

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD  
**MEDICAL PLAN (ICS 206-CG)**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** USCG is authorized to collect the information pursuant to Emergency Management Manual, Volume IV: Incident Management and Crisis Response, COMDTINST M3010.24; Management of Domestic Incidents, Homeland Security Presidential Directive-5 (HSPD-5); National Preparedness, Presidential Policy Directive-8 (PPD-8); U.S. Coast Guard Emergency Management Manual, Volume I: Emergency Management Planning Policy, COMDTINST M3010.11; 40 C.F.R. § 300.125(a)(b); 14 U.S.C. § 504, Commandant; general powers.

**PURPOSE:** USCG collects the information to document the Command's strategic direction and guidance through priorities, key decisions or procedures, and limitations or constraints used during the operational period.

**ROUTINE USES:** USCG will use this information to assist the Coast Guard and other agencies in all facets of emergency and incident management to prioritize and gauge the effectiveness of response actions. Information from this form may be disclosed externally as a "routine use" pursuant to DHS/USCG/PIA-008 Marine Information for Safety and Law Enforcement (MISLE).

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. To assist with maintaining confidentiality, respondents are advised not to disclose any additional personally identifiable information (PII) in their free-form responses.

**GENERAL INSTRUCTIONS**

**Purpose.** The Medical Plan (ICS 206-CG) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures. The ICS 206-CG serves as part of the Incident Action Plan.

**Preparation.** The ICS 206-CG is usually prepared by the Medical Unit Leader if assigned. If a Medical Unit Leader is not assigned to the incident, the Logistics Section Chief is responsible for preparing the Medical Plan. The ICS 206-CG is reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations as needed.

**Distribution.** The ICS 206-CG is duplicated and attached to the Incident Objectives (ICS 202-CG) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204-CG). All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Description
1.	Incident Name	Enter the name assigned to the incident.
2.	Incident Location	Enter the location of the incident / City and State or Country if applicable.
3.	Operational Period	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4.	Medical Aid Stations	Enter the following information on the incident medical aid station(s):
	• Name	Enter name of the medical aid station.
	• Location	Enter the location of the medical aid station (e.g., Staging Area, Campground).
	• Contact Information	Enter the contact number(s) and frequency for the medical aid station(s).
	• Paramedics Onsite?	Indicate (yes or no) if paramedics are at the site indicated.
5.	Transportation	Enter the following information for ambulance services available to the incident:
	• Name	Enter name of ambulance service.
	• Location	Enter the location of the ambulance service.
	• Contact Information	Enter the contact number(s) and frequency for the ambulance service.
	• Level of Service	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).
6.	Hospitals	Enter the following information for hospital(s) that could serve this incident:
	• Name	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	• Address Lat/Long	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	• Contact Information	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	• Travel Time	Enter the travel time by air and ground from the incident to the hospital.
	• Trauma Center	Indicate yes and the trauma level if the hospital has a trauma center.
	• Burn Center	Indicate (yes or no) if the hospital has a burn center.
• Helipad	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Air Operations.	
7.	Special Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
8.	Prepared by	Enter the name, ICS position/title, and signature of the person preparing the form.
9.	Approved by (Safety Officer)	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).
	• Name	
	• Position/Title	
	• Signature	
	• Date/Time	

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1. Incident Name:	2. Incident Location:	3. Operational Period (Date/Time): From: _____ To: _____
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4. Medical Aid Stations:			
Name	Location	Contact Information	Paramedics Onsite?
			Yes    No
			Yes    No
			Yes    No
			Yes    No
			Yes    No

5. Transportation:			
Ambulance Service	Location	Contact Information	Level of Service
			ALS    BLS
			ALS    BLS
			ALS    BLS
			ALS    BLS

6. Hospitals:							
Name	Address Lat/Long if Helipad	Contact Information	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					Yes Level:	Yes No	Yes No
					Yes Level:	Yes No	Yes No
					Yes Level:	Yes No	Yes No
					Yes Level:	Yes No	Yes No

7. Special Medical Emergency Procedures:
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8. Prepared by:	Name:	Position:	Signature:
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9. Reviewed by: (Safety Officer)			
Name:	Position Title:	Signature:	Date/Time: