

ICS 206 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 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Medical Aid Stations	Enter the following information on the incident medical aid station(s):
	<ul style="list-style-type: none"> • Name • Location 	Enter name of the medical aid station. Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	<ul style="list-style-type: none"> • Contact Number(s) • Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No 	Enter the contact number(s) for the medical aid station(s). Indicate (yes or no) if paramedics are at the site indicated.
4	Transportation (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	<ul style="list-style-type: none"> • Ambulance Service 	Enter name of ambulance service.
	<ul style="list-style-type: none"> • Location 	Enter the location of the ambulance service.
	<ul style="list-style-type: none"> • Contact Number(s) 	Enter the contact number(s) for the ambulance service.
	<ul style="list-style-type: none"> • Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS 	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

Block Number	Block Title	Instructions
5	Hospitals <ul style="list-style-type: none"> • Hospital Name • Address, Latitude & Longitude if Helipad • Contact Number(s)/ Frequency • Travel Time <ul style="list-style-type: none"> • Air • Ground • Trauma Center <input type="checkbox"/> Yes <input type="checkbox"/> No • Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No • Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>Enter the following information for hospital(s) that could serve this incident:</p> <p>Enter hospital name and identify any predesignated medivac aircraft by name a frequency.</p> <p>Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.</p> <p>Enter the contact number(s) and/or communications frequency(s) for the hospital.</p> <p>Enter the travel time by air and ground from the incident to the hospital.</p> <p>Indicate (yes or no) if the hospital has a trauma center.</p> <p>Indicate (yes or no) if the hospital has a burn center.</p> <p>Indicate (yes or no) if the hospital has a helipad.</p>
6	Special Medical Emergency Procedures <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	<p>Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.</p> <p>Self explanatory.</p>
7	Prepared by (Medical Unit Leader) <ul style="list-style-type: none"> • Name • Signature 	<p>Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).</p>
8	Approved by (Safety Officer) <ul style="list-style-type: none"> • Name • Signature • Date/Time 	<p>Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).</p>