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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)*** | | | | | | | | | | | | | | | | |