|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEDICAL PLAN** | 1. INCIDENT NAME:Cougar | 2. DATE PREPARED:6/8/11 | 3. TIME PREPARED: 2200 | 4. OPERATIONAL PERIOD6/10/11 |
| 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 HospitalLevel 4 | 43563 Hwy 299 E Fall River Mill CA |  | 45M | 530-336-5511 | X |  | X |  |  | X |
| Mercy Medical CenterLevel 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 CenterLevel III | 2865 Daggatt Ave Klamith Falls,OR N42.15.1 W121.47.1 | 40M | 2H | 541-882-6311 | X |  | X |  |  | X |
| Shasta RegionalLevel 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 CenterLevel 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/ |

ICS 206