

HICS 206 – STAFF MEDICAL PLAN						
1. INCIDENT NAME	2. DATE PREPARED	PREPARED 3. TIME PR		4. OPERATIONAL PERIOD DATE/TIME		
5. TREATMENT OF INJURED/	ILL STAFF					
Location of Staff Treatment Area			Contact Information			
Treatment Area Team Leader		Cont	Contact Information			
Special Instructions						
6. RESOURCES ON HAND						
STAFF	MEDICAL TRANSPOR	TATION	MEDIC	CATION	SUPPLIES	
MD/DO	Litters					
PA/NP	Portable Beds					
RN/LPN	Transport					
Technicians/CN	Wheelchairs					
Ancillary/Other						
7. TEMPORARY MEDICAL TREATMENT SITE(S)						
NAME	ADDRESS		PI	HONE	SPECIALTY CARE (specify)	
8. PREPARED BY (SUPPORT BRANCH DIRECTOR)						
9. FACILITY NAME						

Origination: Support Branch Director