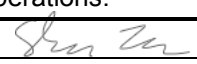


[illegible]

MEDICAL PLAN (ICS 206)

1. Incident Name: Lush Fire 199		2. Operational Period: Date From: 7/22/25 Time From: 0700		Date To: 7/23/25 Time To: 0700			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
Anthony Meiklejohn EMPF	ICP (next to helicopters/boat launch)	Command 1	☒ Yes ☐ No				
Brandon Baker EMTF	Div A	Tac 1	☐ Yes ☒ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
Life Med - King Air	Fairbanks- 1:15 to ICP, 35m to FMH	800-478-5433	☒ ALS ☐ BLS				
Guardian- King Air	Fairbanks- 1:15 to ICP, 35m to FMH	888-997-3822	☒ ALS ☐ BLS				
Yukon Response-AMBO	65° 51.24 ' N, 149° 43.93 ' W, 3:10 to FMH	907-450-4607	☒ ALS ☐ BLS				
Steele VFD-AMBO	Fairbanks- Intercepts with Y Response	Arranged by YResponse	☒ ALS ☐ BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Fairbanks Memorial (FMH)	64 49.90, - 147 44.50	907-458-5555x1	45 min	5-6 hrs	☒ Yes Level: III	☐ Yes ☒ No	☒ Yes ☐ No
Providence Alaska	61 11.62, - 149 49.42	907-212-3111x1	3 hours		☒ Yes Level: II	☐ Yes ☒ No	☒ Yes ☐ No
Harborview Seattle	47° 36.170 ' , - 122° 19.480	ER:206-744-4074	4.5 hrs		☒ Yes Level: I	☒ Yes ☐ No	☒ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
6. Special Medical Emergency Procedures: Baker has advanced airways, needle chest decompression kits, and expanded scope medications. IF NO AIRCRAFT AVAILABLE TO H SPOT OR OUT OF AIRSTRIP: Pt. Ground/water Medical Evac Plan: start pt via boat to E.L. Patton Yukon River Bridge landing (65° 55.84, -149 50.74). Initiate contact with Yukon response Base to request ALS ambulance intercept at the landing. Initiate contact with the Rescue Coordination Center through ASGS or dispatch for intel on if aircraft intercept at another location en route is possible. NIGHT: Boat drivers on TAC 2 or via cell. (TFL for boats POC) Short haul: Wenatchee (at Himalaya fire). Hoist: Air National Guard (Fairbanks mon-fri) ALWAYS HAVE A BACKUP PLAN ☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: <u>Shayne Harris SOF3</u> Signature: <u></u>							
8. Approved by (Safety Officer): Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: 7/22/25 12:30			

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, 2° – 3° 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, 2° – 3° 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.				
	☐ Purple/Other Non Medical other potential critical incidents Ex: Unaccounted for incident resources, threats to employees, chemical spills, incidents not requiring the use of ICS-206 but requiring IMT response				
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.					
REMEMBER: Confirm ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.					