

MEDICAL PLAN (ICS 206)

1. Incident Name: EXERCISE VIRALDUO	2. Operational Period: Date From: FEB 2 Time From: 0700	Date To: FEB 3 Time To: 1800
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3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
UF Health Shands Emergency Center - Springhill	8475 NW 39th Ave Gainesville FL 32606	(352) 627-0400	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PHYSICIANS
			<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
DIAL 911		DIAL 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 Hospital	1600 SW Archer Rd Gainesville, FL 32610	352 265 0111	10min	20min	<input checked="" type="checkbox"/> Yes Level: <u> 1 </u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
North Florida Regional Medical Center	6500 W Newberry Rd Gainesville,, FL 32605	352 333 4000	8 min	15 min	<input checked="" type="checkbox"/> Yes Level: <u> ? </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Malcolm Randall VA Medical Center	1601 SW Archer Rd Gainesville FL 32608	352 376 1611	10 min	20 min	<input type="checkbox"/> Yes Level: <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:

Much shorter wait for non life-threatening issues, at the Springhill ER which is within a mile of the Conference.

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: Gordon Gibby MD Signature: /s/

8. Approved by (Safety Officer): Name: _____ Signature: _____

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