

# Pacific Crest Trail Association Trailhead Communications Plan (TCP)

## Project Information

Trailhead and County: _____	Best Location for Reception Near Worksite: _____	
Date/Time Going In: _____		
Date/Time Coming Out: _____		
Crew Leader Name: _____	Crew Leader Cell #: _____	
Planned Trail Work: _____	Crew Size (Est./Actual): _____	
Gate Code/Combination: _____		

## NOTES:

**Crew Leader:** Fill this out BEFORE arriving at trailhead. Bring two copies. At trailhead, give one copy to Communications Lead and put the other in the First Aid Kit (keep with a pencil in a sealed waterproof bag.)

**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)

## 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 and change channels

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

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

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

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

*Script Example: "Central Oregon Dispatch, this is (Crew Leader Name), we have an emergency."*

## Location Information

Name of Trailhead: _____	Road and Milepost: _____
Nearest Intersection: _____	County and State: _____
GPS Coordinates: <u>WGS 84</u> _____	Nearest Town/City: _____
	Twnshp Section/ Range: _____

## Transport the Injured to

Nearest Hospital: _____	Distance from Trailhead: _____
Hospital Phone Number: _____	Hospital Address: _____
Driving directions from trailhead: _____	

Type driving directions here

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

*v February 25, 2014*