

Incident Communication Center Protocol Standard Elements	
1. Determine the nature of the emergency.	
2. Medical injury/illness? If injury/illness is it life threatening?	
3. If life threatening, clear designated frequency for emergency traffic.	
4. Identify the on-scene Point of Contact (POC) by resource and last name (i.e. POC is TFLD Smith).	
5. Contact Medical Unit Leader immediately.	
6. Request POC to provide number injured, patient assessment, and location (geographic and GPS coordinates).	
7. Identify on-scene medical personnel by position and name (i.e. on-scene medical personnel is EMT Jones).	
8. Request preferred method of patient transport.	
9. Determine if any additional resources and/or equipment are needed.	
10. Document all information received and transmitted on the radio or phone.	
11. Document any changes in the on-scene Point of Contact or medical personnel as they occur.	
Prepared by (Medical Unit Leader)	10. Reviewed by (Safety Officer)

Reference:
NWCG#025-2010 Memorandum, dated 5/25/10 – Attachment B

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Medical Emergency Procedures

Purpose

The direction provided in these procedures is intended to create a standard set of protocols for Incident Management Teams (IMTs) and Communication Centers to follow during a medical emergency. These procedures will be incorporated into IMT Incident Emergency Plan upon arrival at an incident ***and*** will allow for the integration of incident management operations with local/county/state emergency service systems.

Critical Elements

Identify Options for Medical Evacuations

The lead Safety Officer for the IMT will identify and prioritize transport options in terms of efficiency, based on resource availability, proximity, and potential for success—with a contingency plan in case the preferred mode of transportation cannot be used.

Identify One On-Scene Point of Contact

At the scene of a medical emergency, an on-scene point of contact will be determined or designated by chain of command. This point of contact and the person assessing/treating the patient may or may not be the same person. The point of contact will:

- Take charge of the scene and identify/determine who is in charge of assessing and treating the patient.
- Use the Incident Communication Protocol to relay critical information regarding patient assessment, transportation, and resource needs.
- Coordinate the request for transportation and/or other resources based on patient assessment.
- Ensure that information about patient assessment, transportation or other resource needs is transmitted directly to the Incident Command Post Communications in order to reduce the time it takes to communicate essential information and to limit the potential for miscommunication.

Key Roles and Responsibilities

Incident Management Team (IMT)

The IMT (Medical Unit Leader and Safety Officer) will collaborate with local unit and local Emergency Medical Services and Emergency Operations Center (EMS/EOC) to ensure integration of local systems into IMT planning meetings, operational briefings, and Incident Action Plan documents (ICS-206 and 206-Block 8 Expanded). Local systems can include specifics on ordering procedures, resource limitations, availability and capability, policies, guidelines, hours of operations, response times, billing, dispatch protocols, etc.

If necessary, the IMT should assign a person to function as a liaison to coordinate with the local jurisdiction with authority for Emergency Medical Services. The position would report to the IMT Medical Unit Leader or Safety Officer.

The IMT should include local EMS/EOC personnel in operational and planning meetings and briefings.

Agency Administrators

The host unit will provide the necessary information to the IMT on local/county/state resource capabilities, capacities, ordering procedures, cooperative agreements, role of dispatch centers, and key contacts or liaisons.

Incident Communication Protocol

1. Determine the nature of the emergency.
2. If the emergency is a medical injury/illness, determine if the injury/illness is life threatening.
3. If the injury is life threatening, then clear designated frequency for emergency traffic.
4. Identify the on-scene point of contact by position and last name (i.e. TFLD Smith).
5. Ensure that the Medical Unit Leader is contacted immediately.
6. Identify number injured, patient assessment(s) and location (geographic and/or GPS coordinates).
7. Identify on-scene medical personnel by position and last name (i.e. EMT Jones).
8. Identify preferred method of patient transport.
9. Determine any additional resources or equipment needed.
10. Document all information received and transmitted on the radio or phone.
11. Document any changes in the on-scene point of contact or medical personnel as they occur.

Reference:

NWCG#025-2010 Memorandum, dated 5/25/10 -- Attachment A

MEDICAL PLAN (ICS 206)

1. Incident Name:		2. Operational Period: Date From: _____ Time From: _____		Date To: _____ Time To: _____			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____							
8. Approved by (Safety Officer): Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			

ICS 206

Medical Plan

Purpose. The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

Distribution. The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Medical Aid Stations	Enter the following information on the incident medical aid station(s):
	• Name	Enter name of the medical aid station.
	• Location	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the medical aid station(s).
	• Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if paramedics are at the site indicated.
4	Transportation (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	• Ambulance Service	Enter name of ambulance service.
	• Location	Enter the location of the ambulance service.
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the ambulance service.
	• Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

5	Hospitals	Enter the following information for hospital(s) that could serve this incident:
	• Hospital Name	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	• Address, Latitude & Longitude if Helipad	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	• Contact Number(s)/ Frequency	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	• Travel Time • Air • Ground	Enter the travel time by air and ground from the incident to the hospital.
	• Trauma Center <input type="checkbox"/> Yes Level: _____	Indicate yes and the trauma level if the hospital has a trauma center.
	• Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a burn center.
	• Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	Special Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	Prepared by (Medical Unit Leader) • Name • Signature	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by (Safety Officer) • Name • Signature • Date/Time	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).