

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	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> HIN # </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> UN # </div> <div> Risk? H M L </div> </div>		ACTIONS		NEEDS		Primary Tactic					
	❖ Personnel ‣ Techs / Ops / Other ‣ Qty ❖ Equip. to location ❖ Tasks & Hazards											
	Next 2 Tactics											
	❖ 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											

INCIDENT ACTION PLAN (208A)

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)					
	Follow Commands ?		Y	ORANGE		
	Able to Walk ?		Y			
	Unresponsive ?		Y	BLUE		
WARM ZONE	DECON IN CRZ					
	• Sort • Assess Individually • Life Saving Interventions • Treatment (Qty.)					
	Breathing ?					
	• Major Hemorrhages Controlled? • Obeys Commands or Makes Purposeful Movements • Has Peripheral Pulse? • Not in Respiratory Distress? Y**	N*	(Qty.)	GRAY		
	* Likely to Survive Given Available Resources?		N ←	Y →	BLACK	
	**Minor Injuries Only?		N	Y	RED	
COLD ZONE	ONLY UPGRADE IF CONDITION / VITALS WORSEN					
	• Sort Rescuers / Victims • Triage Severity • Assess Stability • Record Victim Info • Transport Track (Qty ▲)					
	GREEN	<input type="checkbox"/> Respirations > 30x / min.			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		

Prepared by		Name:	
208A	IAP	Position:	