|  |  |  |
| --- | --- | --- |
| **1. Incident Name**  | **2. Operational Period (Date / Time)**From:       To:       | **MEDICAL PLAN****ICS-206** |
| **3. Special Medical Emergency Procedures** |
| Emergency Frequency: |  | *Incident Reporting Procedures* |
| ***Line Emergency*:** Crew Supervisor will contact Div Supervisor with patient complaint/condition & location. | Chief Complaint |  |
| Location of Patient |  |
| **Division Supervisor contacts:** | **Contact # or Frequency** | Point of Contact |  |
| * Closest EMS resource
 |  | Transportation Requested By | ❑ Air ❑ Ground |
| * Comms Unit
 |  | Point of Pickup |  |
| ***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.* | Lat |  | Long |  |
| Patient Unit ID |  |
| Is an EMT with Patient?  | ❑ Yes ❑ No |
| **Comms Unit contacts:** | **Contact # or Frequency** | Age: |  |
| * Ground/Air ambulanceas requested
 |  | Sex: ❑ Male ❑ Female |
| **Additional Information:** |
| * 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
 |  |
| ***ALL EMERGENCIES - Secure the area and identify witnesses for later investigation. Keep an accurate log of events.*** |
| **4. Medical Aid Stations** |
| *Name* | *Location* | *Contact #* | *Paramedics On site* |
|       |       |       | ❑ Y ❑ N |
|       |       |       | ❑ Y ❑ N |
|       |       |       | ❑ Y ❑ N |
|       |       |       | ❑ Y ❑ N |
|       |       |       | ❑ Y ❑ N |
| **5. 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 |
| **6. Hospitals** |
| *Hospital Name* | *Address* | *LAT/LONG* | *Contact #* | *Travel Time* | *BurnCenter?* | *Heli-Pad?* |
| *Air* | *Ground* |
|       |  |  |       |       |       | ❑ Y ❑ N | ❑ Y ❑ N |
|       |  |  |       |       |       | ❑ Y ❑ N | ❑ Y ❑ N |
|       |  |  |       |       |       | ❑ Y ❑ N | ❑ Y ❑ N |
|       |  |  |       |       |       | ❑ Y ❑ N | ❑ Y ❑ N |
|       |  |  |       |       |       | ❑ Y ❑ N | ❑ Y ❑ N |
| **7. Prepared by: (Medical Unit Leader) Date/Time**           | **8. Reviewed by: (Safety Officer) Date/Time**            |