Backcountry Horsemen of Idaho
Trailhead Communications Plan (TCP)

www.BCHI.org

Project Information

Trailhead and County: _____

Date/Time Going In: _____

Date/Time Coming Out: _____

Crew Leader Name: _____

Planned Trail Work: _____

Gate Code/Combination: _____

_____

Best Location for Reception Near Worksite:

Crew Leader Cell #: _____

Crew Size (Est./Actual): _____

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)

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

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: _____

Nearest Intersection: _____

GPS Coordinates: _____

Road & Mile Post: _____

County & State: _____

Nearest Town/City: _____

Township/Range: _____

Transport the Injured to

Nearest Hospital: _____

Hospital Phone Number: _____

Distance From Trailhead: _____

Hospital Address: _____

Driving directions from trailhead:

Type driving directions here