

# Pacific Crest Trail Association Trailhead Communications Plan (TCP)

Trailhead and County: \_\_\_\_\_  
Date/Time Going In: \_\_\_\_\_  
Date/Time Coming Out: \_\_\_\_\_  
Crew Leader Name: \_\_\_\_\_

Best Location for Reception Near Worksite: \_\_\_\_\_  
Crew Leader Cell #: \_\_\_\_\_

**Crew Leader:** Fill this out BEFORE arriving at trailhead. Bring two copies. At trailhead, give copy to Communications Lead.

**Communications Lead:** Know in advance which device works best, and where reception is best near today's work site. Before leaving the main party, ensure the First Aid Lead has written the injury details. Ensure you have a pen, write down what the call-taker tells you. Return to the main party as quickly as possible and report to the Situation Manager.

## Cell Phone Instructions

911 calls from cell phones can land in a far-away regional center. The call-taker needs the following information immediately:

- Your wireless phone number in case disconnected
- The location you're calling from. See below.
- What type of emergency you have (medical, require ambulance; injury specifics)

In addition to 911, if you might need a helicopter. List local medical helicopter phone number(s) here:  
\_\_\_\_\_

## Radio Instructions

- Stand in a clear location, hold the radio upright.
- Check card with radio for other channels or repeaters.
- Wait for 2 seconds after keying the mike, then speak.
- Try at least 3 times, at least 10 seconds apart.
- If needed, move your location a few feet.

Forest: \_\_\_\_\_

Channel, Repeater: \_\_\_\_\_

Dispatch Center: \_\_\_\_\_

Script: \_\_\_\_\_

*Script Example: "Central Oregon Dispatch, this is PCTA on Black Butte, we have an emergency."*

## Location Information

Name of Trailhead: \_\_\_\_\_  
Nearest Intersection: \_\_\_\_\_  
GPS Coordinates: WGS 84  
Helicopter Landing Spot: \_\_\_\_\_

Road and Milepost: \_\_\_\_\_  
County and State: \_\_\_\_\_  
Nearest Town/City: \_\_\_\_\_  
Township and Range: \_\_\_\_\_

## Transport the Injured to

Nearest Hospital: \_\_\_\_\_  
Hospital Phone Number: \_\_\_\_\_  
Driving directions from trailhead:

Distance from Trailhead: \_\_\_\_\_  
Hospital Address: \_\_\_\_\_

Type driving directions here

## Agency Contact Information

Business Hours Contact: \_\_\_\_\_  
After Hours Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Make two copies of this sheet:  
One for the Communications Lead. Send one with the injured person.**