



MEDICAL PLAN



1. INCIDENT NAME
-ANZANITA

2. DATE PREPARED
7/09/2018

3. TIME PREPARED
1800

4. OPERATIONAL PERIOD
7/09/18-7/10/18
0700-0700

5. INCIDENT MEDICAL AID STATIONS

MEDICAL AID STATIONS	LOCATION	PARAMEDICS	
		YES	NO
Medical Unit	ICP	XX	

6. TRANSPORTATION

A. Air Ambulances

NAME	ADDRESS	PHONE	PARAMEDICS	
			YES	NO
REACH 6	4615 Highland Springs Rd Lakeport	St Helena Dispatch	XX	
Guard - 821	24 Hour Hoist Mather AFB Sacramento	St Helena Dispatch	XX	
CAL FIRE Copter 104	Day Hoist Only Pawnee HB	St Helena Dispatch		XX
CHP Copter	Hoist Capable Napa	St Helena Dispatch	XX	

B. Ground Ambulances

AMR 370	CAL FIRE Brooks Station	Yolo Comms 530-666-1931	XX	
AMR 371	DP 60	Yolo Comms 530-666-1931	XX	

7. HOSPITALS

NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
Woodland Memorial	1325 Cottonwood St Woodland, CA		30-35 Mins	530-662-3961		XX		XX
Kaiser Vacaville Trauma Center	1 Quality Dr Vacaville, CA N.38.3887 / W.121.9405	15-20 Mins	35-40 Mins	530-756-6440	XX			XX
Sutter Medical Center	2825 Capital Ave Sacramento N.38.5717 / W.121.4965	20-25 Mins	55-60 Mins	916-454-2222	XX			XX
UC Davis Medical Center Burn Center/Trauma Center	2315 Stockton Blvd Sacramento N.38.5547 / W.121.4546	25-30 Mins	60-70 Mins	916-734-2011	XX		XX	

8. MEDICAL EMERGENCY PROCEDURES

LINE EMERGENCY: Crew Supervisor to contact Division Supervisor with patient complaint/condition and location.

- Division Supervisor contacts:
 - FEMT / FEMP
 - Communications Unit
- Communication Unit will clear command channel for emergency traffic; as needed for Minor/Major Emergency
- Communications will switch all emergency traffic to CALCORD as needed or requested.
- Communications Unit contacts:
 - Medical Unit
 - Safety
 - Operations
- Division Supervisor will run medical emergency on CALCORD.
- Medical Unit will:
 1. Dispatch air/ground ambulance to as appropriate.
 2. If necessary, after patient pickup, dispatch ambulance to helibase for transportation.
 3. Notify receiving hospital of injury status.

CAMP EMERGENCY: Contact Medical Unit with patient complaint/condition and location. Medical Staff will respond to stabilize incident.

INJURY REPORTING PROCEDURES

NATURE OF INJURY _____

LOCATION OF PATIENT _____

TRANSPORTATION REQUESTED BY: AIR ___ GROUND ___

POINT OF PICKUP _____

LAT _____ LONG _____

PATIENT UNIT ID _____

REMINDER: DO NOT GIVE PT NAME OVER RADIO
IS AN EMT WITH PATIENT: YES ___ NO ___

AGE _____

SEX: MALE ___ FEMALE ___

ALL EMERGENCIES---Secure the area and identify witnesses for later investigation. Keep an accurate log of events.

Medical Unit (951) 264-9340

ICS 206 8-78

9. PREPARED BY (MEDICAL UNIT LEADER)
Kris Yeary MEDL

10. REVIEWED BY (SAFETY OFFICER)
David Sargenti SOF1