as simple as "Division Alpha Firing Group."

The acronym "May-Day" is used by some fire agencies as a distress signal (hailing call) indicating a firefighter is in trouble or signify emergencies to aircraft.

INCIDENT EMERGENCY PLAN ROSTER

Incident Name: _____   *Date/Time:* _____

The Safety Officer will have this roster filled out upon arrival to the incident and will maintain the list in Communications. Designated IMT member will notify IMT members per the IEP response for an IWI. If team members do not show up to designated IWI meeting area within 10 minutes they will be contacted by phone or radio.

Title	*Name*	*Phone#*	
Safety Officer (SOF):	_____	_____	_____
Safety Officer (SOF-T):	_____	_____	_____
Medical Unit (MEDL):	_____	_____	_____
Medical Unit (MEDL-T):	_____	_____	_____
Planning Chief (PSC):	_____	_____	_____
Planning Chief (PSC-T):	_____	_____	_____
Operations Chief (OSC):	_____	_____	_____
Operations Chief (OSC-T):	_____	_____	_____
Air Operations (AOBD):	_____	_____	_____
Air Operations (AOBD-T):	_____	_____	_____
Incident Commander (IC):	_____	_____	_____
Incident Commander (IC-T):	_____	_____	_____
Logistics Chief (LSC):	_____	_____	_____
Logistics Chief (LSC-T):	_____	_____	_____
Public Information Officer (PIO):	_____	_____	_____
Public Information Officer (PIO-T):	_____	_____	_____
Finance Chief (FSC):	_____	_____	_____
Finance Chief (FSC-T):	_____	_____	_____
Liaison Officer (LOFR):	_____	_____	_____
Liaison Officer: (LOFR-T)	_____	_____	_____
Other:	_____	_____	_____

Prepared by: _____   *Date/Time:* _____