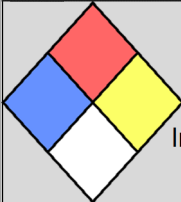


INCIDENT ACTION PLAN (208A)

| | | | | | | | | | |
|---|--|---|----------------------------|--|---|---|---|--|--|
| EMERGENCY MODE | | Incident Time | | Alert Code | | End Time | | | |
| EMERGENCY SIZE UP | ▪Large Fire? ▪Large spill or release? ▪Incompatibles? | | Y | Alert 5 | NON-INTERVENTION | | | | |
| | ALL victims confirmed dead (obvious signs of death)? | | Y | Alert 4 | NON-INTERVENTION | | | | |
| | MCI / Decon / Unknown or Non-PRCS? | | Y | Alert 3 | DEFENSIVE → OFFENSIVE | | | | |
| | Recordable Accident resulting in Loss Time? | | Y | Alert 2 | DEFENSIVE → OFFENSIVE | | | | |
| | Recordable Accident Only? | | Y | Alert 1 | DEFENSIVE → OFFENSIVE | | | | |
| | False alarm: Near Hit or Miss / Return to Normal Ops | | Y | Alert Cleared | NON-EMERGENCY | | | | |
| RAPID HAZ ASSESS | | HZ Initial Iso. | | WZ Distance | | PAD & WD | ↑ | | |
| CONDITIONS | HIN # | <i>Risk?</i> H M L | ACTIONS | <i>Tactics</i> | | <i>Primary Tactic</i> | | | |
| | UN # | | | Accountability # Victims 1:1 & < 4 Fire or LELs Toxic / Contamination Energy / Pressure / Fall Instability / Incompatibles Safety Measures | | Access Control Energy Control MCI - DECON / VAI Monitoring Ventilation Rigging Haz Mitigation / Stabilization | | ❖ Personnel ➤ Techs / Ops / Other ➤ Qty ❖ Equip. to location ❖ Tasks & Hazards | |
| |  | | | NEEDS | | <i>Next 2 Tactics</i> | | ❖ Prepare Resources | |
| | VAI | | | Medical | | | | | |
| CRITICAL CARE | | <input type="checkbox"/> Arterial Bleed | | <input type="checkbox"/> Cardiac Arrest | | <input type="checkbox"/> Breathing Emergency | | | |
| EXPOSURE INJURY ILLNESS | Dermal PPE | <input type="checkbox"/> Adequate <input type="checkbox"/> Compromised | | Severity | Rapid → Detailed | | | | |
| | Resp. PPE | <input type="checkbox"/> Adequate <input type="checkbox"/> Compromised | | | <input type="checkbox"/> Alert <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive | | | | |
| | Fall PPE | <input type="checkbox"/> Adequate <input type="checkbox"/> Compromised | | | <input type="checkbox"/> Walk <input type="checkbox"/> Wave <input type="checkbox"/> Still | | | | |
| | Spinal Immobilized | <input type="checkbox"/> Back Board <input type="checkbox"/> Chest Lashing <input type="checkbox"/> C Collar <input type="checkbox"/> Seat Lashing | | | <input type="checkbox"/> <30x / min. <input type="checkbox"/> >30x / min. <input type="checkbox"/> Apneic <input type="checkbox"/> <100 bpm <input type="checkbox"/> > 100 bpm <input type="checkbox"/> No Pulse | | | | |
| SIGNS & SYMPTOMS | | | | | | | | | |
| TREATMENT CARE PROVIDED | Time (Bleed. Controlled) | | Time (Immobilize / Splint) | | | Distal Pules <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| | Time (CPR Started) | | Time (CPR / ROSC) | | | # of CPR Rds. | | | |
| | Time (Gross Decon) | | Time (Emergency Decon) | | | Time (Tech Decon) | | | |
| TRENDING VALUES | Time | HR | RR | O2 % | BP | BGL | | | |
| | Time | HR | RR | O2 % | BP | BGL | | | |
| | Time | HR | RR | O2 % | BP | BGL | | | |
| HEAT & COLD STRESS | Wind | Relative Humidity | Fluid Intake | Duration | Heat Index | Temp. | | | |
| | <input type="checkbox"/> Light Work <input type="checkbox"/> Moderate Work <input type="checkbox"/> Heavy Work | | | <input type="checkbox"/> Encapsulated Level A or B <input type="checkbox"/> Level C PPE <input type="checkbox"/> Non-Encapsulated Level B <input type="checkbox"/> Standard PPE | | | | | |
| POST INCIDENT | | DEBRIEF (SEE 209B FOR CRITERIA) | | | | | | | |
| INCIDENT / ACCIDENT INVESTIGATIONS | | | | | | | | | |
| 1. Preserve and document scene | | 2. Collect data | | 3. Determine root cause | | 4. Implement corrective actions | | | |
| 208A | IAP _____ | | | | | | | | |

| MCI | ANYTIME > 4 POTENTIAL VICTIMS | | | IF NUMBER OF VICTIMS > 1:1 RESCUERS | | | |
|---|---|--|--|--|--|-------------------------|---------------------|
| HOT ZONE | ▪Maintain Accountability ▪Assess Responsiveness ▪Secure Ribbon ▪Send to CRZ / WZ Triage (Qty) | | | | | | |
| | Follows Commands? | | | Y | | ORANGE | |
| | Able to Walk? | | | Y | | | |
| Unresponsive? | | | Y | | BLUE | | |
| DECON IN CRZ | | | | | | | |
| WARM ZONE | ▪Sort ▪Assess Individually ▪Life Saving Interventions ▪Treatment (Qty.) | | | | | | |
| | Breathing? | | | N | | BLACK | |
| | <ul style="list-style-type: none"> • Major Hemorrhages Controlled? • Obeys Commands or Makes Purposeful Movements? • Has Peripheral Pulse? • Not in Respiratory Distress? | | | *Likely to Survive Given Available Resources? N ← Y → ← → | | RED | |
| | Y** | | | | | | |
| | **Minor Injuries Only? | | | N | | YELLOW | |
| | | | Y | | GREEN | | |
| ONLY UPGRADE IF CONDITION / VITALS WORSEN | | | | | | | |
| COLD ZONE | ▪Sort Rescuers / Victims ▪Triage Severity ▪Assess Stability ▪Record Victim Info ▪Transport Track (Qty ▲) | | | | | | |
| | GREEN | <input type="checkbox"/> Respirations > 30x / min. <input type="checkbox"/> Cap Refill > 2 sec. | | | YELLOW | | |
| | YELLOW | <input type="checkbox"/> Apneic <input type="checkbox"/> Radial Pulse Absent <input type="checkbox"/> Unresponsiveness | | | RED | | |
| | Attach MCI Tags for Transport Priority (Qty) | | 1. IMMEDIATE | | 2. DELAYED | | 3. MINIMAL |
| TRANSPORT REGISTRAR | Transport Unit | Triage Tag # or Last Name, First Name (* if Rescuer) | | Victim Gender | Transport Priority | Hospital or Destination | Time to Destination |
| | | 1. | | <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | |
| | | 2. | | <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | |
| | | 3. | | <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | |
| | | 4. | | <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | |
| | | 5. | | <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | |
| | | 6. | | <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | |
| | | 7. | | <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | |
| | | 8. | | <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | |
| | | 9. | | <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | |
| | 10. | | <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | | |
| 20. Prepared by | | | Name: _____ | | | | |
| 208A | IAP _____ | | Position: _____ | | | | |