

MEDICAL PLAN (ICS 206)

1. Incident Name: Waccasassa Wildfire	2. Operational Period: Date From: 06/09/18 Time From: 0800	Date To: 06/09/18 Time To: 1200
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3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
Care Spot (urgent care walk in)	3925 NW 43rd St (16 min)	352-371-1777	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
		911	<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

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
UF Health Shands	1600 SW Archer Rd Gainesville, FL 32608	911 352-265-0111		17 min	<input checked="" type="checkbox"/> Yes Level: _1__	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
North Florida Regional Medical Center	6500 W Newberry Rd Gainesville, FL 32605	911 352-333-4000		23 min	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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6. Special Medical Emergency Procedures: <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	
7. Prepared by (Medical Unit Leader): Name: John Troupe _____ Signature: _____	
8. Approved by (Safety Officer): Name: _____ Signature: _____	
ICS 206	IAP Page _____ Date/Time: _____