

Emergency Medical Response Plan

Payette National Forest

2013



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Introduction

What is our authority to implement this plan?

Refer to Intermountain Region, FSM 6700 Safety and Health Program, Chapter 6720 Occupational Health Program, 6725 Emergency Medical Response.

What is this Plan?

The purpose of this plan is to provide a standard to the Payette National Forest for preplanning and response to medical emergencies.

The Payette National Forest will annually review and update this plan with their local information. Protocols specific to the local unit (for example ordering procedures, checklists, and protocols for special use patient transport or extraction) and locally developed job aides can be added to the plan as appendices.

Each Forest employee must have an established, reliable point of contact who will know the general location of the employee when they are working in the field. This point of contact shall have authority, training and capability to implement this emergency medical response plan if needed. This point of contact may be a dispatch office or the employee's supervisor, District Ranger, Staff Officer, etc. The point of contact must be continuously available and aware of the status of the employee when in work status.

Emergency Medical Response Plans should be kept at dispatch, in trauma kits, first aid kits, front offices, vehicles, and with each group or individual that goes into the field.

Supervisors need to provide training and conduct training scenarios or exercises that will educate employees on the use and value of this plan. Annual readiness reviews for fire resources and other seasonal orientations are excellent times to review and practice plan implementation and inventory medical supplies.

I. Forest Wide Pre-planning for Medical Emergency Response

The intent of this plan is to provide Payette Employees a systematic approach in decision making for the best method of medical evacuation on the Payette National Forest. Employees should be exposed to this plan during safety meetings, briefings, orientations or other means of training.

A. Guidance for calling emergency services

Each employee will be tracked by someone while working in the field. Each unit has a written Check In/ Out policy with standard procedures identified to address employees who do not return at designated times. This EMR Plan is not to be mistaken as a replacement to unit Check In/ Out plans.

Employees needing to call emergency services will contact 911 when possible for all life threatening incidents. This will ensure proper care is contacted in a timely manner. Payette Dispatch will be contacted as soon as possible after proper information has been provided to 911. In cases where 911 is not available, Payette Dispatch will be the first line of contact for medical emergencies. Each supervisor will ensure employees have a positive form of communications before engaging in work activities. An example of this would be that each individual or crew member will have a direct link to someone who could contact emergency aid if necessary.

B. Call protocols by Zone/District/Staff Unit

Each Zone/ District/Staff Unit will follow the procedures identified in the above section. Individuals will notify their direct supervisor as soon as feasible.

C. Forest Contact Numbers

Position	Name	Office	Cell
Forest Supervisor			
Council District Ranger			
Weiser Ranger District			
New Meadows District Ranger			
McCall District Ranger			
Krassel District Ranger			
Dispatch Center			
Forest Safety Officer			

II. Roles and Responsibilities for Emergency Medical Response

A. Project Leader/Incident Commander:

- The Project Leader should complete A and B of Section III (pages 7-8) with as much information as available prior to implementation of each field project.
- Contact 911 or Payette Dispatch Center with patient injury/illness information without releasing patient name.
- Request medical assistance, medical supplies and evacuation/transport equipment.
- Provide pick-up location or landing zone information for patient evacuation.
- Provide any known life hazards (downed power lines, Hazmat, traffic concerns etc) to responders.
- When appropriate, transition command of the incident to the agency with primary responsibility.
- In the event of fatalities, if possible, leave the bodies in place until law enforcement/ investigators arrive.
- Secure the scene and instruct all persons at the incident that their photos and notes (weather observations, times, and so forth) may be needed.
- Prepare a list of names, organizations, and telephone numbers of all persons involved in the incident, and those who may offer witness statements (such as pilots, dispatchers, line officers, and civilian observers).

B. Patient Care Provider:

- The highest level medical care provider on site should be in charge of patient care.
- Provide immediate care to patient within your scope of training and experience.
- Transition patient care to the higher level care provider when they arrive on scene and provide assistance as requested.
- Insure the Project Leader/Incident Commander updated.
- Document your actions in writing.

C. Dispatch Center:

- Complete section C and D of Part III (page 9) and update annually prior to the field season.
- For each medical emergency, start a Wildcad incident and determine which county has jurisdiction. Document all actions and conversations.
- Dispatch appropriate resources to medical incident if necessary and share life hazard information.
- Make all necessary notifications to appropriate County Sheriff's Office for patient evacuation/transport.
- Consider clearing radio channel for emergency traffic only.
- Assign frequency as needed.

- Consider dispatching a landing zone coordinator for air ambulance requests.

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- For Fire and Aviation accidents, injuries or fatalities, notify the Zone Duty Officer and the Forest Duty Officer (See Appendix D).
- For all other incidents, notify the appropriate District/Staff Unit supervisor (Timber, Recreation, REALM, etc) and the Forest Safety Officer (See Appendix D).
- Notify GACC if appropriate, and any other agencies that are involved.
- Obtain patient delivery location/hospital information.

D. Zone Duty Officer/ Forest Duty Officer / Forest Safety Officer

- Notify Forest Supervisor/Agency Administrator (See Appendix D).
- Obtain status updates from Dispatch as the incident progresses.

E. Forest Supervisor/Agency Administrator:

- Assign a person to act as liaison with the hospital. This person should perform this important function full-time through the first critical days. Avoid assigning someone with collateral duties that would interfere with the duties of hospital liaison.
- Assign a person to handle comp/claims paperwork with ASC.
- Assign a local agency person to act as liaison to the investigation team.
- Notify the victim's next of kin. Protect the victims' privacy. They have just suffered mental and/or physical trauma, and they and their families should not be subjected to intense outside scrutiny.
- Consider a Facilitated Learning Analysis or similar process to promote learning to provide for better safety outcomes.
- Reference the Forest Critical Incident Management Plan for guidance.

F. Other Considerations

- Consult with the Forest or Regional Safety Advisor (██████████) on accident investigation responsibilities and options.

III. Project Specific Pre-planning for Medical Emergencies

This section is for use on projects that involve multiple employees working for multiple days in a specific area. The Project Leader should complete sections A and B with as much information as available prior to implementation of each field project. Once completed, the Project Leader should review this section with everyone on the project and ensure that all are aware of the emergency procedures, roles and responsibilities. Sections C and D will be completed and updated annually by dispatch prior to the field season. It is recommended that a copy of the plan be kept with the Project Leader or in a vehicle at the project site. It is also recommended that a copy of this Project Specific Pre-planning aid be left with front desk personnel at offices where work projects are located. Supervisors will notify offices when projects are complete to ensure information is removed.

Project Name: _____

Project Leader: _____ Date/Time Prepared: _____

A. Project Location, Driving Directions, and Helispot Information - To be completed by the Project Leader for each project.

General Project Location: _____

Driving Directions: (From the nearest paved road to the project area or access point)

Legal Description: Township: _____ Range: _____ Section: _____ ¼: _____

Or

Lat. _____ x Long: _____

Potential Helispot: (see Incident Response Pocket Guide pg 57 – 59 for guidance on Helispot selection)

Lat. _____ x Long: _____

The following information will be needed at the time a helicopter is ordered:

Elevation: _____ Temperature: _____ Wind Speed: _____ Direction: _____

Ground Contact: _____

Frequency: _____

Known Aviation Hazards: (i.e. power lines, towers, other aircraft in the area)

- B. Patient Care Providers and Medical Aid Stations** – Identify the medical equipment, supplies, and patient care providers available at the project location before you begin work. Note: Consider the low probability high consequence events related the work being performed and level of care and supplies needed to address the situation.

List Patient Care Providers

Name	Qualification: (EMR, EMT, Paramedic)

Equipment and Supplies

Location

Trauma Kits:	
Basic First Aid Kits:	
AED's:	
Oxygen/Airway Kits:	
Litter/Back Boards:	
Fire Extinguishers:	
Other:	

- C. Ambulance Services** - List each ground ambulance service and air ambulance services within the local area and identify their capabilities for medical care such as advanced life support, hoist and emergency human extraction.

Department	Location	Phone Number	Capabilities
Air Saint Lukes	Boise/McCall	911 or 877-785-8537	ALS, Air Ambulance
St .Al's Lifeflight	Boise	911 or 800-521-2444	ALS, Air Ambulance
Washington County Ambulance	Weiser	911 or 208-414-2121	ALS
Midvale Ambulance	Midvale	911 or 208-253-4227	BLS
Cambridge Ambulance	Cambridge	911 or 208-253-4227	BLS
Council Valley Ambulance	Council	911 or 208-253-4227	BLS
Meadows Valley Ambulance	New Meadows	911 or 208-253-4227	BLS
City Of Riggins Ambulance	Riggins	911 or 208-392-4411	ILS
McCall Fire and Rescue	McCall	911 or 208-382-7150	ALS
Donnelly Ambulance	Donnelly	911 or 208-382-7150	ILS

D. County Sheriff Departments

Department	Location	Phone Number
Washington County	Weiser	208-414-2121
Adams County	Council	208-253-4227
Valley County	Cascade	208-382-7150
Idaho County	Grangeville	208-392-4411

IV. During a Medical Emergency - Provide the following patient information and transportation needs to 911 or Payette Dispatch Center.

Do not say patient names over the radio.

Incident Location (include cross streets if known):

Or

Lat: _____ Long: _____

Number of Injured Parties: _____ Age: _____ Sex: (Male/Female) _____

Chief Complaint and Mechanism of Injury (what hurts and what happened): _____

*Level of Consciousness and Vital Signs: _____

*Treatment Provided and Response to Treatment: _____

Method of Transportation requested: _____

Consider agency ground transport, ground ambulance, agency helicopter transport, air ambulance, hoist helicopter, and emergency helicopter extraction (EHE). Do not assume aircraft is your best choice for transport. Consider location, geography, weather and the nature of the emergency.

Special Equipment/Response Needs: _____

Do you need special extraction, high or low angle rope rescue, search and rescue, law enforcement, tow truck, snow mobile, etc.

Point of contact on the incident and any first aid capabilities personnel on scene (Basic First Aid, EMR, EMTB etc):

Radio frequency, sat phone or cell phone of point of contact:

*See Appendix A of this plan or the Incident Response Pocket Guide, First Aid section, for more detailed information on patient assessment, specific treatment, etc.

Appendix A

IRPG Patient Assessment and Specific Treatments

PATIENT ASSESSMENT		
Patient Information: Weight _____ Age _____ Sex _____ History: Cardiac Seizure Diabetes Hypertension Other Unknown Chief complaint _____		
Airway: Open Closed	Breathing: Normal Difficult/labored breathing Not breathing – start rescue breathing	Pulse Present Absent – start CPR
Level of Consciousness: Alert and Oriented Verbal (responds to voice) Pain (responds to pain stimuli) Unresponsive	Pupils: Equal and reactive to light Fixed Slow Response Unequal Dilated Constricted	Bleeding: None Oozing Running Squirting Location of bleeding: _____
Skin Color: Normal Pale/Ashen Bluish Flushed/red	Skin Moisture: Normal Dry Moist/clammy Profuse Sweating	Skin Temperature: Normal/warm Hot Cool Cold

SPECIFIC TREATMENTS	
Bleeding	Direct pressure, elevate, and pressure point
Shock	Lay patient down, elevate feet, keep warm and replace fluids if conscious
Fractures	Splint joints above and below injury and monitor pulse past injury away from body
Bee Sting (or other allergic reaction with rash, face or airway swelling, difficulty talking/breathing)	If the patient has a bee sting kit or other allergy medication, assist them in using the medication
Burns	Remove heat source, cool with water, dry wrap and replace fluids
Head Injury	Stabilize patients head and neck, maintain airway
Eye injuries	Wash out foreign material, don't open swollen eyes, leave impaled objects and pad and bandage both eyes
Heat exhaustion	Skin gray, cool and clammy. Rest in cool place and replace electrolytes
Heat stroke	Skin dry, red, temperature hot. Cool and transport immediately.

Appendix B

TRAUMA TRIAGE CRITERIA TO CONSIDER A REQUEST FOR AN AIR AMBULANCE

If any one of the following criteria is met in sections 1, 2, or 3 listed below, order an air ambulance. If any one of the criteria met in section 4, it is the judgment of the first responder on scene to order an air ambulance. Note: When in doubt or not sure, order an air ambulance to transport the patient.

1) Physiological Criteria
<ul style="list-style-type: none"> • Glasgow Coma Scale < 14 or • Systolic Blood Pressure < 90 mmHg or • Respirations <10 or >29 min (<20 if <1 y/o)
2) Anatomical Criteria
<ul style="list-style-type: none"> • Penetrating trauma to head, neck, torso and extremities proximal to elbow and knee • Flail chest (blunt chest trauma) • 2 or more proximal long bone fractures • Crushed, degloved (skin is missing) or mangled extremity • Amputation proximal to the wrist or ankle • Pelvic fracture • Open/depressed skull fracture • Paralysis
3) Mechanics of Injury Criteria
<ul style="list-style-type: none"> • Falls: Adults > 20 ft.; Children > 10 ft or 2-3 times height of the child • High Risk MVA: Intrusion >12 in. passenger space or >18 in. other site.; Death in same vehicle; Ejection (partial or complete) • Auto vs. Ped/Bike: Thrown/run over or impact of > 20 MPH • Motorcycle crash: > 20 MPH
4) Special Considerations
<ul style="list-style-type: none"> • >55 years old • Anticoagulation or bleeding disorder • Burns • Dialysis patient • Pregnancy >20 weeks • EMS Provider Judgment

Appendix C

Emergency Helicopter Extraction (EHE) Protocol

The Payette National Forest has approved the use of the Agency Helicopters for Emergency Helicopter Extraction in a Life and Death situation and may be ordered through Payette Dispatch. EHE mission must be approved by Line Officer or Incident Commander with delegation of authority. The intent of EHE is to move the patient to the closest suitable landing zone. Emergency Medical Care Provider shall not fly on a long line and they shall take into account the patient will be unattended in flight. The following checklist must be completed by the line officer for the use of EHE on the Payette Forest:

Payette Line Officer Risk/Exposure Considerations when determining use of Emergency Helicopter Evacuation (EHE)

Consideration	Comments
1. Exposure to Patient a. Have qualified medical personnel determined it is a medical injury/illness that is in need of advanced life support or immediate transportation? b. Will the condition of patient worsen and become in need of advanced life support if immediate transportation is not used?	
2. Exposure to responders on scene a. If the patient is not in need of immediate advanced life support or immediate transportation are we putting responders at risk of injury using traditional evacuation methods? b. What is the estimated time and number of people needed to evacuate patient if we use traditional evacuation methods? c. What type of terrain will patient have to be carried over to get to helispot/road using traditional evacuation methods?	
3. Exposure to EHE crew and pilot a. Has helicopter crew been briefed of possibly mission and have they performed GO/No GO and feel comfortable about mission?	
4. Other Items that need to be taken into consideration a. Will time of day be a factor if traditional evacuation methods are used? b. What exposure will be incurred to drivers or crews if we use traditional methods of evacuation?	

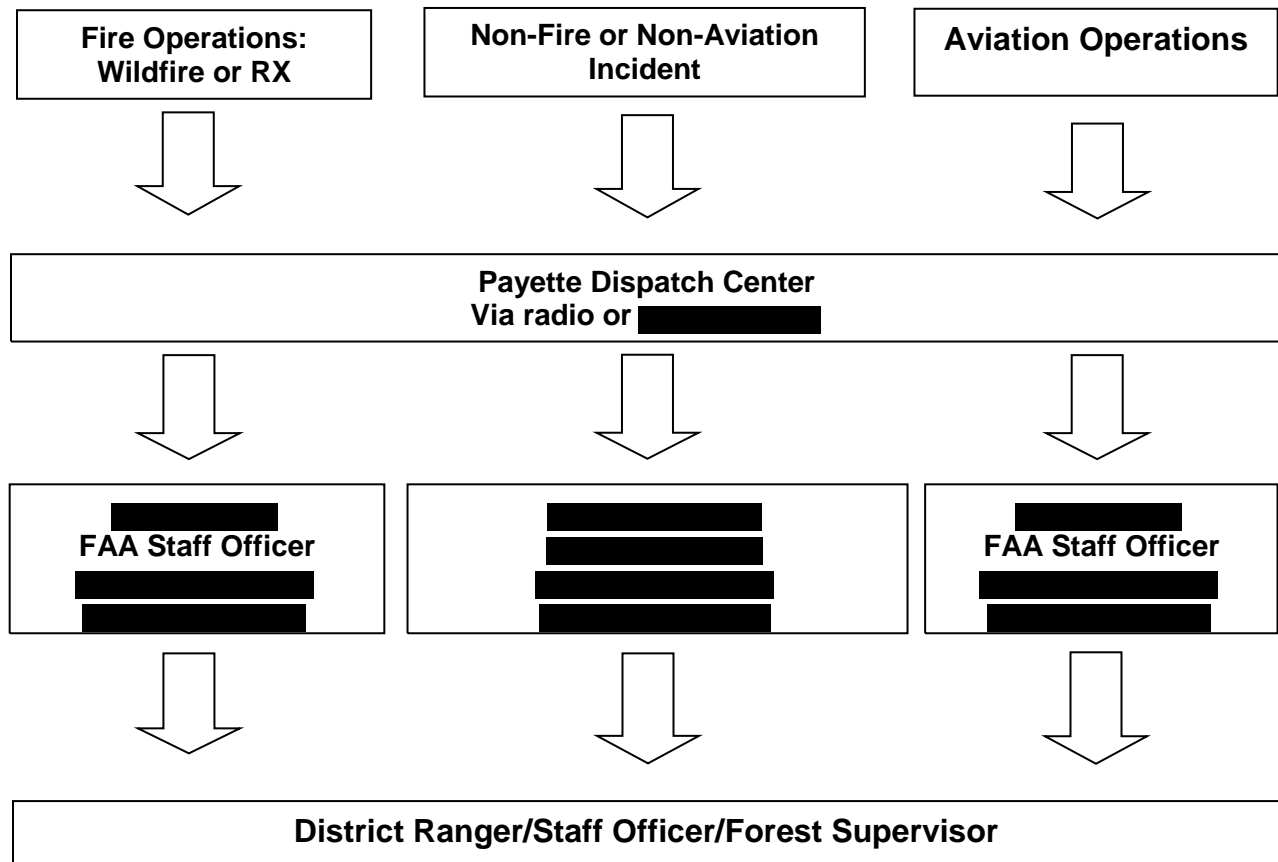
Emergency Helicopter Evacuation Approved Yes_____ No _____

Line Officer: _____ Date: _____

Appendix D

**PAYETTE NF
Accident/Injury/Fatality
Notification Flow Chart
2013**

All accidents/injuries/fatalities are reported to the immediate line officer and the Forest Safety/Risk Manager.
The Forest Supervisor or their designee will start the notification process to the Regional Office



Appendix E

Hospitals and Burn Centers			
Facility	Frequency	Landing Zone	Services
McCall Memorial 1000 State Street McCall, Idaho 83638 (208) 634-2221 or 888-236-4623	155.340	North Ramp of McCall Airport on Compass Rose	24 Hour Emergency Service, Full Service Hospital
Cascade Medical Clinic 402 Old State Highway Cascade, Idaho 83611 (208) 382-4242	155.340	High School Ball Field No Windssock	24 Hour Emergency Service; Primary, Preventative, and Emergency Care
Weiser Memorial Hospital 645 E. 5 th St Weiser Idaho 83672 208-549-0370	155.340	South Lawn of Hospital or High School Ball Field	24 Hour Emergency Service, Full Service Hospital
Syringa Memorial Hospital 607 West Main Street Grangeville, ID 83530- 1396 (208) 983-1700	155.340	Grangeville Airport	24 Hour Emergency Service, Full Service Hospital
St Alphonsus Regional Hospital 1055 No. Curtis Road Boise, Idaho 83706 (208) 367-2121	Contact Boise Tower	Roof of Hospital (Lighted)	Full Service Trauma Center
St. Lukes Regional Medical Center 190 East Bannock Street Boise, ID 83712 (208) 381-2222	Contact Boise Tower	Roof of Hospital (Lighted)	Full Service Trauma Center
University of Utah Hospital and Burn Center 50 North Medical Drive Salt Lake City, Utah 84132 801-581-2700	Contact Salt Lake Tower		Full Service Trauma Center

