HICS 206 - STAFF MEDICAL PLAN

1. Incident Name

2. Operational Period (#)

DATE: FROM: _____ TO: _____

TIME: FROM: _____ TO: _____

3. Treatment Areas

AREA NAME	LOCATION	UNIT / TEAM LEADER CONTACT NUMBER / CHANNEL

4. Resources On Hand (numbers)

STAFF	TRANSPORTATION DEVICES	MEDICATION	SUPPLIES
MD/DO	LITTERS		
PA/NP	PORTABLE BEDS		
RN/LPN	GURNEYS		
TECHNICIANS/CAN	WHEELCHAIRS		
ANCILLARY/OTHER	EVAC. ASSIST DEVICES		

5. Transportation (indicate air or ground)

AMBULANCE, BUS, VAN, PRIVATE VEHICLE, AIR	LOCATION	CONTACT NUMBER / FREQUENCY	LEVEL OF SERVICE
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

6. Alternate Care Site(s)

FACILITY NAME	ADDRESS	CONTACT NUMBER / FREQUENCY	SPECIALTY CARE (SPECIFY)

7. Special Instructions

8. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

9. Approved by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

Print Reset Send Save

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Provides information on staff treatment areas
Origination: Employee Health and Well-Being Unit Leader
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader