Incident Exercise Agenda (Example)

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u	$\boldsymbol{\sigma}$	L.	_	

1. Incident Name:	2. Incident Number:	3. Date/Ti	3. Date/Time Initiated:	
		Date:	Time:	
4. Map/Sketch (include sketch, showing areas, overflight results, trajectories, in assignment):		ons, the incident si	ite/area, impacted and threater	
5. Situation Summary and Health and incident Health and Safety Hazards a equipment, warn people of the hazar	and develop necessary m	easures (remove h	nazard, provide personal protec	
6. Prepared by: Name:	Position/Title:	-	Signature:	
ICS 201, Page 1	Date/	Time:		
· -				

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated:		
		Date: Time:		
7. Current and Planned Objectives:				
8. Current and Planned Actions, Stra	ategies, and Tactics:			
Time: Actions:				
+				
6 Propaged by: Name:	Position/Title:	Signaturo		
6. Prepared by: Name:	Position/Title:	olynature.		
ICS 201, Page 2	Date/Time:			

1. Incident Name:	2. Incident Nu	mber:	3. Date/Time Initiated	3. Date/Time Initiated:	
			Date: Tin	ne:	
9. Current Organization (fill in ad		as appropriate): t Commander(s)	Liaison Officer		
Operations Section Chief	Planning Section Chie		Safety Officer Public Information Offi on Chief Finance/Adn	icer	
6. Prepared by: Name:			Signature:		
ICS 201, Page 3	Date/T				
, J	= 3.1.37				

1. Incident Name: 2.		2. Incident Number:				3. Date/Time Initiated:	
40 D						Date: Time:	
10. Resource Summary:				٥			
Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	N	otes (location/assignment/status)	
6. Prepared by: Name: _		Position	on/Title:			Signature:	
ICS 201, Page 4		Date/1	Time:				

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2	2. Operational Period		Date To:
			Time From:	Time To:
3. Objective(s):				
4. Operational Period	Command Emphasis	•		
4. Operational relieu	Communa Emphasia	•		
General Situational Aw	areness			
Concrai Citational 7 W	archicos			
5. Site Safety Plan Re	quired? Yes \ No \	1		
	ty Plan(s) Located at			
6. Incident Action Pla	n (the items checked b	elow are included in th	nis Incident Action Plan):	
☐ ICS 203	☐ ICS 207		Other Attachments:	
☐ ICS 204	☐ ICS 208			
☐ ICS 205	☐ Map/Chart			
☐ ICS 205A	☐ Weather Forecas	st/Tides/Currents		
☐ ICS 206				
7. Prepared by: Name	e:	Position/Title:	Signatui	e:
8. Approved by Incide	ent Commander: Nam	ne:	Signature:	
ICS 202	IAP Page	Date/Time:		

ICS 202 Incident Objectives

Purpose. The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

Preparation. The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

Distribution. The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident. If needed, an incident number can be added.
2	Operational PeriodDate and Time FromDate 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	Objective(s)	Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.
		Objectives should follow the SMART model or a similar approach:
		S pecific – Is the wording precise and unambiguous?
		<u>M</u> easurable − How will achievements be measured?
		<u>A</u> ction-oriented – Is an action verb used to describe expected accomplishments?
		Realistic – Is the outcome achievable with given available resources?
		<u>T</u> ime-sensitive – What is the timeframe?
4	Operational Period Command Emphasis	Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.
	General Situational Awareness	General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).
5	Site Safety Plan Required?	Safety Officer should check whether or not a site safety plan is
	Yes No No	required for this incident.
	Approved Site Safety Plan(s) Located At	Enter the location of the approved Site Safety Plan(s).

Block Number	Block Title	Instructions
6	Incident Action Plan (the items checked below are included in this Incident Action Plan): ICS 203 ICS 204 ICS 205 ICS 205A ICS 206 ICS 207 ICS 208 Map/Chart Weather Forecast/Tides/Currents Other Attachments:	Check appropriate forms and list other relevant documents that are included in the IAP. ICS 203 – Organization Assignment List ICS 204 – Assignment List ICS 205 – Incident Radio Communications Plan ICS 205A – Communications List ICS 206 – Medical Plan ICS 207 – Incident Organization Chart ICS 208 – Safety Message/Plan
7	Prepared byNamePosition/TitleSignature	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by Incident Commander Name Signature Date/Time	In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:			2. Ope	2. Operational Period: Date From: Date To:			
				Time Fr	e To:		
3. Incident Commander(s) and Command Staff:				7. Operations Sect	7. Operations Section:		
IC/UCs			Chief				
				Deputy			
Deputy				Staging Area			
Safety Officer				Branch			
Public Info. Officer				Branch Director			
Liaison Officer				Deputy			
4. Agency/Organi	zatio	on Representatives:		Division/Group			
Agency/Organization	n	Name		Division/Group			
				Division/Group			
				Division/Group			
				Division/Group			
				Branch			
				Branch Director			
				Deputy			
5. Planning Section	on:			Division/Group			
C	hief			Division/Group			
Dej	outy			Division/Group			
Resources	Unit			Division/Group			
Situation	Unit			Division/Group			
Documentation	Unit			Branch			
Demobilization	Unit			Branch Director			
Technical Specia	lists			Deputy			
				Division/Group			
				Division/Group			
				Division/Group			
6. Logistics Secti	on:			Division/Group			
C	hief			Division/Group			
Dep	outy			Air Operations Brand	Air Operations Branch		
Support Bra	nch			Air Ops Branch Dir.			
Dire							
Supply	Unit						
Facilities	Unit			8. Finance/Adminis	stration Section:		
Ground Support	Unit			Chief			
Service Branch			Deputy				
Director			Time Unit				
Communications Unit			Procurement Unit				
Medical	Unit			Comp/Claims Unit			
Food	Unit			Cost Unit			
9. Prepared by: N	Name):	Po	sition/Title:	Signature:		
ICS 203		IAP Page	Da	te/Time:			
1.1. 1.4go Batte							

1. Incident Name:		2. Operation	nal Pe		3.	
		Date From:		Date To:	Branch:	
		Time From:		Time To:	Division	
4. Operations Personr	nel: <u>Name</u>			Contact Number(s)	Division:	
Operations Section Chi	ief:				Group:	
Branch Direct	tor:				Staging Area:	
Division/Group Supervis	sor:					
5. Resources Assigne	d:		SL		Reporting Location,	
Resource Identifier	Leader		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Special Equipment and Supplies, Remarks, Notes, Information	
	6. Work Assignments:					
7. Special Instructions:						
`				nbers needed for this assignment):		
			ry Co	ntact: indicate cell, pager, or radio (fi	requency/system/channel)	
9. Prepared by: Name):		Posit	tion/Title:Signa	ature:	
ICS 204	IAP Page			/Time:		

1. Incident Name:		2. Operation	nal Pe		3.	
		Date From:		Date To:	Branch:	
		Time From:		Time To:	Division	
4. Operations Personr	nel: <u>Name</u>			Contact Number(s)	Division:	
Operations Section Chi	ief:				Group:	
Branch Direct	tor:				Staging Area:	
Division/Group Supervis	sor:					
5. Resources Assigne	d:		SL		Reporting Location,	
Resource Identifier	Leader		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Special Equipment and Supplies, Remarks, Notes, Information	
	6. Work Assignments:					
7. Special Instructions:						
`				nbers needed for this assignment):		
			ry Co	ntact: indicate cell, pager, or radio (fi	requency/system/channel)	
9. Prepared by: Name):		Posit	tion/Title:Signa	ature:	
ICS 204	IAP Page			/Time:		

1. Incident Name:	Incident Name: 2. Operational Period:								
		Date From:		Date To:	Branch:				
		Time From:		Time To:	Division				
4. Operations Personr	nel: <u>Name</u>			Contact Number(s)	Division:				
Operations Section Chi	ief:				Group:				
Branch Direct	tor:				Staging Area:				
Division/Group Supervis	sor:								
5. Resources Assigne	d:		SL		Reporting Location,				
Resource Identifier	Leader		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Special Equipment and Supplies, Remarks, Notes, Information				
6. Work Assignments:									
7. Special Instructions	s:								
`				nbers needed for this assignment):					
Name/Function		Prima	ry Co	ntact: indicate cell, pager, or radio (fi	requency/system/channel)				
9. Prepared by: Name):		Posit	tion/Title:Signa	ature:				
ICS 204	IAP Page			/Time:					

1. Incident Name:	Incident Name: 2. Operational Period:								
		Date From:		Date To:	Branch:				
		Time From:		Time To:	Division				
4. Operations Personr	nel: <u>Name</u>			Contact Number(s)	Division:				
Operations Section Chi	ief:				Group:				
Branch Direct	tor:				Staging Area:				
Division/Group Supervis	sor:								
5. Resources Assigne	d:		SL		Reporting Location,				
Resource Identifier	Leader		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Special Equipment and Supplies, Remarks, Notes, Information				
6. Work Assignments:									
7. Special Instructions	s:								
`				nbers needed for this assignment):					
Name/Function		Prima	ry Co	ntact: indicate cell, pager, or radio (fi	requency/system/channel)				
9. Prepared by: Name):		Posit	tion/Title:Signa	ature:				
ICS 204	IAP Page			/Time:					

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: 2. Date/Time Prepared: 3. Operational Period:				riod:							
				Date:					Date	From:	Date To:
				Time:					Time	From:	Time To:
4. Ba	sic R	adio Channel Use:									
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	ent RX Freq RX TX Freq TX N or W Tone/NAC N or W Tone/NAC		X ′NAC	Mode (A, D, or M)	Remarks		
											<u> </u>
5. Sp	ecial	Instructions:									
		d by (Communicati	ons Unit Leader): Na	ame: Signature:							
ICS 205 IAP Page			Date/Time:								

ICS 205

Incident Radio Communications Plan

Purpose. The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

Preparation. The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

Distribution. The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

Notes:

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions						
1	Incident Name	Enter the name assigned to the incident.						
2	Date/Time Prepared	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).						
3	Operational PeriodDate and Time FromDate 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.						
4	Basic Radio Channel Use	Enter the following information about radio channel use:						
	Zone Group							
	Channel Number	Use at the Communications Unit Leader's discretion. Channel Number (Ch#) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.						
	Function	Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).						
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talk group such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).						
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.						
	RX (Receive) Frequency (N or W)	Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.						
		The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.						
	RX Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.						

Block Number	Block Title	Instructions				
4 (continued)	TX (Transmit) Frequency (N or W)	Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.				
	TX Tone/NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.				
	Mode (A, D, or M)	Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation.				
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.				
5	Special Instructions	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.				
6	Prepared by (Communications Unit Leader) Name Signature Date/Time	Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).				

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2.	Operational Period: D	ate From:	Date To:
		Т	ime From:	Time To:
3. Safety Message/Ex	panded Safety Messag	e, Safety Plan, Site Sa	fety Plan:	
4. Site Safety Plan Re	quired? Yes 🗌 No 🗌			
	ty Plan(s) Located At:			
5. Prepared by: Name):	Position/Title:	Signatu	re:
ICS 208	IAP Page	Date/Time:		
				

ACTIVITY LOG (ICS 214)

1. Incident Name:			2. Operational Period: Date From: Date To:						
			Time Fro	m: Time To:					
3. Name:		4. IC	S Position:	5. Home Agency (and Unit):					
0 B									
6. Resources Assig			ICS Position	Home Agency (and Hait)					
Nan	ne		ICS POSITION	Home Agency (and Unit)					
7. Activity Log:									
Date/Time	Notable Activities								
8. Prepared by: Na	ame:		Position/Title:	Signature:					
ICS 214, Page 1			Date/Time:						

ACTIVITY LOG (ICS 214)

1. Incident Name:		2. Operational Period:	Date From:	Date To:
			Time From:	Time To:
7. Activity Log (cor	ntinuation):			
Date/Time	Notable Activities			
8 Prepared by: No	l ame:	Position/Title:	Signo	ture:
	anic.		signa	ture:
ICS 214, Page 2		Date/Time:		

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:	:		2. Incident Number:						
0 D-1-/T' D		0	Desired Des	(. F	Data Ta				
3. Date/Time Prep Date:	Time:	Operational		te From: ne From:	Date To: Time To:				
5. Incident Area	6. Hazards/Risks			7. Mitigations					
J. Illcluellt Alea	0. Hazarus/Misks			7. Willigations					
	afety Officer): Name:								
	perations Section Chief): Na	ame:		Signature:					
ICS 215A		Date/Time:							

1. Incident Name						3.					
1. Incluent Ivame						Branch	Div	ision			
							DIV	ision			
2. Operational Period	d										
Date/Time	e From:			Date/Tim	ne To:						
4.		•		О	perations Personn	el					
Operations Chief					Division/Group S	Supervisor					
Branch Director					Air Attack Super	visor					
5.				R	esources Assigned	d this Period		<u> </u>			
	rce/ Resource Design	ator	EMT	LWD		eader		Number	Drop Off PT./Time	Pick Up P	T /Time
					1.8	cauci		Persons	Diop Oil F1./Time	FICK OP F	1./111116
6. Control Operations/World	Assignments:"										
o. Control Operations/ work	k Assignments:										
7. Special Instructions:											
8.				Di	vision/Group Con	nmunication	Sumr	nary			
Function	Channel	RX Free	quency N/V	V	RX Tone/NAC	TX I	Freque	ncy N/W	TX Tone/NAC	C N	Mode
Command											
Tactical Div/Group											
Logistics						1					
Air to Ground											
9. Prepared by (Resource U	nit Leader)			Ţ	Approved by (Planning	g Section Chief)	_		Date	Time	

1. Incident Name						3.					
1. Incluent Ivame						Branch	Div	ision			
							DIV	ision			
2. Operational Period	d										
Date/Time	e From:			Date/Tim	ne To:						
4.		•		О	perations Personn	el					
Operations Chief					Division/Group S	Supervisor					
Branch Director					Air Attack Super	visor					
5.				R	esources Assigned	d this Period		<u> </u>			
	rce/ Resource Design	ator	EMT	LWD		eader		Number	Drop Off PT./Time	Pick Up P	T /Time
					1.8	cauci		Persons	Diop Oil F1./Time	FICK OP F	1./111116
6. Control Operations/World	Assignments:"										
o. Control Operations/ work	k Assignments:										
7. Special Instructions:											
8.				Di	vision/Group Con	nmunication	Sumr	nary			
Function	Channel	RX Free	quency N/V	V	RX Tone/NAC	TX I	Freque	ncy N/W	TX Tone/NAC	C N	Mode
Command											
Tactical Div/Group											
Logistics						1					
Air to Ground											
9. Prepared by (Resource U	nit Leader)			Ţ	Approved by (Planning	g Section Chief)	_		Date	Time	

1. Incident Name						3.					
1. Incluent Ivame						Branch	Div	ision			
							DIV	ision			
2. Operational Period	d										
Date/Time	e From:			Date/Tim	ne To:						
4.		•		О	perations Personn	el					
Operations Chief					Division/Group S	Supervisor					
Branch Director					Air Attack Super	visor					
5.				R	esources Assigned	d this Period		<u> </u>			
	rce/ Resource Design	ator	EMT	LWD		eader		Number	Drop Off PT./Time	Pick Up P	T /Time
					1.8	cauci		Persons	Diop Oil F1./Time	FICK OP F	1./111116
6. Control Operations/World	Assignments:"										
o. Control Operations/ work	k Assignments:										
7. Special Instructions:											
8.				Di	vision/Group Con	nmunication	Sumr	nary			
Function	Channel	RX Free	quency N/V	V	RX Tone/NAC	TX I	Freque	ncy N/W	TX Tone/NAC	C N	Mode
Command											
Tactical Div/Group											
Logistics						1					
Air to Ground											
9. Prepared by (Resource U	nit Leader)			Ţ	Approved by (Planning	g Section Chief)	_		Date	Time	

1. Incident Name						3.					
1. Incident Name					Branch	Division					
						DIV	ision				
2. Operational Period											
Date/Time	e From:			Date/Tim	ne To:						
4.		•		О	perations Personn	el					
Operations Chief					Division/Group Supervisor						
Branch Director					Air Attack Supervisor						
5. Resources Assigned this Period											
	rce/ Resource Design	ator	EMT	LWD	Leader			Number	Drop Off PT./Time	Pick Up PT.	'/Time
					1.8	cauci		Persons	Diop Oil F1./Time	FICK OP F1.	./ 1 11116
6. Control Operations/World	Assignments:"										
o. Control Operations/ work	k Assignments:										
7. Special Instructions:											
8.				Di	vision/Group Con	nmunication	Sumr	nary			
Function	Channel RX Frequency N/W			V	RX Tone/NAC	•		equency N/W TX		. Mo	ode
Command											
Tactical Div/Group											
Logistics						1					
Air to Ground											
9. Prepared by (Resource Unit Leader)				Ţ	Approved by (Planning	g Section Chief)	_		Date	Time	

MEDICAL PLAN (ICS 206 WF) Controlled Unclassified Information//Basic

1. Incident/Project Name					2. Operational Period					
3. Ambulance Services										
Name		Complete Address			Phone & EMS Frequency		Advanced Life Support (ALS) Yes No			
						ENIS Frequency				
4. Air Ambulance Servic	es									
Name			Phone	Type of Aircraft & Capability						
5. Hospitals										
2. Hospitals	<u> </u>	CDS	S Datum – WGS 84		I		Τ		l	
			ordinate Standard							
Name			ees Decimal Minutes				IIal	ipad		Level
Complete Address		DD° N	MM.MMM' N - Lat	Tra Air	vel Time Gnd	Phone		ipau No	of Care	
Complete Address	Lat:	DD° M	M.MMM' W - Long	All	Gilu	Thone				Facility
	Long	g:								
	VHF	`:								
	Lat:									
	Long									
	VHF	:								
	Lat:									
	Long VHF									
							<u> </u>			
	Lat: Long	2:								
	VHF									
6. Division Branch	Group	Aı	rea Location Capability						l	
	· · F		AS Responders & Capability	7:						
			uipment Available on Scene							
			edical Emergency Channel:							
			A for Ambulance to Scene:							
			Air:							
		Ground:								
			proved Helispot:							
I		Lat:								
			Long:							
		EN	AS Responders & Capability	7:						
			uipment Available on Scene							
<u> </u>			edical Emergency Channel:							
		ET	A for Ambulance to Scene:							
			Air:							
			Ground:							
_ A			proved Helispot:							
			Lat:							
		- 1	Long:							

MEDICAL PLAN (ICS 206 WF) Controlled Unclassified Information//Basic

7. Name & Location	Remote Camp Location(s)					
	Point of Cont	act:				
	EMS Respon	ders & Capability:				
	Equipment Available on Scene:					
	Medical Eme	rgency Channel:				
	ETA for Am	oulance to Scene:				
	Air:					
	Ground:					
	Approved He	elispot:				
	Lat:					
	Long:					
	Point of Cont	act:				
	EMS Responders & Capability:					
	Equipment A	vailable on Scene:				
	Medical Emergency Channel: ETA for Ambulance to Scene:					
	Air:					
	Ground:					
	Approved Helispot: Lat:					
	Long:					
8. Prepared By (Medical Unit Leader)		9. Date/Time	10.	Reviewed By (Safety Officer)		11. Date/Time

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

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.

. 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, lones, FMT Smith is providing medical care."

Meadow Medical, IC is TFLD Jones. EM	T Smith is providing medical care."	3	J	3,
Severity of Emergency / Transport Priority	□ RED / PRIORITY 1 Life or Ex: Unconscious, difficulty bre. □ YELLOW / PRIORITY 2 Set Ex: Significant trauma, unable of □ GREEN / PRIORITY 3 Minor Ex: Sprains, strains, minor hea	athing, bleeding sever rious Injury or illn to walk, 2° – 3° burns or Injury or illness	rely, 2° – 3° burns more that ess. Evacuation may l not more than 1-3 palm size	n 4 palm sizes, heat stroke, disoriented. De DELAYED if necessary. Des.
Nature of Injury or Illness & Mechanism of Injury				Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)
Transport Request				Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location			L	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 ASSESSMEN	T: Complete this section for each patier	nt as applicable (start w	rith the most severe patient)	
Patient Assessment: See IRPG pag	e 106			
Treatment:				
4. TRANSPORT PLAN:				
Evacuation Location (if different): (D	escriptive Location (drop point, i	intersection, etc.) o	r Lat. / Long.) Patient's	ETA to Evacuation Location:
Helispot / Extraction Site Size and H	azards:			
5. ADDITIONAL RESOURCES / EQ	UIPMENT NEEDS:			
Example: Paramedic/EMT, Crews, Immo	bilization Devices, AED, Oxygen, Tra	uma Bag, IV/Fluid(s),	Splints, Rope rescue, Whee	led litter, HAZMAT, Extrication
6. COMMUNICATIONS: Identify St				
Function Channel Name/Nur	mber Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND AIR-TO-GRND				
TACTICAL				
7. CONTINGENCY: Considerations: ahead.	 If primary options fail, what action	l s can be implemente	l ed in conjunction with prin	 nary evacuation method? Be thinking
8. ADDITIONAL INFORMATION: Up		ding to your level	of training. Be Alert	Keep Calm. Think Clearly. Act Decisively.
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