

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>  <p style="text-align: center;"><b>Hansen Rd</b></p>	<b>2. Operational Period:</b> Date From: <u>6/14/23</u> Date To: <u>6/15/23</u> Time From: <u>0700</u> Time To: <u>0700</u>
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<b>3. Medical Aid Stations:</b>			
Name	Location	Contact Number/Freq	Paramedics

<b>4. Transportation (indicate air or ground):</b>			
Ambulance Service	Location	Contact Number	Level of Service

<b>5. Hospitals:</b>							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad		Air	Ground			
Kennewick General Hospital	900 Auburn St S, Kennewick, 99336, Lat/Long: 46.1992454556, -119.119216691	(509) 586-6111	00:00	00:03	Level 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lourdes Medical Center	520 4th Ave N, Pasco, 99301, Lat/Long: 46.2350255953, -119.09538616	(509) 547-7704	00:00	00:07	Level 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kadlec Medical Center	888 Swift Blvd, Richland, 99352, Lat/Long: 46.2813433761, -119.281955983	(509) 946-4611	00:03	00:16	Level 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

<b>6. Special Medical Emergency Procedures</b>	
<p><b>Line Emergency</b> Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.</p> <p>- Division Group Supervisor Contacts:</p> <ol style="list-style-type: none"> <li>Closest EMS resource</li> <li>Communications Unit</li> </ol> <p>- Communications Unit Contacts:</p> <ol style="list-style-type: none"> <li>Ground or Air ambulance as requested.</li> <li>Operations</li> <li>Safety</li> <li>Medical Unit</li> </ol> <p>- Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.</p> <ol style="list-style-type: none"> <li>A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency.</li> </ol> <p>- Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need.</p> <p><b>Camp Emergency</b> Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient.</p> <p>- Medical Unit contacts</p> <ol style="list-style-type: none"> <li>Communications</li> <li>Safety</li> <li>Logistics</li> <li>Operations</li> <li>Crew Supervisor</li> <li>Comp/Claims</li> </ol>	<p><b>Injury Reporting Procedures</b></p> <p><b>Nature of Injury:</b> _____</p> <p><b>Location of Patient:</b> _____</p> <p><b>Point of Contact:</b> _____</p> <p><b>Transportation Requested by: Air</b> ___ <b>Ground</b> ___</p> <p><b>Point of Pick-Up:</b> _____</p> <p style="padding-left: 40px;"><b>Lat:</b> _____ <b>Long:</b> _____</p> <p><b>Patient Unit ID:</b> _____</p> <p><b>Is an EMT with Patient: Yes</b> ___ <b>No</b> ___</p> <p><b>Age:</b> _____ <b>Sex: Male</b> ___ <b>Female</b> ___</p> <p><b>All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.</b></p>

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

<b>7. Prepared by (Medical Unit Leader):</b>	<b>Signature:</b> _____
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<b>8. Approved by (Safety Officer):</b>	<b>Signature:</b> _____
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<b>ICS 206</b>	NIMS IAP	Date/Time: _____
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