BOISE NATIONAL FOREST

May

2022

EMERGENCY

MEDICAL

RESPONSE

PLAN

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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 template to all Forests for preplanning and response to medical emergencies.

Each Forest should annually review and update the plan with 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 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, 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 the plan. Annual readiness reviews for fire resources and other seasonal orientations are excellent times to review and practice plan implementation and inventory medical supplies.

1 Forest Wide Preplanning for Medical Emergency Response

Section 4,4A and 5 will be completed prior to project work starting. If possible provide a copy of this plan to Boise Dispatch Center (BDC). Prior to departing for work notify your contact point or person of project work for the day and area working in. Complete a daily evaluation on Sections 4 and 5 to ensure the sections are still valid for the project work being completed that day.

2 Guidance for Calling Emergency Services

Ensure that Section 4, 4A & 5 are completed, before departing for project work, and ensure that your contact point is informed of location for the day and estimated time of return to duty station. Check in to above contact point will be done (X times a day or when location changes). If an emergency were to occur, BDC will use Section 9 & 21 to gather information regarding the incident. Sections 6, 7, and 8 responders will be notified depending upon severity of accident to ensure proper dispatch of emergency services.

3 Call Protocols by Zone/District

If an emergency were to occur and once dispatch has been contacted and emergency services are en route, Boise Dispatch Center will initiate the Boise National Forest 2012 Notification Requirement for Accidents/Incidents, and this notification protocol will be utilized to inform the proper individuals of the current situation. A list of emergency services including ambulance and hospital information, hospital locations, and Sheriff Department locations and phone numbers can be found in Sections 6, 7, and 8, respectively.

4 Project Specific Pre-planning for Medical Emergencies

This section is for use on projects involving multiple employees working for multiple days in a specific area. **The Project Leader should complete section 4A & 5 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.** It is recommended that a copy of the plan be kept with the Project Leader or in a vehicle at the project site.

Project Name: _____Date/Time Prepared: _____

Project Leader: _____

#4A Project Location, Driving Directions, and Helispot Information*

Contact Point Name_____

General Project Location:

_____

Radio Channel / Repeater (IE: Jackson, Trinity)_____

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

_____

_____

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

Helispot landing zone location
GPS-Lat._____ X _____Long:

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

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

5 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 to the work being performed and level of care and supplies needed to address the situation.

List Patient Care Providers

Name:	Qualification: (EMR, EMT, Paramedic)

	Location of Equipment
Trauma Kits:	
Basic First Aid Kits:	
AED's:	
Oxygen/Airway Kits:	
Litter /Back Boards:	
Fire Extinguisher:	
Radio's:	
Cell Phones:	
Other Misc.:	

6 Ambulance and Hospital Information

Agency	Phone	Rotor Wing Locations	Fixed Wing Locations	Frequency
Idaho Statewide EMS Com Center	800-632-8000 208-846-7600			Primary 155.280 TX & RX tone 156.7 Groups 1-3,5,8,9,11,12 Channel 16
Air St Lukes	877-785-8537 208-706-5909	Boise Twin Falls	Boise	Primary 155.280 TX & RX 156.7 Groups 1-3,5,8,9,11,12 Channel 16
Life Flight Network	800-521-2444 208-367-3880	Boise Mountain Home Ontario McCall Pocatello	Boise Pocatello	Primary 155.280 TX & RX 156.7 Groups 1-3,5,8,9,11,12 Channel 16
Air Force Rescue Co-ordination Center	800-851-3051 Personnel Transport only	Military Air-craft – only on a case by case basis		TBD at time of in-cident

St. Alphonsus (Boise) is the only designated Trauma 2 in the area, the closest Trauma 1 would be University of Utah

Local Burn Center

Name of facility: University of Utah Burn Center

Address 50 North Medical Drive, Salt Lake UT

Phone Number 801-581-2700

Most burn injuries will be taken to a local hospital to be assessed before being sent to the Utah Burn Center

7 Hospital Location Information
ALL GPS Coordinates are Degrees, Minutes, Seconds

Hospital/ Trauma Level	Location	Phone	Lat	Long	Elevation
St Alphonsus - Level 2	Boise 1055 N Curtis Road	208-367-3221	43 36 54	116 15 26	2711
St. Lukes	Boise 190 East Bannock St.	208-381-2222	43 36 47	116 11 29	2717
Cascade Medical Center	402 Lake Cascade Parkway	208-382-4242	44 31 07	116 02 53	4800
Emmett-Valor Health	1202 E Locust St, Emmett, ID 83617	(208) 365-3561			
West Valley	Caldwell 1717 Arlington Ave	208-459-4641	43 39 54	116 41 38	2380
St Alphonsus Med Cen.	Nampa 1512 12th Avenue Rd	208-467-1171	43 33 15	116 34 09	2499
St Alphonsus Med Cen.	Ontario, OR 351 SW Ninth Street	541-881-7000	44 01 32	116 58 32	2158
St. Lukes McCall	McCall 1010 State Street	208-634-2221	44 54 03	116 06 30	5018
MTN Home AFB	MTN Home Air Force Base	208-828-7100	43 03 57	116 50 59	3038
Elmore Med Cen.	MTN Home 895 N 6th St E	208-587-8401	43 08 19	115 41 36	3164
St Lukes Magic Valley	Twin Falls 801 Pole Line Road	208-737-2000	42 33 56	114 29 40	3607
Weiser Memorial	Weiser 645 E 5th St	208-549-0370	44 14 55	116 57 44	2121

8 Sherriff Departments

Department	Location	Phone Number
Ada County	7200 Barrister Drive Boise, ID	208-377-7351
Adams County	201 Industrial Avenue Council, ID	208-253-4258
Boise County	3851 Highway 21 Idaho City, ID	208-392-4411
Canyon County	1115 Albany Street Caldwell, ID	208-454-7531
Custer County	130 S. 9th St. PO Box 344 Challis, ID 83226	208-879-2232
Elmore County	2255 East 8th North Mountain Home, ID	208-587-2121
Gem County	415 East Main Emmett, ID	208-365-3521
Malheur County	151 "B" Street West Vale, OR	541-473-5125
Owyhee County	PO Box 128 Murphy, ID	208-495-1154
Payette County	1130 Third Avenue N. Payette, ID	208-642-6008 ex 1175
Twin Falls County	425 Shoshone Street N. Twin Falls, ID	208-736-4040
Valley County	219 North Main Street Cascade, ID	Dispatch 208-382-5160
Washington County	262 East Court Street Weiser, ID	208-414-2121
Idaho State Police	Boise Idaho	208-846-7500

9 Emergency Medical Aid Response and Reporting Procedures

Roles and Responsibilities

9A Project Leader/Incident Commander

- Contact Boise Dispatch Center with patient injury/illness information without releasing patient name. Specify the agency the patient works for, if applicable.
- 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 Boise Dispatch to warn 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.

- # # 10 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.
- · Keep the Project Leader/Incident Commander updated.
- · Document your actions in writing.

11 Dispatch Center 208-384-3400, fax 208-384-3405

- 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 and provide required information.
- Assign frequency as needed.
- Consider dispatching a landing zone coordinator for air ambulance requests.
- Consider clearing radio channel for emergency traffic only.
- Notify Forest Duty Officer and District Duty Officer of incident.
- Notify GACC if appropriate, and any other agencies that are involved.
- Obtain patient delivery location/hospital information.
-
- ## # 12 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 patient's next of kin. Protect the patient's privacy.
- They have just suffered mental and/or physical trauma, and they and their families should not be subjected to intense outside scrutiny. Assign a PIO if desired.

13 Other Considerations

- Consult with the Forest or Regional Safety Advisor
- (801-625-5296) on accident investigation responsibilities and Options.
- 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).
- Assemble relevant paperwork, such as weather observations, forecasts, fire training and qualification records, mobilization plans, time records of those involved, and so forth.

14 During a Medical Emergency

• Provide the following patient information and transportation needs to Boise Dispatch Center.

   Do not say patient names over the radio.

• Number of Injured Parties: _____

• Age: _____Sex: (M/F) _____Estimated Weight: _____

• Extent and Mechanism of Injury (what happened):

_____

• Level of Consciousness_____

• Method of Transportation: Considerations should include agency ground transport, ground ambulance, regular 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.

_____

_____

• Pick-up Location:

_____

• Special Equipment/Response Needs: Extraction, High or Low Angle Rope Rescue, Search and Rescue, Law Enforcement, Tow Truck, etc.

15 Information needed by County Sheriff's Dispatch (911) for EMS Incident

In the event that you cannot reach your Agency Dispatch, the County Sheriff or 911 dispatcher will require the following information:

Incident Location

a. Cross street, if available

b. Lat/long, if location is in a wilderness area

Any significant landmarks

Patient Information

c. Chief complaint

d. Mechanism of injury

e. Approximate age and gender if available

Incident Needs and Response

Who is responding from your agency

Capabilities, Advanced Life Support (ALS) vs. Basic Life Support (BLS)

How can the responders be contacted for updates

Specialized responders if needed

Air ambulance

Extrication

Search and Rescue

16 Recommended Forest Service Trauma Kits Medical Supplies

EQUIPMENT	AIRWAY MANAGEMENT	PPE
1-Adult BP Cuff 1- Pediatric Blood Pressure Cuff 1- Stethoscope 1- Oral Glucose 1- Spring Loaded Punch 1- Splinter Forceps 1- Scissors 1- Combat Tourniquet 6- 4" Kling 20- 4" x 4" Non-Sterile Gauze 50- 4" x 4" Gauze 3- Multi-Trauma Dressing 5- Triangular Bandages 2- 8" x 10" Surgical Pads 1- Emergency Blanket 2- Blankets 2- "D" Ring Straps, 12" 2- Cold Packs Assorted- Rigid Cervical Collars 1- Backboard with 3 (Spider straps, OK) 10- Triage Tags 2- 0.9% NaCl, Irrigation, 500cc 4- Cardboard Splints, Assorted Sizes 16- 1" x 3" Adhesi Bandage 6- Sterile Eye Pads 4- Protective Eye Cup 4- Petroleum Gauze 12- Safety Pins 2- 1" Adhesive Tape 2- 1" Adhesive Tape 2- 1 Gallon Zip Lock Bags 1- Pen Light	1- Oxygen Kit ("D" or "E" O_2 Tank, Regulator with Liter Flow Valve) 4- Nasal Canula, Adult 2- O_2 Masks, Adult 2- O_2 Masks, Pediatric 1- Bag Valve Mask Resuscitator, Adult 1- Bag Valve Mask Resuscitator, Pediatric 2- Oxygen Tubing 1- Oral Pharyngeal Airway Kit (sizes 0-7) 1- 2 oz. Bulb Syringe 1- Rigid Suction Catheter 1- #14 French Tip Suction Catheter 1- Suction Device (Manual, Mechanical or Pneumatic)	1- Box of Disposable Blood Barrier Gowns Assorted- Disposable Gloves 1- Box of Surgical Masks 1- N-95 or Better Respirator per Crew Member 4- Goggles or Face Shields

17 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 is 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

- Glasgow Coma Scale < 14 or
- Systolic Blood Pressure < 90 mmHg or
- Respirations <10 or >29 min (<20 if <1 y/o)

2) Anatomical Criteria

- 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

- 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

- >55 years old
- Anticoagulation or bleeding disorder
- Burns
- Dialysis patient

#18 Release of Medical Assistance

  1. I (or my guardian) have been informed of the reason I should go to the hospital for further emergency care.

  2. I (or my guardian) have been informed that only an initial evaluation has been rendered to me and have been advised that I seek the advice of a physician as soon as possible.

  3. I (or my guardian) have been informed of the potential consequences and/or complications that may result n my (or my guardian's) refusal to go to the hospital for further emergency care.

  4. I (or my guardian), the undersigned, have been advised that emergency medical care on my/the patient's behalf is necessary, and that refusal of recommended care and transport to a hospital facility may result in death, or imperil my/the patient's health by increasing the opportunity for consequences or complications. Nevertheless, and understanding all of the above, I (or my guardian), refuse to:
  ☐ Accept emergency medical care
  ☐ Transport to a hospital facility
  ☐ transport to _____ Hospital as directed by EMS protocols, but request transport to _____ Hospital; and assume all risks and consequences resulting from my (or my guardian's) decision, and release all provider agencies, and all personnel directly or indirectly involved in my care from any and all liability resulting from my (or my guardian's) refusal. I have had the opportunity to ask all of the questions I feel necessary to provide this informed refusal.

5. The reason for this refusal is as follows: (to be completed by patient/guardian) _____

6. Patient / guardian sign section 19 (Form on pg. 18).

19. Patient Information

Patient's Name:	DOB:
Patient's Address:	
Patient's Phone Number:	
Signature (Patient/Guardian):	
Witness:	
Witness:	
Refused to Sign (Patient/ Guardian):	

# 20 UNIT LOG	Incident Name	Date Prepared	Time Prepared
Unit Name/Designators	Unit Leader (Name and Position)	Time	

Personnel Roster Assigned

Name	ICS Position	Home Base

Activity Log

Time	Major Event

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.

1. 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 Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	**RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE** *Ex: Unconscious, difficulty breathing, bleeding severely, 2o – 3o burns more than 4 palm sizes, heat stroke, disoriented.* **YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.** *x: Significant trauma, unable to walk, 2o – 3o burns not more than 1-3 palm sizes* **GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport** *Ex: Sprains, strains, minor heat-related illness*	
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		*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)*

Continued on next page

3. INITIAL PATIENT ASSESSMENT: *Complete this section for each patient as applicable*

Patient Assessment: See IRPG.

Treatment:

4. TRANSPORT PLAN**:**

Evacuation Location (*if different*): (*Descriptive Location (drop point, intersection, etc.) or Lat. / Long.*) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/ Number	Receive (RX)	Tone/ NAC *	Transmit (TX)	Tone/ NAC *
COM-MAND					
AIR-TO-GRND					
TACTI-CAL					

7. CONTINGENCY: <u>***Considerations:***</u> *If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...*

8. ADDITIONAL INFORMATION: *Updates/Changes, etc.*

<u>REMEMBER:</u> Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.