

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?			
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4) Transportation (indicate Air or Ground)							
Ambulance Services	Location	Contact Number(s)/Frequency		Level of Service			
				<input type="checkbox"/> ALS	<input type="checkbox"/> BLS		
				<input type="checkbox"/> ALS	<input type="checkbox"/> BLS		
				<input type="checkbox"/> ALS	<input type="checkbox"/> BLS		
				<input type="checkbox"/> ALS	<input type="checkbox"/> BLS		
5) Hospitals							
Hospital Name	Address (Latitude & Longitude if Helipad)	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground	<input type="checkbox"/> Yes Level:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Special Medical Emergency Procedures							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7) Prepared By: (Medical Unit)							
Name: _____				Position/Title: _____			
Signature: _____				Date/Time: _____			
8) Approved By: (Safety Officer)							
Name: _____				Position/Title: _____			
Signature: _____				Date/Time: _____			
ICS 206				IAP Page:			