|  |  |  |
| --- | --- | --- |
| **1. Incident Name:** | **2. Operational Period: (Date / Time)** | **MEDICAL PLAN** **ICS 206 - EPA** |
|       | From:       To:       |  |
| **3. Medical Aid Stations:** |
| **Name** | **Location** | **Contact #** | **Paramedics On Site (Y/N)** |
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| **4. Transportation:** |
| **Ambulance Service** | **Address** | **Contact #** | **Level of Service**  |
|  |  |  | **ALS** | **BLS** |
|       |       |       | [ ]  | [ ]  |
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| **5. Hospitals:** |
| **Hospital Name** | **Address** | **Contact #** | **Travel Time** | **Burn Center (Y/N)** | **Helipad (Y/N)** | **Trauma Center****(Y/N)** |
|  |  |  | **Air** | **Ground** |  |  |  |
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| **6. Special Medical Emergency Procedures:** |
|       |
| **7. Prepared by: (Medical Unit Leader)**  | **(Date / Time)** | **8. Reviewed by: (Safety Officer)** | **(Date / Time)** |
|       |       |       |       |
| **MEDICAL PLAN ICS 206 – EPA *(Rev 02/10)*** |