

MEDICAL PLAN ICS 206	1. INCIDENT NAME ROBBERS CA NEU 015060	2. DATE PREPARED 7/14/2012	3. TIME PREPARED 1800	4. OPERATIONAL PERIOD 7/15/2012 0600-0600
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5. INCIDENT MEDICAL AID STATIONS			
MEDICAL AID STATIONS	LOCATION		PARAMEDICS
			YES NO
MERT	ICP GOLD COUNTY FAIR GROUNDS, AUBURN CA		X

6. TRANSPORTATION

A. AMBULANCE SERVICES				
NAME	LOCATION	PHONE	PARAMEDICS	
			YES	NO
CALSTAR AIR AMBULANCE	13760 LINCOLN WAY, AUBURN CA	ROBBERS COMMUNICATIONS	X	
AMR		ROBBERS COMMUNICATIONS	X	
CHP COPTER – Air Hoist	AUBURN CA	ROBBERS COMMUNICATIONS	X	

B. INCIDENT AMBULANCES

NAME	LOCATION	PARAMEDICS	
		YES	NO
AMR	DP 6	X	
FORESTHILL FD	FORESTHILL FIRE STATION	X	

7. HOSPITALS

NAME Med Net Channel	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
AUBURN FAITH	1815 EDUCATION ST., AUBURN CA	15	26			X		X
SUTTER ROSEVILLE	1 MEDICAL PLAZA DR. ROSEVILLE CA	10	37		X			X
UC DAVIS	2315 STOCKTON BLVD. SACRAMENTO CA	20	56		X		X	

8. MEDICAL EMERGENCY PROCEDURES

<p>LINE EMERGENCY: Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.</p> <ul style="list-style-type: none"> Division/Group Supervisor contacts: <ol style="list-style-type: none"> Closest EMS resource Communications Unit Communications Unit contacts: <ol style="list-style-type: none"> Ground or Air ambulance as requested Operations Safety Medical Unit Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel. <ol style="list-style-type: none"> A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of need. Communications Unit will clear command channel for emergency traffic as needed and only for duration of need. Non critical Medivac will be transported to Foresthill Staging for ground transport to hospital <p>CAMP EMERGENCY: Contact Medical Unit with patient complaint/condition and location. Medical Staff will respond to stabilize incident:</p> <ul style="list-style-type: none"> Medical Unit contacts: <ol style="list-style-type: none"> Communications Safety Logistics Operations Crew Supervisor Comps/Claims Communications will request local Med Unit if needed 	<p align="center"><u>INJURY REPORTING PROCEDURES</u></p> <p>NATURE OF INJURY _____ LOCATION OF PATIENT _____ POINT OF CONTACT _____ TRANSPORTATION REQUESTED BY: AIR ___ GROUND ___ POINT OF PICKUP _____ LAT _____ LONG _____ PATIENT UNIT ID _____ IS AN EMT WITH PATIENT: YES ___ NO ___ AGE _____ SEX: MALE ___ FEMALE ___</p> <p align="center">ALL EMERGENCIES---Secure the area and identify witnesses for later investigation. Keep an accurate log of events.</p>
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ICS 206 (Rev 03/12) FR	9. PREPARED BY: (Medical Unit Leader) Dave Latham	10. REVIEWED BY: (Safety Officer) Kevin Twohey, Incident Safety Officer
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