

Los Padres National Forest

## Medical Emergency Response Plan

(Updated from 2010)



**Prepared By:** *Tony Martinez*  
**Tony Martinez, Forest Safety Officer**

**Date:** 07/06/2012

**Reviewed By:**  
**Bruce Emmons**  
**Sue Exline**  
**Kathleen Phelps**  
**Tim Short**  
**Erik Van Walden**  
**District Rangers**

**Date:** 07/06/2012

**Approved By:** */s/ Peggy Hernandez*  
**Peggy Hernandez, Forest Supervisor**

**Date:** 07/06/2012

The intent of this plan is to provide medical emergency planning, incident within an incident guidance and post-accident patient advocacy for the Los Padres National Forest (LPF). The objective is to assist with project planning, risk management, accident prevention and above all provide for the personal safety of our employees. This plan should not be a replacement to existing site specific Job Hazard Analysis or Incident Action Plans, nor is it to be considered an all encompassing contingency plan. This plan is written to assist LPF field going units, cover resources, and Incident Management Teams (IMT) with their site specific plans for medical emergencies. The Forest expectation is supervisors and incident commanders are continually updating their own plans, while anticipating an emergency and how employees will be evacuated in a timely, with appropriate level of care, and while following the chain of command. The Forest expects IMT's to provide patient advocates to coordinate with the injured employees, hospitals, home units, and the LPF. Ranger Districts will also provide patient advocates during medical emergencies that are not related to IMT events. **Supervisors shall provide adequate and reliable communications when employees are faced with working locations that could require difficult or lengthy evacuations.** If mitigations cannot be created and communications are not dependable then supervisors must consider the mission or the merits of the project. Los Padres Communication Center (LPCC) maintains accountability of all field going employees and employees shall comply with the LPF Field Procedures Guide, Chapter 1: Daily Operations, check in procedures. Although the LPCC is not a 24 hour dispatch center, the on call dispatcher can be reached 24 hours a day at (805) 961-5727 and during normal working hours at (805) 938-9141 ext. "0". Communication with LPCC should be the first consideration of all project planning. During project planning, supervisors shall require a Job Hazard Analysis, Incident Action Plan or another document that will adequately address communications, working in remote areas and how to provide for appropriate medical response and timely evacuation. Responders to trauma emergencies shall act within their training and qualifications. On scene responders need to be clear and concise. Responses have been delayed or altered because the reporting party did not stress the dire situation of the incident or misrepresented information. Always do what is best for the patient, while bearing in mind the appropriate level of care and the safety of the responders.

## **Table of Contents:**

**ICS 206 Medical Plan, Monterey Ranger District**

**ICS 206 Medical Plan Santa Lucia Ranger District**

**ICS 206 Medical Plan Santa Barbara Ranger District**

**ICS 206 Medical Plan Mt. Pinos Ranger District**

**ICS 206 Medical Plan Ojai Ranger District**

**Incident within an Incident, IMT Roles and Responsibilities**

**Field Medical Evacuation**

**LPF Patient Advocacy**

**LPF Emergency Notification Matrix - Field Procedures Guide (2004)**

**LPF Chapter One 1.1 – Field Procedures Guide (2004)**

**Overnight Check In Form**

<b>MEDICAL PLAN</b>  206	1. INCIDENT NAME		2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD DATE / TIME						
	Monterey Ranger District		2012								
5. INCIDENT MEDICAL AID STATIONS											
MEDICAL AID STATIONS			LOCATION				PARAMEDICS				
							YES	NO			
6. AMBULANCE SERVICES											
NAME			ADDRESS		PHONE		PARAMEDICS				
							YES	NO			
Fort Hunter Liggett Fire			Fort Hunter Liggett		831-386-2526		<input checked="" type="checkbox"/>				
A.M.R Paramedic Ambulance			Salinas		(831) 718-9555		<input checked="" type="checkbox"/>				
Cal Star Helicopter/No hoist			Santa Maria/Salinas		(831) 769-8899 CDF Dispatch (805) 546-1915		<input checked="" type="checkbox"/>				
CHP Helicopter H-70 Hoist (unavailable after 23:30)			Paso Robles		831-769-8899 CDF Dispatch		<input checked="" type="checkbox"/>				
7. HOSPITALS											
NAME		ADDRESS		TRAVEL TIME		PHONE		HELIPAD		BURN CENTER	
				AIR		GROUND		YES		NO	
George L. Mee Memorial		300 Canal St. King City, CA N 36° 12' 20" x W 121° 07' 57"				(831) 385-7220		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Community Hospital of the Monterey Peninsula (CHOMP)		23625 Holman Highway Monterey,				(831) 624-5311				<input checked="" type="checkbox"/>	
Twin Cities Community Hospital		1100 Las Tablas Templeton, CA N 35° 33' 22" x W 120° 43' 08"				(805) 434-1727 805-434-4553		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Santa Clara Valley Medical Center		751 South Bascom Ave, San Jose N 37° 18' 51" x W 121° 56' 03"				(408) 855-6666		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Community Regional Leon S. Peters Burn Center		2823 Fresno St, Fresno, CA N 36° 44' 37" x W 119° 47' 06"				(559) 459-4268 (559) 459-4220		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
8. MEDICAL EMERGENCY PROCEDURES											
<p><b>In the event of a medical emergency provide the following information to the Communications Unit/Los Padres Communication Center.</b></p> <ol style="list-style-type: none"> <li>Declare the nature of the emergency. <ol style="list-style-type: none"> <li>Medical injury/illness?</li> <li>Is injury/illness life threatening?</li> </ol> </li> <li>If life threatening, then request that the designated frequency be cleared for emergency traffic.</li> <li>Identify the on-scene Point of Contact (POC) by resource and last name (i.e POC is TFLD Smith).</li> <li>Identify nature of incident, number injured, patient assessment(s) and location (geographic and GPS coordinates).</li> <li>Identify on-scene medical personnel by position and name (i.e EMT Jones).</li> <li>Identify preferred method of patient transport.</li> <li>Request any additional resources and/or equipment needed</li> <li>Document all information received and transmitted on the radio or phone.</li> <li>Identify any changes in the on-scene Point of Contact or medical personnel as they occur.</li> </ol>						<p><b><u>INJURY REPORTING PROCEDURES</u></b></p> <p>NATURE OF INJURY _____</p> <p>LOCATION OF PATIENT _____</p> <p>TRANSPORTATION REQUEST BY: AIR _____ GROUND _____</p> <p>POINT OF PICK UP _____</p> <p>LAT _____ LONG _____</p> <p>PATIENT UNIT ID _____</p> <p>IS EMT WITH PATIENT: YES _____ NO _____</p> <p>AGE: _____</p> <p>SEX: MALE _____ FEMALE _____</p> <p>History: _____</p> <p>Medication: _____</p> <p>Allergies: _____</p> <p>Vitals and other information _____</p>					
ICS 206		9. PREPARED BY (MEDICAL UNIT LEADER)				10. REVIEWED BY (SAFETY OFFICER)					

<b>MEDICAL PLAN</b>	<b>1. INCIDENT NAME</b>  <b>Santa Lucia Ranger District</b>		<b>2. DATE PREPARED</b>  2012	<b>3. TIME PREPARED</b>	<b>5. OPERATIONAL PERIOD</b> DATE / TIME			
	<b>5. INCIDENT MEDICAL AID STATIONS</b>							
<b>MEDICAL AID STATIONS</b>			<b>LOCATION</b>			<b>PARAMEDICS</b>		
						<b>YES</b>	<b>NO</b>	
						<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. TRANSPORTATION</b>								
<b>A. AMBULANCE SERVICES</b>								
<b>NAME</b>			<b>ADDRESS</b>		<b>PHONE</b>	<b>PARAMEDICS</b>		
						<b>YES</b>	<b>NO</b>	
SBC H-309 Hoist Capable/ Night vision/ ALS on call after 1700			Santa Ynez Airport		(805) 692-5723	<input checked="" type="checkbox"/>		
Cal Star Helicopter/No Hoist			Santa Maria		(805) 692-5723 CDF (831)769-8899	<input checked="" type="checkbox"/>		
AMR-Paramedic Ambulance			Santa Maria		(805) 692-5723 or 911	<input checked="" type="checkbox"/>		
<b>B. INCIDENT AMBULANCES</b>								
<b>NAME</b>			<b>LOCATION</b>			<b>PARAMEDICS</b>		
						<b>YES</b>	<b>NO</b>	
<b>7. HOSPITALS</b>								
<b>NAME</b>	<b>ADDRESS</b>	<b>TRAVEL TIME</b>		<b>PHONE</b>	<b>HELIPAD</b>		<b>BURN CENTER</b>	
		<b>AIR</b>	<b>GROUND</b>		<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
Marian Medical Center	1400 E Church. Santa Maria			(805) 739-3200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Santa Barbara Cottage Hospital (Level II Trauma)	Pueblo @ Bath, in Santa Barbara			(805) 682-7111	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
San Joaquin Community Hospital BURN CENTER	2615 Chester Ave. Bakersfield, CA 93301 N35 22.994 x W119 01.253			(661) 395-3000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
French Hospital	1911 Johnson Avenue San Luis Obispo, CA 93401			(805) 543-5353	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Twin Cities Community Hospital	1100 Las Tablas Road Templeton,			(805) 434-1727 (805) 434-4553	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<b>8. MEDICAL EMERGENCY PROCEDURES</b>								
<b>In the event of a medical emergency provide the following information to the Communications Unit/Los Padres Communication Center.</b> <ol style="list-style-type: none"> <li>Declare the nature of the emergency. <ol style="list-style-type: none"> <li>Medical injury/illness?</li> <li>Is injury/illness life threatening?</li> </ol> </li> <li>If life threatening, then request that the designated frequency be cleared for emergency traffic.</li> <li>Identify the on-scene Point of Contact (POC) by resource and last name (i.e POC is TFLD Smith).</li> <li>Identify nature of incident, number injured, patient assessment(s) and location (geographic and GPS coordinates).</li> <li>Identify on-scene medical personnel by position and name (i.e EMT Jones).</li> <li>Identify preferred method of patient transport.</li> <li>Request any additional resources and/or equipment needed</li> <li>Document all information received and transmitted on the radio or phone.</li> <li>Identify any changes in the on-scene Point of Contact or medical personnel as they occur.</li> </ol>					<b><u>INJURY REPORTING PROCEDURES</u></b> NATURE OF INJURY _____ LOCATION OF PATIENT _____ TRANSPORTATION REQUEST BY: AIR _____ GROUND _____ 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 _____			
<b>ICS 206</b>	<b>9. PREPARED BY (MEDICAL UNIT LEADER)</b>			<b>10. REVIEWED BY (SAFETY OFFICER)</b>				

<b>MEDICAL PLAN</b>	<b>1. INCIDENT NAME</b>	<b>2. DATE PREPARED</b>	<b>3. TIME PREPARED</b>	<b>6. OPERATIONAL PERIOD DATE / TIME</b>
	<b>Santa Barbara Ranger District</b>	<b>2012</b>		

5. INCIDENT MEDICAL AID STATIONS				
MEDICAL AID STATIONS		LOCATION		PARAMEDICS
				<b>YES</b> <b>NO</b>
				<input type="checkbox"/> <input type="checkbox"/>

6. TRANSPORTATION					
A. AMBULANCE SERVICES					
NAME		ADDRESS		PHONE	PARAMEDICS
					<b>YES</b> <b>NO</b>
<b>A.M.R Paramedic Ambulance</b>		<b>Buellton</b>		Error! Not a valid bookmark self-reference.	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>Cal Star Helicopter/No Hoist</b>		<b>Santa Maria Airport</b>		Error! Not a valid bookmark self-reference. CDF(831)769-8899	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>SBC H-309 Hoist Capable Night vision/ ALS on call after 1700</b>		<b>Santa Ynez Airport</b>		<b>(805) 692-5723</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
					<input checked="" type="checkbox"/> <input type="checkbox"/>

B. INCIDENT AMBULANCES				
NAME		LOCATION		PARAMEDICS
				<b>YES</b> <b>NO</b>
				<input type="checkbox"/> <input type="checkbox"/>

7. HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GROUND		YES	NO	YES	NO
<b>Santa Barbara Cottage Hospital (Level II Trauma)</b>	<b>Pueblo @ Bath, in Santa Barbara</b>			<b>(805) 682-7111</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Goleta Valley Cottage</b>	<b>351 S. Patterson Ave. Goleta</b>			<b>(805) 967-3411</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Marian Medical Center</b>	<b>1400 E Church. Santa Maria</b>			<b>(805) 739-3200</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Santa Ynez Valley</b>	<b>700 Alamo Pintado, Solvang</b>			<b>(805) 686-3989</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>San Joaquin Community Hospital BURN CENTER</b>	<b>2615 Chester Ave. Bakersfield, CA 93301 N35 22.994 x W119 01.253</b>			<b>(661) 395-3000</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. MEDICAL EMERGENCY PROCEDURES		INJURY REPORTING PROCEDURES	
<p><b>In the event of a medical emergency provide the following information to the Communications Unit/Los Padres Communication Center.</b></p> <ol style="list-style-type: none"> <li>Declare the nature of the emergency. <ol style="list-style-type: none"> <li>Medical injury/illness?</li> <li>Is injury/illness life threatening?</li> </ol> </li> <li>If life threatening, then request that the designated frequency be cleared for emergency traffic.</li> <li>Identify the on-scene Point of Contact (POC) by resource and last name (i.e POC is TFLD Smith).</li> <li>Identify nature of incident, number injured, patient assessment(s) and location (geographic and GPS coordinates).</li> <li>Identify on-scene medical personnel by position and name (i.e EMT Jones).</li> <li>Identify preferred method of patient transport.</li> <li>Request any additional resources and/or equipment needed</li> <li>Document all information received and transmitted on the radio or phone.</li> <li>Identify any changes in the on-scene Point of Contact or medical personnel as they occur.</li> </ol>		<p>NATURE OF INJURY _____</p> <p>LOCATION OF PATIENT _____</p> <p>TRANSPORTATION REQUEST BY: AIR ___ GROUND ___</p> <p>POINT OF PICK UP _____</p> <p>LAT _____ LONG _____</p> <p>PATIENT UNIT ID _____</p> <p>IS EMT WITH PATIENT: YES _____ NO _____</p> <p>AGE: _____</p> <p>SEX: MALE _____ FEMALE _____</p> <p>History: _____</p> <p>Medication: _____</p> <p>Allergies: _____</p> <p>Vitals and other information _____</p>	

<b>ICS 206</b>	<b>9. PREPARED BY (MEDICAL UNIT LEADER)</b>	<b>10. REVIEWED BY (SAFETY OFFICER)</b>
----------------	---------------------------------------------	-----------------------------------------

<b>MEDICAL PLAN</b>	<b>1. INCIDENT NAME</b>	<b>2. DATE PREPARED</b>	<b>3. TIME PREPARED</b>	<b>7. OPERATIONAL PERIOD DATE / TIME</b>							
	<b>Mount Pinos Ranger District</b>	<b>2012</b>									
<b>5. INCIDENT MEDICAL AID STATIONS</b>											
<b>MEDICAL AID STATIONS</b>				<b>LOCATION</b>				<b>PARAMEDICS</b>			
								<b>YES</b>	<b>NO</b>		
									<input type="checkbox"/>		
<b>6. TRANSPORTATION</b>											
<b>A. AIR AMBULANCE SERVICES</b>											
<b>NAME</b>			<b>ADDRESS</b>			<b>PHONE</b>		<b>PARAMEDICS</b>			
						<b>Kern Co. Fire</b>		<b>YES</b>	<b>NO</b>		
<b>Mercy Air 14</b>			<b>Mojave</b>			<b>661-861-2521</b>		<input checked="" type="checkbox"/>			
<b>Hall Air Ambulance</b>			<b>Bakersfield</b>			<b>661-861-2521</b>		<input checked="" type="checkbox"/>			
<b>H408 Kern County Fire Bell 212HP Hoist &amp; Night Capabilities</b>			<b>Woodford/Tehachapi Kern Co. Station 11</b>			<b>661-861-2521</b>			<input checked="" type="checkbox"/>		
<b>VNC Copter 8 &amp; 9 (Night Vision) off shift @ 1700</b>			<b>Camarillo</b>			<b>(805) 692-5723</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>B. GROUND AMBULANCES</b>											
<b>NAME</b>				<b>LOCATION</b>				<b>PARAMEDICS</b>			
								<b>YES</b>	<b>NO</b>		
<b>Care Ambulance</b>				<b>Kern County-Call 911</b>				<input checked="" type="checkbox"/>			
<b>7. HOSPITALS</b>											
<b>NAME</b>		<b>ADDRESS</b>		<b>TRAVEL TIME</b>		<b>PHONE</b>		<b>HELIPAD</b>		<b>BURN CENTER</b>	
				<b>AIR</b> <b>GROUND</b>				<b>YES</b> <b>NO</b>		<b>YES</b> <b>NO</b>	
<b>Kern Medical Center Level 2 Trauma Ctr.</b>		<b>1700 Mount Vernon Avenue Bakersfield, CA 93306</b>				<b>661-326-2667</b>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<b>Community Regional Medical Center Level 1 Trauma Center.</b>		<b>2823 Fresno Street Fresno, CA 93721</b>				<b>559-459-2667</b>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<b>San Joaquin Community Hospital BURN CENTER</b>		<b>2615 Chester Ave. Bakersfield, CA 93301 N35 22.994 x W119 01.253</b>				<b>(661) 395-3000</b>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<b>Henry Mayo Newhall Memorial Hospital Level 2 Trauma Center.</b>		<b>23845 McBean Parkway Valencia, CA 91355</b>				<b>(661) 253-8000</b>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>Ventura County Medical Center</b>		<b>3191 Loma Vista Ventura</b>				<b>(805) 652-6000</b>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<b>8. MEDICAL EMERGENCY PROCEDURES</b>											
<b>In the event of a medical emergency provide the following information to the Communications Unit/Los Padres Communication Center.</b>						<b><u>INJURY REPORTING PROCEDURES</u></b>					
<ol style="list-style-type: none"> <li>Declare the nature of the emergency. <ol style="list-style-type: none"> <li>Medical injury/illness?</li> <li>Is injury/illness life threatening?</li> </ol> </li> <li>If life threatening, then request that the designated frequency be cleared for emergency traffic.</li> <li>Identify the on-scene Point of Contact (POC) by resource and last name (i.e POC is TFLD Smith).</li> <li>Identify nature of incident, number injured, patient assessment(s) and location (geographic and GPS coordinates).</li> <li>Identify on-scene medical personnel by position and name (i.e EMT Jones).</li> <li>Identify preferred method of patient transport.</li> <li>Request any additional resources and/or equipment needed</li> <li>Document all information received and transmitted on the radio or phone.</li> <li>Identify any changes in the on-scene Point of Contact or medical personnel as they occur.</li> </ol>						NATURE OF INJURY _____ LOCATION OF PATIENT _____ TRANSPORTATION REQUEST BY: AIR _____ GROUND _____ 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 _____					
<b>ICS 206</b>		<b>9. PREPARED BY (MEDICAL UNIT LEADER)</b>				<b>10. REVIEWED BY (SAFETY OFFICER)</b>					

<b>MEDICAL PLAN</b>	1. INCIDENT NAME		2. DATE PREPARED	3. TIME PREPARED	8. OPERATIONAL PERIOD DATE / TIME			
	<b>Ojai Ranger District</b>		2012					
5. INCIDENT MEDICAL AID STATIONS								
MEDICAL AID STATIONS			LOCATION				PARAMEDICS	
							YES	NO
							<input type="checkbox"/>	<input type="checkbox"/>
6. TRANSPORTATION								
A. AMBULANCE SERVICES								
NAME			ADDRESS		PHONE	PARAMEDICS		
						YES	NO	
VNC Copter 8 & 9 (Night Vision) off shift @ 1700			Camarillo		(805) 692-5723	<input checked="" type="checkbox"/>		
Cal Star Helicopter/No Hoist			Santa Maria		(805) 692-5723 CDF (831)769-8899	<input checked="" type="checkbox"/>		
A.M.R Paramedic Ambulance			Fillmore/Piru/Santa Paula/Moorepark		(805) 517-2028	<input checked="" type="checkbox"/>		
Lifeline Medical Transport			Ojai/Upper Ojai/Hwy33/West Ventura County		(805) 653-5578	<input checked="" type="checkbox"/>		
B. INCIDENT AMBULANCES								
NAME			LOCATION				PARAMEDICS	
							YES	NO
7. HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GROUND		YES	NO	YES	NO
Ventura County Medical Center	3191 Loma Vista Ventura,			(805) 652-6000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ojai Valley Community Hospital	1306 Maricopa Hwy. Ojai, CA			(805) 646-1401	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Santa Paula Memorial Hospital	825 No. Tenth Street Santa Paula, CA			(805) 525-7171	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
San Joaquin Community Hospital BURN CENTER	2615 Chester Ave. Bakersfield, CA 93301 N35 22.994 x W119 01.253			(661) 395-3000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. MEDICAL EMERGENCY PROCEDURES								
<p><b>In the event of a medical emergency provide the following information to the Communications Unit/Los Padres Communication Center.</b></p> <ol style="list-style-type: none"> <li>Declare the nature of the emergency. <ol style="list-style-type: none"> <li>Medical injury/illness?</li> <li>Is injury/illness life threatening?</li> </ol> </li> <li>If life threatening, then request that the designated frequency be cleared for emergency traffic.</li> <li>Identify the on-scene Point of Contact (POC) by resource and last name (i.e POC is TFLD Smith).</li> <li>Identify nature of incident, number injured, patient assessment(s) and location (geographic and GPS coordinates).</li> <li>Identify on-scene medical personnel by position and name (i.e EMT Jones).</li> <li>Identify preferred method of patient transport.</li> <li>Request any additional resources and/or equipment needed</li> <li>Document all information received and transmitted on the radio or phone.</li> <li>Identify any changes in the on-scene Point of Contact or medical personnel as they occur.</li> </ol>					<p><b><u>INJURY REPORTING PROCEDURES</u></b></p> <p>NATURE OF INJURY _____</p> <p>LOCATION OF PATIENT _____</p> <p>TRANSPORTATION REQUEST BY: AIR _____ GROUND _____</p> <p>POINT OF PICK UP _____</p> <p>LAT _____ LONG _____</p> <p>PATIENT UNIT ID _____</p> <p>IS EMT WITH PATIENT: YES _____ NO _____</p> <p>AGE: _____</p> <p>SEX: MALE _____ FEMALE _____</p> <p>History: _____</p> <p>Medication: _____</p> <p>Allergies: _____</p> <p>Vitals and other information _____</p>			
ICS 206		9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)			

## **LPF Incident within an Incident (IWI)**

The primary goal of this plan is to provide incident personnel guidelines necessary to *Locate, Triage, Extricate, Treat and Transport* all accident patients in as quick and safe a manner as possible. The secondary purpose of this plan is to provide guidelines to any incident that may occur within the incident, such as a haz-mat situation or vehicle accident.

All serious injuries are dynamic and parts of this checklist may not be needed for use by the IMT's neither is it to be considered all inclusive, the Command and General Staff are expected to perform their respective duties as assigned.

The Incident Commander may delegate the management of the IWI to others, but the Operations Section will initially oversee the emergency and activation of this plan. Radio communication will be on the command frequency and will take priority over other radio traffic as outlined in the Team Communications Unit protocol. In the event of a medical emergency the Team Medical Plan guidelines will be used. In the event of injured or deceased individuals names and crew designators should not be given over the radio. Deceased individuals and their equipment are not to be moved, except to accomplish rescue work or to protect the health and safety of others. If there is potential for a serious accident investigation, consider leaving the site as undisturbed as possible. Portions of this plan are applicable to any incident that may occur.

### **POSITION CHECKLIST**

#### **INCIDENT COMMANDER**

- Ensures this Plan is implemented
- Notifies Agency Administrator and Geographic Coordination Center
- Provides briefing to Command and General Staff and at ICP for Incident Personnel as appropriate.
- Establishes management action point for ordering a separate organization to handle Incident within Incident
- Assigns appropriate organization based on complexity or severity of incident.
- Assigns HRSP to coordinate Critical Incident Stress Debriefing for affected personnel

#### **SAFETY OFFICER**

- Evaluates safety issues at the accident site and works with Division/Group Supervisor in charge to mitigate them.
- Initiates the investigation of the emergency and requests the appropriate investigation resources/teams.
- Secures witnesses names and initial statements, and all evidence relating to the accident.
- Coordinates investigation with the team Security Manager and Comp/claims unit.
- Obtains sketches and photos of emergency scene.
- Coordinates with and supports the Division/Group Supervisor in charge at the scene.
- Verifies Agency reporting requirements have been followed.

#### **LIAISON**

- Ensures coordination with investigating entities
- Assists other positions as needed
- Coordinates with cooperators and key stakeholders
- Assists the Patient Advocate (if activated) as needed
- Coordinates with Logistics, Security Manager and local agencies

#### **INFORMATION OFFICER**

- Collects pertinent emergency information.
- Coordinates information release with Incident Commander and Agency Public Affairs Officer.
- Assigns Information Officers to field media inquiries at accident scene, medi-evac site and hospital.
- Coordinates with Liaison and Safety Officers regarding roadblocks, evacuations and emergency medical information needs.
- Releases no personal information until approved by Incident Commander.
- Restricts media from entering the scene until all Operations and Investigation activities are cleared.
- Coordinates with the IC how information will be released
- Makes notification to the Wildland Firefighter Foundation when/if appropriate, coordinate this action with the IC.



### **OPERATIONS SECTION CHIEF**

- The ICP Communications will be the single communications point, unless otherwise directed.
- Implements the IWI, providing coordination between the on scene Operational Supervisor and other IMT sections and units.
- Ensures appropriate incident organization to possibly include "Triage, Extrication, Treatment and Transportation Units, Medical Group, etc.
- Coordinates and supports the Safety Officer's investigation and law enforcement agencies involved.
- Coordinates with the Logistics Section for on scene support and location of receiving hospitals for patients.
- Conducts size-up of the situation
- Identifies nature of the incident (auto/aircraft accident, burn over, etc.) and number of crews, vehicles, or aircraft involved.
- Identifies number of people involved and their medical condition (Triage).
- Identifies location and (Lat/Long coordinates) of site.
- Identifies medical treatment and transportation needs.
- Identifies special needs, i.e. law enforcement, heavy rescue, and hazardous material response.
- Coordinates and oversees line EMT& Paramedic response to the accident site (utilize closest EMT's from crews and engine companies).
- Provides for immediate extrication and medical triage, treatment and transportation.
- Coordinates with Air Tactical Group Supervisor for Air-Medical transportation needs.
- Implements the helicopter base emergency protocols as needed.
- Coordinates with Logistics Section for ground ambulance transport, medical supplies, and other medical needs.
- Ensures air/ground ambulances coordinate patient transportation locations with the Medical Group Supervisor.
- Secures the incident scene of unnecessary personnel.

### **DIVISION SUPERVISOR**

- Responds to scene and takes control of the incident within the incident until relieved by a higher authority.
- Notifies Communications, gives location, type of event, number of injured people, severity, and the resources required for care and evacuation.
- When available, directs line EMT's to respond and assist with care and planning of the evacuation.
- 

### **PLANNING SECTION CHIEF**

- Completes the Wildland entrapment/fatality initial report (NFES 0869) as needed.
- Is prepared to brief other Command and General Staff on the incident.
- Develops a plan to coordinate a Family Liaison with supporting agencies, (Home Unit, Red Cross, 100 Club, Chaplin)

### **LOGISTICS SECTION CHIEF**

- Orders resources for the emergency
- Monitors support functions and assesses additional needs.
- Provides ground transportation as needed.
- Coordinates removal of damaged vehicles.
- Establishes emergency radio communications.
- Assists Medical Unit Leader with communications with the hospital and ambulance service.
- Coordinates security with Team Liaison and Operations Section Chief as necessary.
- Locates and secure personal effects of injured personnel.
- Notifies local Forest Law Enforcement for scene security

### **MEDICAL UNIT LEADER**

- Coordinates proper medical response with Operations.
- Coordinates with the Communications Unit to ensure proper Medical Unit procedures are followed
- Oversees the implementation of the Incident within Incident patient evacuation.
- Provides on scene EMT's or Paramedics when practicable.
- Provides Hospital Liaison/Patient Advocate as directed by the IC.
- Ensures patient needs are met (discharge clothing, RX etc.) and transportation at discharge is provided.

### **FINANCE SECTION CHIEF**

- Coordinates with Agency Administrative Officer and Incident Business Advisor
- Coordinates Compensation/Claims Unit response.

## FIELD MEDICAL EVACUATION

### Los Padres National Forest

<b>Project Name:</b>		<b>Forest:</b>		<b>District:</b>	
<b>Date:</b>		<b>Incident Number:</b>		<b>Plan Prepared By:</b>	
Qualified First Responders or the most senior qualified medical provider will provide patient assessment and first aid. Evacuation of serious injuries will be coordinated with the LP Communication Center.					
<b>Contact</b>					
<b>Contact:</b>			<b>Phone Number:</b>		
<b>Frequency</b>	<b>Rx:</b>	<b>Tx:</b>	<b>Tone:</b>		
<b>Alternate Contact:</b>			<b>Phone Number:</b>		
<b>Injury Information</b>					
<b>Nature of Injury:</b> Avoid using names					
<b>Number to Transport:</b>			<b>Estimated Weights:</b>		
<b>Project Location</b>					
<b>Legal:</b>		<b>Latitude:</b>		<b>Longitude:</b>	
<b>Narrative:</b> including major landmarks or cross roads					
<b>Hazards:</b> To ground or aviation resources		<b>Weather Conditions:</b> Wind speed and direction, visibility, temperature			
<b>Closest Helispot Location</b>					
<b>Legal:</b>		<b>Latitude:</b>		<b>Longitude:</b>	
<b>Narrative:</b> including major landmarks or cross roads					
<b>Medical Facility</b>					
<b>Nearest Facility:</b>			<b>Phone Number:</b>		
<b>Travel Time:</b>			<b>Address:</b>		
<b>Directions:</b>					
<b>24-Hour Facility:</b>			<b>Phone Number:</b>		
<b>Travel Time:</b>			<b>Address:</b>		
<b>Directions:</b>					

# Safety Tailgate Checklist for Field Medical Evacuation

## *Incident/Project Briefing Checklist*

- Project Name: \_\_\_\_\_
- Evacuation Plan in hand (who has it, where will it be) \_\_\_\_\_
- JHAs signed and talked about for task
- Location Name (geographical, Forest Road): \_\_\_\_\_
- Latitude and Longitude of work location: \_\_\_\_\_
- Radio frequencies: \_\_\_\_\_ Repeater Tones: \_\_\_\_\_
- If assigned to an emergency incident, do you have a copy of the 206 Medical Plan
- Identify who has medical first aid training (1<sup>st</sup> Aid/1<sup>st</sup> Responder/EMT?): \_\_\_\_\_
- Identify Heli Spot locations/obtain lat and lons: \_\_\_\_\_
- Identify where the first aid supplies are, what we have on site: \_\_\_\_\_
- Established communication with Los Padres Communication Center

## *If we have an Injury Checklist*

- Activate and refer to the Field Medical Evacuation Plan
- Identify everyone's role if an emergency should occur: \_\_\_\_\_
- Determine emergency (trauma or medical): \_\_\_\_\_
- Contact LPCC (provide LPCC with info from the Evac Plan)
- Do you need additional resources: Yes  No  Who/type: \_\_\_\_\_
- No names over the radio
- Stabilize the patient
- Start patient assessment
- Start patient care
- Determine evac means based on severity, location, environmental conditions:  Ground  Air
- Do you have an alternate plan, contingency plan, emergency plan? (Consider PACE model) Y  N 
  - 1. Were they shared with all?:
  - 2. Do we have the resources to implement:
- Transfer care/transport
- Keep LPCC updated

## **Notes:**

## LPF Patient Advocate Program

The objectives of the patient advocate program are to first, provide a Forest Service employee to aid and comfort accident victims and their families at local hospitals and emergency rooms. The plan provides a contact for the patient to ensure that all required documents for treatment and payment are complete. The Advocate shall maintain the patient's privacy under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law is a comprehensive Federal protection for the privacy of personal health information. Under its Privacy Rule, it assures individuals' health information is properly protected. Lastly, this advocate should be knowledgeable in Agency medical care requirements, procedures and present themselves in a professional manner. To assist the Patient Advocate in gathering information, the "Injured Employee Information Sheet" is included with the plan.

**Contact Method:** The primary contact is the Los Padres Communication Center at (805) 961-5727. A dispatcher will contact a patient advocate from the following list and notify them of the emergency.

<b>SO</b>	Employee's Supervisor, Chief One, Chief Two & Forest Safety Officer
<b>MRD</b>	Employee's Supervisor, Chief Officer & District Ranger
<b>SLRD</b>	Employee's Supervisor, Chief Officer & District Ranger
<b>SBRD</b>	Employee's Supervisor, Chief Officer & District Ranger
<b>ORD</b>	Employee's Supervisor, Chief Officer & District Ranger
<b>MPRD</b>	Employee's Supervisor, Chief Officer & District Ranger

### **Contractor or Other Agency Employees**

Contractor and other agency personnel are not covered under the Forest Service OWCP program so information below about ASC – HCM does not apply. Employee's representative, supervisor or employer should have insurance or agency OWCP information. We can assist with phone calls to connect the supervisor or employer.

### **Forest Service Employees**

Forest Service employees (including USFS AD hires) are covered under the Forest Service OWCP program. The ASC – HCM contacts below are used to initiate the Authorization for Treatment (CA-16) process. The ASC – HCM will contact the hospital and fax the authorization to the hospital. Be prepared to provide the information for Part A of the CA-16 **and** the hospital name, phone and fax numbers.

### **ASC – Human Capital Management – Worker's Comp**

#### **Responsibilities Related to Emergency Activities:**

The ASC-HCM Call Center will receive calls for CA-16 authorizations. They will also receive calls for advice and assistance from injured workers, supervisors and managers.

#### **ASC – HCM Contact Information:**

Phone: 877-372-7248, then option 2 for Human Services, option 5 Workers Comp.  
FAX: 866-339-8583

#### **ASC – HCM Mailing Information:**

Supervisors are to send completed and signed CA-1 or CA-2 to the ASC – HCM Worker's Comp Section. The form can be faxed to the number above or overnighted via FedEx to the address below. If a fax is sent, the original must be mailed via regular mail to the address below.

USDA Forest Service  
Albuquerque Service Center  
Human Resource Management  
4000 Masthead Street, NE – MS 326  
Albuquerque, NM 87109

### **Injury Reporting (CA-1):**

All injured Forest Service employees will require completion of a CA-1. The SHIPS program will issue a CA-1 (or CA-2 for illnesses) or a hard copy can be used, if necessary. During a type 1 or 2 incident paperwork for employee injuries is being handled at the incident and ASC is contacted to authorize the treatment through a CA-16. See the requirements for completed CA-1 forms above.

If there are no representatives from BLM, Park Service or any of the other Federal Agencies, then the LPF can issue CA-16's for them. Be careful to put the correct agency information in block 13. CA-16's for employees from other agencies.

The Forest Service can't process CA-1's for other agencies.

Most of the paperwork should be initiated at camp, though it is always best to check with the Agency Representative if one accompanies the employee, or check with the medical unit at camp. Contract or State employees should have their own medical info.

**NOTE:** CA-1's are forms to document Traumatic Injury to federal employees. A CA-16 can authorize treatment for Traumatic Injuries (CA-1). CA-2's are used to provide notice of an Occupational Disease and Claim. CA-16's cannot be used in conjunction with a CA-2. ASC – HCM can answer any questions you may have on the topic.

### **CA-16 Authorization:**

When calling to request a CA-16 authorization for a Forest Service employee, be prepared for the questions that will need to be answered. CA-16 authorizations will require at least the following information:

- Name, Address and FAX number of Medical Facility Authorized to Provide Medical Service
- Employee's Name
- Date of Injury
- Employee Occupation
- Description of Injury or Illness
- Name and Address of Employee's Place of Employment

### **CA-17 Duty Status Report:**

The CA-17 is used for the treating physician to advise, if the injured employee can return to full duty, to restricted duty, or if there will be time away from work as a result of the injury. The form is also a way to advise the physician what normal duties apply for each position. Ask injured firefighters which return level applies and provide the appropriate form.

If the form is not completed by the physician at the time of treatment and before release, it can create hurdles to getting the employee back to work. Once Side-A of the form is completed the employee can request that the physician complete Side-B.

### **Hotel Rooms:**

Los Padres Communication Center can assist with locating and booking rooms for employees released from the hospital and needing a room before returning to the incident or unit. If a buying team or expanded dispatch is available, use them first.

Hotel rooms are not provided to family members of injured USFS employees or contract workers. If family members from out of the area need hotel rooms, ask the hospital if they have something available or list of hotels that may offer discounts.

### **Various Family Support Needs:**

Wildland Firefighters Foundation 1-877-336-2950

### **Clothing:**

If clothing is needed for employee being released from the hospital, contact the incident supply unit for nomex pants/shirts. Other items (under garments, flip-flops) can be purchased from local stores using Government credit card for USFS employees or purchase made through buying team.


### **Prescriptions:**

If injured employees need prescriptions filled and they don't have a Government credit card and are assigned to an incident, call the Medical Unit to pay with APMC or a Government card.



**CHAPTER 6 - REQUIRED NOTIFICATIONS**

<b>DISPATCHERS WILL MAKE NOTIFICATIONS PER THE FOLLOWING:</b>	
<b>*</b>	= Dispatcher will email w/the attached initial R5 Notification form.
<b>**</b>	= ECC Manager or Assistant performs notifications. (This could be designated to a dispatcher to perform).
<b>x</b>	= Dispatcher will perform notifications by either telephone, cellular phone, pager, or e-mail.
District Duty Officers are required to make appropriate notifications to District personnel.	

 Los Padres Forest	General Radio Announcement to "All Units/Stations"	ECC/Asst. ECC Managers	District Ranger	Forest and Deputy Supervisor	Chief	Deputy Chief	Forest Safety Officer	Forest Aviation Officer	District Duty Officer or Acting	LE Patrol Captain or Acting	PAO or Acting	Forest Fleet Manager or Acting	Telecom or Acting	Forest Haz-Mat Coordinator	LPF Union President or Vice President	Regional Safety Officer	Regional Claims Officer	Local Cooperating Agency
BOLO (Be on the Lookout) – Other Law Enforcement Agency Request	x			x						x								
LEO Weapon Discharged or Being Fired Upon		x		**			x			x	x							x
Unusual LE Activity		x		**						x								
Search and Rescue Activation				**					x	x	x							x
Incident Within LPF DPA		x		x	x	x		x	x		x			x				x
Missing or Overdue Aircraft On LPF Mission		x		x		x		x			x					x		
Aviation Base Security Plan Violation		x		x	x	x		x	x	x	x							
Heavy Mobilization Expected		x			**	**			x									
LPF Resources Approaching Draw Down Levels		x			**	**			x									x
Hazmat Spill		x	x	x	x	x	x		x		x			x				
Extended LPCC Staffing		x																

# Field Procedures Guide

## CHAPTER 1 - DAILY OPERATIONS

Los Padres National Forest dispatch will be referred to as “Los Padres Communication Center” or “LPCC”.

### 1.1 LPCC HOURS OF OPERATION

LPCC hours of operation will be 0730 to 1800 outside of high fire season and 0730 – 1900 within declared fire season to accommodate the seasonal contract aircraft and the potential of flight following. Hours of operation are subject to change due to emergencies and unscheduled overruns. Thanksgiving and Christmas are the two days LPCC is scheduled to be closed. This can be waived if we are still in fire season or experience an emergency. A Dispatcher will be assigned on-call duty.

24-hour emergency service will be provided. During the hours the office is closed, a dispatcher will be assigned night call duty. ***Emergency*** contact can be made by calling the 24-hour number **(805) 961-5727**.

For OSHA safety reasons, LPCC will be in service whenever there are units on duty in the field. The exception is when units are traveling home on main traveled routes such as Highways 101, 154, 166, 33, 5, and 1, or; when it has been coordinated between LPCC and a district contact to monitor the resource and contact the on call dispatcher when the resource arrives at their destination. (This will be a case by case basis.)

LPCC will make contact with the unit prior to closing to confirm no further service is needed. The unit will be requested to contact the night dispatcher once they have reached their destination. The night dispatcher can be contacted by dialing the emergency line. If the person fails to contact LPCC at the designated time, then attempts will be made by the night dispatcher to locate the individual via landline with their respective duty location, residence, or supervisor and then the duty officer. If no contact is made, LPCC will initiate an incident, contact CHP or Sheriff's Office and, send personnel to the route the person was traveling.

Employees remaining overnight in wilderness and backcountry locations will follow established procedures per Appendix G. Two check-ins per day are required. These check-ins will normally equate to in-service and out-of-service status with present and/or destination locations.

Functional activities directly affect LPCC staffing schedules. To remain in compliance with Management/Labor Agreement regarding schedule of work, functions should propose changes to work schedules two weeks before the projects commence.



**OVERNIGHT CHECK-IN**  
**LOS PADRES COMMUNICATIONS CENTER**  
Appendix G (Field Procedures Guide)

**General Operating Hours: 0730 – 1800**  
**Fire Season: 0730 – 1900**

**PH: 805-961-5727**  
**FAX: 805-961-5797**

[FAX this form to LPCC prior to your overnight trip.]

District Employed:			
Method of Check-In: (I.e: radio, cellular phone, satellite phone - provide phone number.) (Unit must be able to check-in at designated times – NO EXCEPTIONS, Reference Health & Safety Code Handbook Section 3-2.)			
Radio Call Sign/Identifier:			
Project Leader Name:			
Number In Group:			
Supervisor/Project Manager Name: (Mandatory Entry)			Office Phone:
			Home Phone:
Date In:	Time:	Date Out:	Time:
Entry Location:			
Exit Location:			
Does your project require work prior to or later than normal operating hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, advise Dispatch if unable to utilize the phone for check-in or check-out so arrangements can be made to receive your radio call. If using a phone, call the LPCC On-Call Dispatcher at 805-961-5727.			
<b>REMARKS:</b> (Indicate check-in times for after hours.)			

\*Check-in is **required** twice a day between 0730-0830 and between 1600 to one hour prior to LPCC going out-of-service. If a unit fails to check-in at required or designated times, the LPCC On-Call Dispatcher will be notified

[This portion of form for LPCC use.]

DAY	AM (Time)	PM (Time)	DISPATCHER	LOCATION OF UNIT
Sunday			/	/
Monday			/	/
Tuesday			/	/
Wednesday			/	/
Thursday			/	/
Friday			/	/
Saturday			/	/

Closed Out By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

(This form is to be kept in the "Next Day Slot" for unit daily check-in.) Revised: 04/17/2007