

MEDICAL PLAN	TASK #	DATE PREPARED: TIME PREPARED:
FOR OPERATIONAL PERIOD #	TASK NAME:	PREPARED BY (LOGISTICS):

FIRST AID STATIONS			RESOURCE				
STATION NAME/CALL SIGN	RADIO FREQUENCY	LOCATION	OFA 1	OFA 2	OFA 3	PARAMEDIC	ALS

EVACUATION TEAM		RESOURCE						EQUIPMENT
CALL SIGN:								OXYGEN KIT C/W BAG, MASK & AIRWAYS SPINE BOARD HEAD IMMOBILIZER HEAD SHIELD BASKET STRETCHER VACUUM SPLINT SAGER SPLINT SAM SPLINT TRAUMA PACK HYPOTHERMIA KIT SUCTION KIT DEFIBRILATOR
#	TEAM MEMBERS	OFA 1	OFA 2	OFA 3	PARAMEDIC	ALS		
1								
2								
3								
4								
5								
6								

AMBULANCE SERVICES			
ORGANIZATION	CONTACT	PHONE	RADIO (Mhz)

HOSPITALS								
NAME	LOCATION	TRAVEL TIME		PHONE	TRAUMA UNIT Y	HELI PAD Y	BURN UNIT Y	HYPOTHERMIA Y
		AIR	GROUND					

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