

<b>1. Incident Name</b>	<b>2. Operational Period (Date / Time)</b> From: _____ To: _____	<b>MEDICAL PLAN ICS 206-OS</b>			
<b>3. Medical Aid Stations</b>					
Name	Location	Contact #	Paramedics On site (Y/N)		
<b>4. Transportation</b>					
Ambulance Service	Address	Contact #	Paramedics On board (Y/N)		
<b>5. Hospitals</b>					
Hospital Name	Address	Contact #	Travel Time	Burn Ctr?	Heli- Pad?
			Air    Ground		
<b>6. Special Medical Emergency Procedures</b>					
<b>7. Prepared by: (Medical Unit Leader)</b> _____ <b>Date / Time</b> _____			<b>8. Reviewed by: (Safety Officer)</b> _____ <b>Date / Time</b> _____		
MEDICAL PLAN		June 2000	ICS 206-OS		

## MEDICAL PLAN (ICS FORM 206-OS)

**Purpose.** The Medical Plan provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

**Preparation.** The Medical Plan is prepared by the Medical Unit Leader and reviewed by the Safety Officer.

**Distribution.** The Medical Plan may be attached to the Incident Objectives (ICS form 202-OS), or information from the plan pertaining to incident medical aid stations and medical emergency procedures may be taken from the plan and noted on the Assignment List (ICS form 204-OS) or on the Assignment List Attachment (ICS form 204a-OS). All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Medical Aid Stations	Enter name, location, and telephone number of the medical aid station(s) (e.g., Cajon Staging Area, Cajon Camp Ground) and indicate if paramedics are located at the site.
4.	Transportation	List name and address of ambulance services. Provide phone number and indicate if ambulance company has paramedics.
5.	Hospitals	List hospitals that could serve this incident. Enter hospital name, address, phone number, the travel time by air and ground from the incident to the hospital, and indicate if the hospital has a burn center and/or a helipad.
6.	Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel.
7.	Prepared By Date/Time	Enter the name of the Medical Unit Leader preparing the form. Enter date (month, day, year) and time prepared (24-hour clock).
8.	Reviewed By Date/Time	Enter the name of the Safety Officer who must review the plan. Enter date (month, day, year) and time reviewed (24-hour clock).