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| Incident Action Plan |
| King County Technical Rescue |
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| **INCIDENT OBJECTIVES** | 1. Incident Name
 | 2. Date | 3. Time |
| **4. Operational Period** |
| 5. General Control Objectives for the Incident (include alternatives)  |
| 6. Weather Forecast for Period |
| 7. General Safety Message |
| 8. Attachments (mark if attached) |
| [ ]  | Organization List - ICS 203 | [x]  | Medical Plan - ICS 206 | [ ]  | (0ther)       |
| [ ]  | Div. Assignment Lists - ICS 204 | [ ]  | Incident Map | [ ]  | General message |
| [ ]  | Communications Plan - ICS 205 | [ ]  | Traffic Plan |  |       |
| 9. Prepared by (Planning Section Chief) | 10. Approved by (Incident Commander)      |

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| **MEDICAL PLAN** | 1. Incident Name
 | 1. Date Prepared
 | 1. Time Prepared
 | 1. Operational Period
 |
| 5. Incident Medical Aid Station |
| Medical Aid Stations | Location | Paramedics Yes No |
|  |  |  |  |
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|       |       |     |     |
|       |       |     |     |
| 6. Transportation |
| A. Ambulance Services |
| Name | Address | Phone | Paramedics Yes No |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| B. Incident Ambulances |
| Name | Location | Paramedics Yes No |
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|  |  |  |  |
|       |       |     |     |
| 7. Hospitals |
| Name | Address | Travel TimeAir Ground | Phone | HelipadYes No | Burn CenterYes No |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 8. Medical Emergency Procedures |
|  |
| Prepared by (Medical Unit Leader)      | 10. Reviewed by (Safety Officer)      |

ICS 206

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| **GENERAL MESSAGE** |
| **TO**:  | POSITION:       |
| FROM:  | POSITION: |
| SUBJECT:  | DATE:  | TIME:  |
| MESSAGE: |
|  |
| Signature: | POSITION:      |

ICS 213