

# NHICS 206 | STAFF MEDICAL PLAN



1. INCIDENT NAME	2. OPERATIONAL PERIOD		
	DATE:	FROM:	TO:
	TIME:	FROM:	TO:
3. TREATMENT AREAS			
AREA NAME	LOCATION	TEAM LEADER & ALTERNATE CONTACT NUMBER	
4. RESOURCES ON HAND (numbers)			
STAFF	TRANSPORTATION DEVICES	MEDICATION	SUPPLIES
MD/DO	LITTERS		
PA/NP	PORTABLE BEDS		
RN/LPN	GURNEYS		
TECHNICIANS	WHEELCHAIRS		
ANCILLARY/OTHER	EVAC. ASSIST DEVICES		
5. TREATMENT RESOURCES (EXTERNAL)			
NAME	PHONE	ADDRESS	
MD/DO			
NEAREST HOSPITAL/EMERGENCY ROOM			

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TREATMENT RESOURCES (EXTERNAL) continued...			
NAME	PHONE	ADDRESS	
ALTERNATE HOSPITAL/EMERGENCY ROOM			
OCCUPATIONAL HEALTH CLINIC			
6. TRANSPORTATION			
AMBULANCE, BUS, VAN, PRIVATE VEHICLE, AIR	LOCATION	CONTACT NUMBER	LEVEL OF SERVICE
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
7. ALTERNATE CARE SITE(S)			
FACILITY NAME	ADDRESS	CONTACT NUMBER	SPECIALTY CARE (SPECIFY)
8. SPECIAL INSTRUCTIONS			
9. PREPARED BY SAFETY OFFICER	PRINT NAME: _____	SIGNATURE: _____	
	DATE/TIME: _____	FACILITY: _____	
10. APPROVED BY	PRINT NAME: _____	SIGNATURE: _____	
	DATE/TIME: _____	FACILITY: _____	

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## INSTRUCTIONS

**PURPOSE:** Addresses the treatment plan for injured or ill staff members and / or volunteers. The NHICS 206 provides information on staff treatment areas, resources (external), transportation services, and special instructions.

**ORIGINATION:** Safety Officer

**COPIES TO:** All IMT staff

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

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	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	<b>Treatment Areas</b>	Enter the name of the treatment area, the location, and the contact numbers.
4	<b>Resources On Hand</b>	Enter the number of listed resources that are available and assigned to the treatment areas.
5	<b>Treatment Resources (External)</b>	Enter the contact information for external treatment resources.
6	<b>Transportation</b>	Enter the information for transportation services available to the incident.
7	<b>Alternate Care Site(s)</b>	Enter the information for alternate care sites that could serve this incident.
8	<b>Special Instructions</b>	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.
9	<b>Prepared by Safety Officer</b>	Enter the name and signature of the person preparing the form, typically the Safety Officer. Enter date (m/d/y), time prepared (24-hour clock), and facility.
10	<b>Approved by</b>	Enter the name of the person who approved the plan. Enter date (m/d/y), time reviewed (24-hour clock), and facility.