

MEDICAL PLAN (ICS 206)

1. Incident Name: Cracked Earth		2. Operational Period:		Date From: 6/1/2015 Time From: 07:00	Date To: 6/2/2015 Time To: 07:00		
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
Aid Station 1	Corner of 1 st and Elm Street	555-123-4567	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Aid Station 2	314 West Parker	555-123-6789	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Aid Station 3	Corner of 4 th and Ash	555-123-2222	<input checked="" 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 Service	Location	Contact Number(s)/Frequency	Level of Service				
Golden Crusifix	245 West Parker	555-124-5678	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
Paramedic Americana	216 East Tower Drive	555-221-0789	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
American EMS	876 20 th Street	555-213-3264	<input type="checkbox"/> ALS <input checked="" 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			
University Hospital	#1 Hospital Drive	555-124-0987 155.460	10	20	<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sisters of Perpetual Mercy	231 Church Street	555-125-6758 155.460		20	<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
West County Regional	3724 Westeros Drive	555-126-2957 155.460	10	15	<input checked="" type="checkbox"/> Yes Level: 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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: In the event any member of the US&R TF is injured to a point that they require medical care beyond the abilities of the TF Medical Team, immediately notify the Medical Team Manager, TFL, and the IST Medical Officer.							
<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 Leader): Name: Ken Miller				Signature: _____			
8. Approved by (Safety Officer): Name: Roy Krueger				Signature: _____			
ICS 206	IAP Page	Date/Time: 6/1/2015 12:00 AM					

ICS 206 Medical Plan

Purpose. The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

Distribution. The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Medical Aid Stations	Enter the following information on the incident medical aid station(s):
	<ul style="list-style-type: none"> • Name 	Enter name of the medical aid station.
	<ul style="list-style-type: none"> • Location 	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	<ul style="list-style-type: none"> • Contact Number(s)/Frequency 	Enter the contact number(s) and frequency for the medical aid station(s).
	<ul style="list-style-type: none"> • Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if paramedics are at the site indicated.
4	Transportation (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	<ul style="list-style-type: none"> • Ambulance Service 	Enter name of ambulance service.
	<ul style="list-style-type: none"> • Location 	Enter the location of the ambulance service.
	<ul style="list-style-type: none"> • Contact Number(s)/Frequency 	Enter the contact number(s) and frequency for the ambulance service.
	<ul style="list-style-type: none"> • Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS 	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

Block Number	Block Title	Instructions
5	Hospitals	Enter the following information for hospital(s) that could serve this incident:
	<ul style="list-style-type: none"> • Hospital Name 	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	<ul style="list-style-type: none"> • Address, Latitude & Longitude if Helipad 	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	<ul style="list-style-type: none"> • Contact Number(s)/ Frequency 	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	<ul style="list-style-type: none"> • Travel Time <ul style="list-style-type: none"> • Air • Ground 	Enter the travel time by air and ground from the incident to the hospital.
	<ul style="list-style-type: none"> • Trauma Center <input type="checkbox"/> Yes Level: _____ 	Indicate yes and the trauma level if the hospital has a trauma center.
	<ul style="list-style-type: none"> • Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if the hospital has a burn center.
	<ul style="list-style-type: none"> • Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	Special Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	Prepared by (Medical Unit Leader) <ul style="list-style-type: none"> • Name • Signature 	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by (Safety Officer) <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).