

MEDICAL PLAN (ICS 206)

1. Incident Name: Philomath Wildfire - Training		2. Operational Period: Date From: 10/15/2026 Time From: 0800		Date To: 10/15/2026 Time To: 2000			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
Training first-aid point	Training shelter reception desk (fictional)	Exercise contact: EX-MED	☐ Yes ☒ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
Training EMS (ground)	Exercise standby point (fictional)	Exercise contact: EX-MED	☒ ALS ☐ BLS				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Training Hospital (fictional)	Exercise destination A No actual address	Exercise contact: EX-MED	N/A	20 min assumed	☐ Yes Level: N/A	☐ Yes ☒ No	☐ Yes ☒ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
6. Special Medical Emergency Procedures:							
Exercise inject: stop the simulated task and notify the supervisor and Medical Unit via EX-MED. Provide the exercise location, nature of the inject, number of simulated patients and access concerns. Do not dispatch real responders for an inject. Real emergency: call 911, identify a real emergency, give the actual location and follow dispatcher instructions. Notify the supervisor when possible. Keep access clear. All facilities, capabilities and travel times above are fictional exercise assumptions. Confirm actual services, contacts and routes before real use. No aviation rescue assets are assigned.							
☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: <u>Example Medical Lead</u> Signature: <u>Unsigned training example</u>							
8. Approved by (Safety Officer): Name: <u>Example Safety Officer</u> Signature: <u>Unsigned training example</u>							
ICS 206		IAP Page <u>9</u>		Date/Time: <u>10/14/2026 1945 (exercise Safety review)</u>			