



Medical Plan (ICS 206)

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| 1. INCIDENT NAME | 2. DATE/ TIME PREPARED Date _____ Time _____ | 3. OPERATIONAL PERIOD From: Date _____ Time _____ To: Date _____ Time _____ |
|-------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------|

4. INCIDENT MEDICAL AID STATION

| Medical Aid Stations | Location | Contact (number or frequency) | Paramedics | |
|----------------------|----------|-------------------------------|------------|----|
| | | | Yes | No |
| | | | | |
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4. TRANSPORTATION (indicate air or ground)

| Ambulance Service | Location | Contact (number or frequency) | Level of Serv. | |
|-------------------|----------|-------------------------------|----------------|-----|
| | | | ALS | BLS |
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7. HOSPITALS

| Hospital Name | Address (Lat. and Long. if Helipad) | Travel Time | | Contact (number or frequency) | Helipad | | Burn Ctr. | |
|---------------|-------------------------------------|-------------|------|-------------------------------|---------|----|-----------|----|
| | | Air | Grnd | | Yes | No | Yes | No |
| | | | | | | | | |
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8. SPECIAL MEDICAL EMERGENCY PROCEDURES

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|-----------------------------------------------------------------|-------------------------------------------------------------|
| 9. PREPARED BY (Medical Unit Leader) SIGNATURE | 10. APPROVED BY (Safety Officer) SIGNATURE |
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