FEMA US&R RESPONSE SYSTEM
INCIDENT SUPPORT TEAM

MEDICAL PLAN	INCIDENT	REPORTING UNIT **ESF-9**	FORM **US&R—015** 3/96
DISASTER #:	OPS PERIOD:	DATE/TIME PREPARED:	PREPARED BY:

A. GENERAL EVENT INFORMATION

Event Type: Date/Time of Event:

Location: Travel Time: Time Change:

Situation Assessment:

Lifelines Affected: [ ] Water [ ] Electricity [ ] Gas [ ] Sanitation [ ] Telephone
[ ] Cellular System [ ] Roadways [ ] Airports [ ] Railroad

Probability of Recurrence:

B. LOCAL AREA CONDITIONS

Weather Conditions: Avg Temp: Day — Night — Sunrise — Sunset —
Precip. — Humidity — THI/WC Factor —
Forcast (3 day):
Wind Speed/Direction:

Terrain:

Access/Egress:

Endemic Threats: Disease:
(incl for canine) Insects:
Animals:
Botanicals:

Technical Hazards: [ ] Chemical Storage [ ] Biomedical [ ] Radioactive [ ] Other

Site	Material	ID Number	Fire/Expl Hazard	Health Hazard	Mitigation

C. LOCAL RESOURCES

Medical/EMS POC: Phone #: Contact Method:

Veterinary POC: Phone #: Contact Method:

DoD Medcical POC: Phone #: Contact Method:

DFO ESF-8 Rep: Phone #: Contact Method:

DFO ESF-9 Rep: Phone #: Contact Method:

Facilities/# [ ] Emerg Med — [ ] Trauma Cntr — [ ] Burn Cntr —
[ ] HBO — [ ] Peds — [ ] Vet —

Name	Location	Capab/Assessment	Travel Time	POC	Comm Method

EMS Transport [ ] ALS Units [ ] BLS Units [ ] Aircraft/Type

Name	Location	Capab/Destination	Response Time	POC	Comm Method
Notes:					

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D. MEDICAL ANCILLARY INFORMATION

Casualty Estimates: [ ] Dead: [ ] Injured: [ ] Homeless:

Injury Profile/# : [ ] Trauma [ ] Burn [ ] Crush [ ] HazMat

[ ] Victim Age Range [ ] Baseline Med Problems [ ] Antic. Length Entrapment

EMS Triage Tags (type/in use?)

Casualty Collection Points:

Transfer Procedures:

Processing of Deceased: Coroner POC:

Comm Method: Forms:

Morgue Locations:

Procedures:

Medical Agencies/Teams in Area:

Medical Resupply Resources:

Resource	Name	Location	Procedure	POC	Comm Method

Political/Religious Medical Considerations:

E. EVACUATION PROCEDURES FOR INJURED/ILL TF PERSONNEL

Contact: Phone #: Radio Freq:

Tested: [ ] Date/Hour: By:

Medevac Locations:

Procedures:

Mode of Transport: Destination:

Route of Travel:

TF Member Accompanying: Notified: [ ] TF Leader [ ] Spons. Org.

F. TASK FORCE HEALTH MAINTENANCE

Med Cache Requirements:

Rehydration (water consumpt./person/hour): quarts

Stress Assessment:

Uniform Adjustments: [ ] Heat [ ] Cold [ ] Other Protection [ ] Work Cycle

Base of Ops Issues: [ ] Shelter [ ] Water Source [ ] Sanitation

[ ] Fresh Food Source [ ] Safe Food Prep [ ] Quiet Rest Area [ ] Wash/Hygiene Area

[ ] Canine Facilities [ ] Animal/Insect Control [ ] Weather Impact Minimized

In Transit Considerations:

Notes:

G. SUMMARY OF RECOMMENDATIONS/PLANNED MEDICAL ACTIVITIES

Name/Title (print):	Date/Time:
Signature:	Addendum Attached: [ ] Yes [ ] No

MEDICAL PLAN

ADDENDUM SHEET

NAME/TITLE _____ **MEDICAL**

A. GENERAL EVENT INFORMATION

A-1 _____
A-2 _____
A-3 _____
A-4 _____
A-5 _____
A-6 _____
A-7 _____
A-8 _____
A-9 _____
A-10 _____

B. LOCAL AREA CONDITIONS

B-1 _____
B-2 _____
B-3 _____
B-4 _____
B-5 _____
B-6 _____
B-7 _____
B-8 _____
B-9 _____
B-10 _____

C. LOCAL RESOURCES

C-1 _____
C-2 _____
C-3 _____
C-4 _____
C-5 _____
C-6 _____
C-7 _____
C-8 _____
C-9 _____
C-10 _____

D. MEDICAL ANCILLARY INFORMATION

D-1 _____
D-2 _____
D-3 _____
D-4 _____
D-5 _____
D-6 _____
D-7 _____
D-8 _____
D-9 _____
D-10 _____

E. EVACUATION PROCEDURE FOR INJURED/ILL TF PERSONNEL

E-1 _____

E-2 _____

E-3 _____

E-4 _____

E-5 _____

E-6 _____

E-7 _____

E-8 _____

E-9 _____

E-10 _____

F. TASK FORCE HEALTH MAINTENANCE

F-1 _____

F-2 _____

F-3 _____

F-4 _____

F-5 _____

F-6 _____

F-7 _____

F-8 _____

F-9 _____

F-10 _____

G. SUMMARY OF RECOMMENDATIONS/PLANNED MEDICAL ACTIVITIES

G-1 _____

G-2 _____

G-3 _____

G-4 _____

G-5 _____

G-6 _____

G-7 _____

G-8 _____

G-9 _____

G-10 _____

ADDITIONAL COMMENTS

_____

_____

_____

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