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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MEDICAL PLAN** | | 1. INCIDENT NAME: Cougar | | | | 2. DATE PREPARED:  6/8/11 | | | 3. TIME PREPARED:  2200 | | | 4. OPERATIONAL PERIOD  6/10/11 | | | | | | | |
| 5. INCIDENT MEDICAL AID STATIONS | | | | | | | | | | | | | | | | | | | |
| MEDICAL AID STATIONS | | | LOCATION | | | | | | | | | | | | PARAMEDICS | | | | |
|  | | |  | | | | | | | | | | | | YES | | NO | | |
| Staging | | | Staging area | | | | | | | | | | | |  | | X | | |
|  | | |  | | | | | | | | | | | |  | |  | | |
| 6. TRANSPORTATION | | | | | | | | | | | | | | | | | | | |
| A. Ambulance Services | | | | | | | | | | | | | | | | | | | |
| NAME | | | | LOCATION | | | | | | PHONE | | | | | PARAMEDICS | | | | |
|  | | | |  | | | | | |  | | | | | YES | | NO | | |
| **Basin Ambulance** | | | |  | | | | | | Contact MICC | | | | |  | |  | | |
|  | | | | 43563 Hwy 299 E Fall River Mill CA | | | | | | Contact MICC | | | | | X | |  | | |
|  | | | |  | | | | | |  | | | | |  | |  | | |
|  | | | |  | | | | | |  | | | | |  | |  | | |
|  | | | |  | | | | | |  | | | | |  | |  | | |
| B. AIR AMBULANCE | | | | | | | | | | | | | | | | | | | |
| NAME | | | | LOCATION | | | | | | | | | | | PARAMEDICS | | | | |
|  | | | |  | | | | | | | | | | | YES | | NO | | |
| Mountain Life Flight | | | | 710 Ash St Susanville CA 911 or 530-257-2444 | | | | | | | | | | | X | |  | | |
| CHP (Hoist) – Confined to the valley at night. | | | | Redding 911 or 530-225-2040 | | | | | | | | | | | X | |  | | |
| Reach | | | | 1100 Butte Street, Redding, CA 911 or 800-338-4045 | | | | | | | | | | | X | |  | | |
| Mercy / PHI Air Medical | | | | 3775 Flight, Redding, CA 911 or 530-225-6290 | | | | | | | | | | | X | |  | | |
| 7. HOSPITALS | | | | | | | | | | | | | | | | | | | |
| NAME | ADDRESS | | | | TRAVEL TIME | | | PHONE | | TRAUMA | | | HELIPAD | | | BURN CENTER | | | |
|  |  | | | | AIR | | GRND |  | | Yes | No | | YES | NO | | YES | | NO | |
| Mayers Memorial Hospital  Level 4 | 43563 Hwy 299 E Fall River Mill CA | | | |  | | 45M | 530-336-5511 | | X |  | | X |  | |  | | X | |
| Mercy Medical Center  Level II trauma center | 2175 Rosaline Ave. Redding CA 40 N34.29 W122 23.67 | | | | 60M | | 2H | 530-225-7201 | | X |  | | X |  | |  | | X | |
| Sky lakes Medical Center  Level III | 2865 Daggatt Ave Klamith Falls,OR  N42.15.1 W121.47.1 | | | | 40M | | 2H | 541-882-6311 | | X |  | | X |  | |  | | X | |
| Shasta Regional  Level III trauma center | 1100 Butte St., Redding, CA 40 N35.09 x W122 23.26 | | | | 60M | | 2H | 530-244-5353 | | X |  | | X |  | |  | | X | |
| UC Davis Burn Center  Level I trauma center | 2315 Stockton, Sacramento CA 38 N33.30 x W121 27.30 | | | |  | |  | 916-734-3636 | | X |  | | X |  | | X | |  | |
| Modoc Medical Center  Level 5 | 131 W Henderson B Alturas CA | | | |  | | 45M | 530-233-5131 | |  | X | |  | X | |  | | X | |
|  |  | | | |  | |  |  | |  |  | |  |  | |  | |  | |
| 8. MEDICAL EMERGENCY PROCEDURES | | | | | | | | | | | | | | | | | | | |
| **Event Operations**  \*Contact Dustin Kingwell  \*Comms MDF REPT. TONE 5  \*Assessment of patient  \*Medic/EMT/1st Responders will provide patient care  \*A person who is free, has patient and location info will call 911  **In the event of an accident requiring Medical Attention:**  \*contact IC or 911  \*Inform MODOC with the nature of injury, location (Lat & Long, sec/township/range, closest cross streets, land marks), additional resources?  \*ECC/911 will contact the closest available resources to respond to your location  \*Stay available on the air or if using a cell, give ECC and 911 your call back number (MICC phone number 530-233-8880)  \***Do not give patients name over the radio**    **\*\*\*Refer to the Field Medical Evacuation Plan/Checklist for further details.** | | | | | | | **1ST. PRIORITY – DISPATCH APPROPRIATE RESOURCE**  NATURE OF INJURY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LOCATION OF PATIENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TRANSPORTATION REQUEST BY:AIR\_\_\_GROUND\_\_\_  **Do Not give patients name on the radio!**  **AFTER RESOURCE IS DISPATCHED!**  POINT OF PICK UP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LAT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LONG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PATIENT UNIT ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IS EMT WITH PATIENT: YES\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_  AGE: \_\_\_\_\_\_\_\_\_SEX: MALE\_\_\_\_\_\_FEMALE\_\_\_\_\_\_\_  HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MEDICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VITALS AND OTHER INFORMATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | . |
| 9. PREPARED BY (MEDICAL UNIT LEADER) | | | | | | | | 10. REVIEWED BY (SAFETY OFFICER)  /s/ | | | | | | | | | | | |

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