

### INCIDENT ACTION PLAN (208A)

<b>EMERGENCY MODE</b>		Incident Time		Alert Code		End Time		
<b>EMERGENCY SIZE UP</b>	▪Large Fire?    ▪Large spill or release?    ▪Incompatibles?		Y	<b>Alert 5</b>	NON-INTERVENTION			
	ALL victims confirmed dead (obvious signs of death)?		Y	<b>Alert 4</b>	NON-INTERVENTION			
	MCI / Decon / Unknown or Non-PRCS?		Y	<b>Alert 3</b>	DEFENSIVE → OFFENSIVE			
	Recordable Accident resulting in Loss Time?		Y	<b>Alert 2</b>	DEFENSIVE → OFFENSIVE			
	Recordable Accident Only?		Y	<b>Alert 1</b>	DEFENSIVE → OFFENSIVE			
	False alarm:    Near Hit or Miss / Return to Normal Ops		Y	<b>Alert Cleared</b>	NON-EMERGENCY			
<b>RAPID HAZ ASSESS</b>		HZ Initial Iso.		WZ Distance		PAD & WD	↑	
<b>CONDITIONS</b>	HIN #	<b>Risk?</b> <span style="background-color: red; color: white; padding: 2px;">H</span> <span style="background-color: yellow; color: black; padding: 2px;">M</span> <span style="background-color: green; color: white; padding: 2px;">L</span> Accountability # Victims 1:1 & < 4 Fire or LELs Toxic / Contamination Energy / Pressure / Fall Instability / Incompatibles Safety Measures	<b>ACTIONS</b>	<i>Tactics</i>		<b>NEEDS</b>	<i>Primary Tactic</i>	
	UN #			Access Control Energy Control MCI - DECON / VAI Monitoring Ventilation Rigging Haz Mitigation / Stabilization	❖ Personnel ➤ Techs / Ops / Other ➤ Qty ❖ Equip. to location ❖ Tasks & Hazards  <i>Next 2 Tactics</i> ❖ Prepare Resources			
<b>VAI</b>		Medical						
<b>CRITICAL CARE</b>		<input type="checkbox"/> Arterial Bleed		<input type="checkbox"/> Cardiac Arrest		<input type="checkbox"/> Breathing Emergency		
<b>EXPOSURE INJURY ILLNESS</b>	Dermal PPE	<input type="checkbox"/> Adequate	<input type="checkbox"/> Compromised	<b>Severity</b>	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"/> <30x / min.	<input type="checkbox"/> >30x / min.	<input type="checkbox"/> Apneic	
		<input type="checkbox"/> C Collar	<input type="checkbox"/> Seat Lashing			<input type="checkbox"/> <100 bpm	<input type="checkbox"/> > 100 bpm	<input type="checkbox"/> No Pulse
<b>SIGNS &amp; SYMPTOMS</b>								
<b>TREATMENT CARE PROVIDED</b>	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)			
<b>TRENDING VALUES</b>	Time	HR	RR	O2 %	BP	BGL		
	Time	HR	RR	O2 %	BP	BGL		
	Time	HR	RR	O2 %	BP	BGL		
<b>HEAT &amp; COLD STRESS</b>	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				
<b>POST INCIDENT</b>		DEBRIEF (SEE 209B FOR CRITERIA)						
<b>INCIDENT / ACCIDENT INVESTIGATIONS</b>								
1. Preserve and document scene		2. Collect data		3. Determine root cause		4. Implement corrective actions		
<b>208A</b>	<b>IAP</b> _____							

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
WARM ZONE	DECON IN CRZ					
	▪Sort		▪Assess Individually		▪Life Saving Interventions	
	Breathing?		N		BLACK	
	<ul style="list-style-type: none"> <li>Major Hemorrhages Controlled?</li> <li>Obeys Commands or Makes Purposeful Movements?</li> <li>Has Peripheral Pulse?</li> <li>Not in Respiratory Distress?</li> </ul>		*Likely to Survive Given Available Resources? N ←      Y → ← →		RED →	
	Y**					
	**Minor Injuries Only?		N		YELLOW	
		Y		GREEN		
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. <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	
TRANSPORT REGISTRAR	Transport Unit	Triage Tag # or Last Name, First Name (* if Rescuer)		Victim Gender	Transport Priority	Hospital or 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: _____			