

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