

HICS 206 - STAFF MEDICAL PLAN

1. Incident Name St. Elsewhere Loss of Water		2. Operational Period (# 1) DATE: FROM: 19-DEC-2019 TO: 19-DEC-2019 TIME: FROM: 0800 TO: 1200	
3. Treatment Areas			
AREA NAME	LOCATION	UNIT / TEAM LEADER CONTACT NUMBER / CHANNEL	
Triage Area	Emergency Department Patient Parking Area	Casualty Care Unit Leader/Triage Team/123-123-1234	
Immediate Treatment Area	Emergency Department	Casualty Care Unit Leader/Immediate Treatment Team/234-234-2345	
Delayed Treatment Area	Cath Lab	Casualty Care Unit Leader/Delayed Treatment Team/345-345-3456	
Minor Treatment Area	GI Lab	Casualty Care Unit Leader/Minor Treatment Team/456-456-4567	
4. Resources On Hand (numbers)			
STAFF	TRANSPORTATION DEVICES	MEDICATION	SUPPLIES
MD/DO 4 ED MD	LITTERS 18	1 ACLS Crash Cart (Locked)	7 IV Poles
PA/NP 1 NP 1 PA	PORTABLE BEDS 0		2 Ambu bags
RN/LPN 8 RN	GURNEYS 12		3 WOW Carts
TECHNICIANS/CAN 2 EMERGENCY TECH	WHEELCHAIRS 7		2 boxes gloves of each size – S, M, L
ANCILLARY/OTHER 3 REGISTRATION	EVAC. ASSIST DEVICES 0		4 boxes N 95s
5. Transportation (indicate air or ground)			
AMBULANCE, BUS, VAN, PRIVATE VEHICLE, AIR	LOCATION	CONTACT NUMBER / FREQUENCY	LEVEL OF SERVICE
Sunshine State Ambulance	Physician Parking Lot	123-123-1234	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
Sunshine State Ambulance	Physician Parking Lot		<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
6. Alternate Care Site(s)			
FACILITY NAME	ADDRESS	CONTACT NUMBER / FREQUENCY	SPECIALTY CARE (SPECIFY)
Sunshine Skilled Nursing	123 Sunshine Road, Sunshine, CA 99999	234-234-2345	SNF
7. Special Instructions			
8. Prepared by PRINT NAME: Ronnie Rainwater SIGNATURE: <i>Ronnie Rainwater</i> DATE/TIME: 19-DEC-2019 0950 FACILITY: St. Elsewhere Hospital			
9. Approved by PRINT NAME: Martha Stewart SIGNATURE: <i>Martha Stewart</i> DATE/TIME: 19-DEC-2019 1015 FACILITY: St. Elsewhere Hospital			



Purpose: Provides information on staff treatment areas
Origination: Employee Health and Well-Being Unit Leader
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

HICS 206 - STAFF MEDICAL PLAN

PURPOSE: The HICS 206 - Staff Medical Plan addresses the treatment plan for injured or ill staff members and / or volunteers. The HICS 206 provides information on staff treatment areas, resources on-hand, transportation services, and special instructions.

ORIGINATION: Prepared by the Logistics Section Employee Health and Well-Being Unit Leader

COPIES TO: Duplicate and provide to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to staff treatment areas and special instructions may be noted on the Assignment List (HICS 204). All completed original forms must be given to the Documentation Unit Leader.

NOTES: If additional pages are needed, use a blank HICS 206 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Treatment Areas	Enter the name of the treatment area, the location, and the contact numbers.
4	Resources On Hand	Enter the number of listed resources that are available and assigned to the treatment areas.
5	Transportation	Enter the information for transportation services available to the incident.
6	Alternate Care Site(s)	Enter the information for alternate care sites that could serve this incident.
7	Special Instructions	Note any special emergency instructions for use by incident personnel, including who should be contacted, how should they be contacted; and who manages an incident within an incident due to a rescue, accident, etc.
8	Prepared by	Enter the name and signature of the person preparing the form, typically the Employee Health and Well-Being Unit Leader. Enter date (m/d/y), time prepared (24-hour clock), and facility.
9	Approved by	Enter the name of the person who approved the plan. Enter date (m/d/y), time reviewed (24-hour clock), and facility.