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| **ICS 206 MEDICAL PLAN** | | 1. Incident Name | | 1. Date Prepared | | | 1. Time Prepared | | | | 1. Operational Period | | | | | |
| Incident Ambulances | | | | | | | | | | | | | | | | |
|  | | | | Location | | | | | | | | | Medical Personnel  Yes No | | | |
|  | | | |  | | | | | | | | |  | |  | |
|  | | | |  | | | | | | | | |  | |  | |
| 6. Transportation | | | | | | | | | | | | | | | | |
| A. Ambulance Services | | | | | | | | | | | | | | | | |
| Name | | | Address | | | | | | Phone | | | | Paramedics  Yes No | | | |
|  | | |  | | | | | |  | | | |  | |  | |
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| B. Air Evacuation Services | | | | | | | | | | | | | | | | |
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| 7. Hospitals | | | | | | | | | | | | | | | | |
| Name | Helipad | | | | Travel Time Air Ground | | | Phone | | Helipad Yes No | | | | Burn Center Yes No | | |
|  |  | | | |  |  | |  | |  | |  | |  | |  |
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| 8. Medical Emergency Procedures | | | | | | | | | | | | | | | | |
| In the event of a medical emergency contact the Division Supervisor or unit leader. The Operations Section Chief will be contacted and will either supervise the response, monitor the response if his supervision is not needed, or delegate supervision. Nearest medical personnel will initiate treatment and determine the need for additional medical personnel at the scene and will determine most appropriate evacuation method if needed. **Communicate the following as needed and requested:**  1. Declare the nature of the emergency.  a. Medical injury/illness? If injury/illness is it Life Threatening?  2. If Life Threatening, then request that the designated frequency be cleared for emergency traffic.  3. Identify the on-scene Point of Contact (POC) by Resource and Last name (i.e. POC is TFLD Smith)  4. Identify nature of incident, number injured, patient assessment(s) and location (geographic and GPS coordinates)  5. Identify on-scene medical personnel by position and name (i.e. EMT Jones)  6. Identify preferred method of patient transport.  7. Request any additional resources and/or equipment needed.  8. Document all information received and transmitted on the radio or phone.  9. Identify any changes in the on-scene Point of Contact or medical personnel as they occur.  **The IC and Safety Officer will be notified of the incident by Operations.**    (Additional information may be added here to explain how ground or air ambulance services are requested)  **See Page 2 for coordinates for medevac sites and helibase.** | | | | | | | | | | | | | | | | |
| Prepared by (Medical Unit Leader) | | | | | 10. Reviewed by (Safety Officer) | | | | | | | | | | | |