

| | | |
|--|--------------------------|--------------------------------|
| KENT COUNTY GROUND SEARCH AND RESCUE | KCGSAR # | DATE PREPARED: |
| MEDICAL PLAN | FOR OPERATIONAL PERIOD # | TIME PREPARED: PREPARED BY: |

| FIRST AID PERSONNEL / STATIONS | | | RESOURCE | | | | |
|--------------------------------|-------------------------------|-----------------------------|-------------|-------------|-------------|-------------|-------------|
| NAME / CALL SIGN | RADIO FREQUENCY OR TALK-GROUP | LOCATION OR CREW ASSIGNMENT | S F A | M F R | E M T | A L S | W F A |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| EVACUATION TEAM | | RESOURCE | | | | | | | EQUIPMENT |
|-----------------|--------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------|--|
| CALL SIGN: | | S F A | M F R | E M T | A L S | W F A | R R T | S W R T | <input type="checkbox"/> LONG SPINE BOARD <input type="checkbox"/> HEAD IMMOBILIZER <input type="checkbox"/> CERVICAL COLLARS <input type="checkbox"/> KED / XP-1 <input type="checkbox"/> STRETCHER <input type="checkbox"/> VACUUM SPLINT <input type="checkbox"/> SAM SPLINT <input type="checkbox"/> TRACTION SPLINT <input type="checkbox"/> TRAUMA KIT <input type="checkbox"/> AIRWAY KIT <input type="checkbox"/> PORTABLE SUCTION <input type="checkbox"/> PORTABLE PULSE OX <input type="checkbox"/> PORTABLE OXYGEN <input type="checkbox"/> HYPOTHERMIA KIT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| # | TEAM MEMBERS | | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |

| AMBULANCE SERVICES | | | |
|--------------------|-------|-----------------------|--------------|
| AGENCY | PHONE | RADIO CHAN / CALLSIGN | ONSC UNIT #S |
| | | | |
| | | | |

| HOSPITALS | | | | | | | |
|-----------|----------|-------------|--------|-------|--------|---|----|
| NAME | LOCATION | TRAVEL TIME | | PHONE | TRAUMA | | |
| | | AIR | GROUND | | 1 | 2 | NO |
| | | | | | | | |
| | | | | | | | |

| | | | |
|--------------|--------|-------|-----------------------------|
| APPROVED BY: | TITLE: | CERT: | WCEMA FORM 542 REV 08/00 |
|--------------|--------|-------|-----------------------------|