



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 is part of the IAP.
- If additional pages are needed use a blank ICS 206 and repaginate as needed.

NO.	TITLE.	INSTRUCTIONS.
1	Incident Name / Number	Enter the name / number assigned to the incident.
2	Incident Type	Enter the type of incident. Eg: wildfire, flood, etc.
3	Date Prepared	Enter date prepared (day/month/year).
4	Time Prepared	Enter the time prepared (Use 24-hour clock).
5	Operational Period (Date/Time)	Enter the Start and End of the Operational Period including date and time.
6	Incident Medical Aid Stations	<ul style="list-style-type: none"> • Enter the name of the Medical Aid Station(s). • Enter the location (via name or coordinates) of the Medical Aid Station(s). • Enter the contact details (via radio or phone) for the Medical Aid Station(s). • Indicate whether there are paramedics available at the Medical Aid Station by use of a YES or NO.
7	Transportation	<p>Indicate whether the transportation is air or ground.</p> <p>Ambulance Services.</p> <ul style="list-style-type: none"> • Enter the Name of Ambulance Service(s). • Enter the location (via name or coordinates) where they can be found. • Enter the contact details for the Ambulance Service(s). • Indicate with a YES or NO whether there are Paramedics with the Ambulance Service(s). <p>Incident Ambulances / Transportation</p> <ul style="list-style-type: none"> • Enter the Name of Incident Ambulance / Transportation(s). • Enter the location where they can be found. • Enter the contact details for the Incident Ambulance / Transportation(s). • Indicate with a YES or NO whether there are Paramedics with the Incident Ambulance / Transportation(s).



MEDICAL PLAN - CONTINUED

8	Hospitals	<p>Enter the following details for Hospital(s) that could serve the incident.</p> <ul style="list-style-type: none">• Enter the Name of Hospital(s).• Enter the location (via address or coordinates) of where it/they can be found.• Enter the travel time needed to arrive by Air and/or by Ground.• Enter the Phone number for the Hospital(s).• Indicate with a YES or NO whether the Hospital has:<ul style="list-style-type: none">• A Trauma Unit• A Helipad• A Burn Centre
9	Special Medical Emergency Procedures and Protocols	<p>Note any special emergency instructions for use by incident personnel, including :</p> <ul style="list-style-type: none">• Who should be contacted?• How should they be contacted?• Who manages an incident within an incident due to a rescue, accident, etc.• Include procedures for how to report medical emergencies.
10	Prepared By	<p>Enter the name, position, date and time of the person (if not the Medical Unit Leader) completing the ICS 205 A.</p>
11	Reviewed By	<p>Enter the name, position, date and time of the person (if not the Safety Officer) reviewing the ICS 205 A.</p>



1. INCIDENT NAME / NUMBER

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3. DATE PREPARED		4. TIME PREPARED	
DATE		TIME	

2. INCIDENT TYPE

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5. OPERATIONAL PERIOD (DATE / TIME)

FROM		TO	
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6. INCIDENT MEDICAL AID STATIONS

NAME	LOCATION	RADIO/PHONE	PARAMEDICS

7. TRANSPORTATION (INDICATE (A) FOR AIR OR (G) FOR GROUND)

AMBULANCE SERVICES

NAME	LOCATION	RADIO/PHONE	PARAMEDICS

INCIDENT AMBULANCES / TRANSPORTATION

NAME	LOCATION	RADIO/PHONE	PARAMEDICS

8. HOSPITALS

NAME	ADDRESS/COORDINATES	TRAVEL TIME		PHONE	TRAUMA UNIT	HELI PAD	BURN CNTR
		AIR	GRND				

9. SPECIAL MEDICAL EMERGENCY PROCEDURES AND PROTOCOLS

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10. PREPARED BY MEDICAL UNIT OFFICER (INCLUDE DATE & TIME)

NAME		DATE		TIME	
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11. REVIEWED BY SAFETY OFFICER (INCLUDE DATE & TIME)

NAME		DATE		TIME	
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