Medical Plan (ICS 206)

| **1. Incident Name:** | | | | | **2. Operational Period:** Date From: Date To:   Time From: Time To: | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Medical Aid Stations:** | | | | | | | | | | | | |
| Name | | | Location | | | | | Contact Number(s)/Frequency | | | Paramedics  on Site? | |
|  | | |  | | | | |  | | | ⬜ Yes ⬜ No | |
|  | | |  | | | | |  | | | ⬜ Yes ⬜ No | |
|  | | |  | | | | |  | | | ⬜ Yes ⬜ No | |
|  | | |  | | | | |  | | | ⬜ Yes ⬜ No | |
|  | | |  | | | | |  | | | ⬜ Yes ⬜ No | |
|  | | |  | | | | |  | | | ⬜ Yes ⬜ No | |
| **4. Transportation** (indicate air or ground)**:** | | | | | | | | | | | | |
| Ambulance Service | | | Location | | | | | Contact Number(s)/Frequency | | | Level of Service | |
|  | | |  | | | | |  | | | ⬜ ALS ⬜ BLS | |
|  | | |  | | | | |  | | | ⬜ ALS ⬜ BLS | |
|  | | |  | | | | |  | | | ⬜ ALS ⬜ BLS | |
|  | | |  | | | | |  | | | ⬜ ALS ⬜ BLS | |
| **5. Hospitals:** | | | | | | | | | | | | |
| Hospital Name | Address, Latitude & Longitude if Helipad | | | Contact Number(s)/ Frequency | | | Travel Time | | | Trauma Center | Burn Center | Helipad |
| Air | | Ground |
|  |  | | |  | | |  | |  | ⬜ Yes Level:\_\_\_\_\_ | ⬜ Yes ⬜ No | ⬜ Yes ⬜ No |
|  |  | | |  | | |  | |  | ⬜ Yes Level:\_\_\_\_\_ | ⬜ Yes ⬜ No | ⬜ Yes ⬜ No |
|  |  | | |  | | |  | |  | ⬜ Yes Level:\_\_\_\_\_ | ⬜ Yes ⬜ No | ⬜ Yes ⬜ No |
|  |  | | |  | | |  | |  | ⬜ Yes Level:\_\_\_\_\_ | ⬜ Yes ⬜ No | ⬜ Yes ⬜ No |
|  |  | | |  | | |  | |  | ⬜ Yes Level:\_\_\_\_\_ | ⬜ Yes ⬜ No | ⬜ Yes ⬜ No |
| **6. Special Medical Emergency Procedures:** | | | | | | | | | | | | |
| ⬜ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. | | | | | | | | | | | | |
| **7. Prepared by** (Medical Unit Leader)**:** Name: Signature: | | | | | | | | | | | | | |
| **8. Approved by** (Safety Officer)**:** Name: Signature: | | | | | | | | | | | | | |
| **ICS 206** | | **IAP Page \_\_\_\_\_** | | | | Date/Time: | | | | | | | |