STAFF MEDICAL PLAN

HOSPITAL INCIDENT COMMAND SYSTEM

1. INCIDENT NAME

2. DATE PREPARED | 3. TIME PREPARED | 4. OPERATIONAL PERIOD DATE / TIME

5. TREATMENT OF INJURED / ILL STAFF

Location of Staff Treatment Area | Contact Information

Treatment Area Team Leader | Contact Information

Special Instructions

6. RESOURCES ON HAND

STAFF	MEDICAL TRANSPORTATION	MEDICATION	SUPPLIES
MD/DO	Litters		
PA/NP	Portable Beds		
RN/LPN	Transport		
Technicians/CN	Wheelchairs		
Ancillary/Other			

7. ALTERNATE CARE SITE(S)

NAME	ADDRESS	PHONE	SPECIALTY CARE (SPECIFY)

8. PREPARED BY (SUPPORT BRANCH DIRECTOR) | 9. FACILITY NAME

PURPOSE: OUTLINE RESOURCES FOR MEDICAL CARE OF INJURED / ILL HOSPITAL PERSONNEL. **ORIGINATION:** SUPPORT BRANCH DIRECTOR.
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