1. Incident Name	2. Operational Period (Date / Time) From: To:	MEDICAL PLAN ICS-206

3. Medical Aid Stations

Name	Location	Contact #	Paramedics On site
			❑ Y ❑ N
			❑ Y ❑ N
			❑ Y ❑ N
			❑ Y ❑ N
			❑ Y ❑ N

4. Transportation

A. Ambulance Service	Address	Contact #	Paramedics On board
			❑ Y ❑ N
			❑ Y ❑ N
			❑ Y ❑ N
			❑ Y ❑ N
			❑ Y ❑ N

B. Incident Ambulance Service	Address	Contact #	Paramedics On board
			❑ Y ❑ N
			❑ Y ❑ N

5. Hospitals

Hospital Name	Address	LAT/LONG	Contact #	Travel Time		Burn Center?	Heli-Pad?
				Air	Ground		
						❑ Y ❑ N	❑ Y ❑ N
						❑ Y ❑ N	❑ Y ❑ N
						❑ Y ❑ N	❑ Y ❑ N
						❑ Y ❑ N	❑ Y ❑ N
						❑ Y ❑ N	❑ Y ❑ N

6. Special Medical Emergency Procedures

Emergency Frequency:

***Line Emergency*:**
Crew Supervisor will contact Div Supervisor with patient complaint/condition & location.

Division Supervisor contacts: **Contact # or Frequency**

- Closest EMS resource
- Comms Unit

Division Supervisor *or designee will serve as point of contact and run medical emergency on assigned channel. The predesignated channel shall only be used for incident within an incident and only for duration of need.*

Comms Unit contacts: **Contact # or Frequency**

- Ground/Air ambulance as requested
- Operations
- Safety
- Medical Unit

Communications Unit *will clear command channel for emergency traffic as needed and only for duration of need.*

Incident Base Emergency:
Contact Communications on emergency frequency with patient complaint/symptoms and location. Communications will respond appropriate medical response.

Comms Unit contacts: **Contact # or Frequency**

- Medical Unit
- Safety
- Logistics
- Operations
- Crew Supervisor
- Comps/Claims

Incident Reporting Procedures

Chief Complaint
Location of Patient
Point of Contact
Transportation Requested By ❑ Air ❑ Ground
Point of Pickup
Lat Long
Patient Unit ID
Is an EMT with Patient? ❑ Yes ❑ No
Age:
Sex: ❑ Male ❑ Female

Additional Information:

ALL EMERGENCIES - Secure the area and identify witnesses for later investigation. Keep an accurate log of events.

7. Prepared by: (Medical Unit Leader)	Date/Time	8. Reviewed by: (Safety Officer)	Date/Time