

MEDICAL PLAN				VMS 206 Rev. 9/25/05	
This form presents information for the referral and treatment of injuries or illnesses encountered in ACPH-VMS personnel or volunteers. It is updated during each operational period and included in the ACPH-VMS Action Plan.				LOGISTICS CHIEF Distribution to Safety Officer, and VMS Plans	
1. INCIDENT NAME:		2. DATE/TIME PREPARED:		3. OPERATIONAL PERIOD	
4. Onsite Evaluation Choices:					
FIRST AID PROVIDED ON SCENE CARE SOUGHT AT IMS AID STATION FOLLOW UP SUGGESTED WITH PRIVATE PROVIDER (volunteer declines immediate further evaluation) TRANSPORT TO ED/CLINIC BY PERSON'S OWN VEHICLE (POV) 911 ASSISTANCE					
5. ICS/IMS MEDICAL AID STATION(S) (VMS first aid supplies are kept in the ACPH-VMS Management Office)					
NAME		LOCATION		PARAMEDICS YES NO	
6. CLOSEST HOSPITALS/CLINICS TO VMS					
NAME		ADDRESS		TRAVEL TIME	PHONE
7. MEDICAL EMERGENCY PROCEDURES					
<i>For emergency health problems beyond those that require only first aid level of care:.</i>					
VMS Staff will:					
<ul style="list-style-type: none"> ◆ Direct on-site care until arrival of 911 assistance (as appropriate) ◆ Confirm 911 contact as appropriate ◆ Begin documentation (incident report) ◆ File report with Finance/Admin ◆ Assure notification of emergency contact is made (as appropriate) 					
<i>Medical assistance for volunteer personnel during assignments will be provided by the ICS/IMS and described under the site specific medical plan developed by the IMS. Volunteers are to report any injury/illness to their supervisor. Assigned volunteers are required to complete an Arlington County Volunteer Incident Report form.</i>					
8. PREPARED BY (name and signature):			9. REVIEWED BY (VMS Manager, name and signature):		

**Instructions for:
VMS 206 – Medical Plan**

This form presents information for the referral and treatment of injuries or illnesses encountered in ACPH-VMS personnel or volunteers. ACPH-VMS Logistics is responsible for the completion of this form. It is updated during each operational cycle and forwarded to ACPH VMS Plans for inclusion in the ACPH-VMS Action Plan. For any section which requires more rows, these may be added electronically before completing the form (“insert rows”).

- ? *Section 1: Document the name given by ICS/IMS management to the name of the incident.*
- ? *Section 2: Document the time and date the 206 is being prepared.*
- ? *Section 3: Document the operational period the 206 applies to. For instance, if operating on a 12 hour cycle, then put 0700-1900 or 1900-0700 as appropriate. If operating on a 24 hour cycle, then 0700-0700 as appropriate.*
- ? *Section 4: This section provides a guide of possible choices for evaluation and treatment of VMS personnel of volunteers.*
- ? *Section 5: Document the names and locations of ICS/IMS treatment areas as appropriate. Ensure that these areas have been informed about the potential to treat/transport VMS personnel or volunteers. List location and whether paramedic level care or higher is available at the station.*
- ? *Section 6: List hospitals and clinics near by that may be used for referrals. Include phone numbers (for hospitals, ED phone numbers preferred) and location. For hospitals, indicate whether the facility is an ACS level I trauma center.*
- ? *Section 7: For any event beyond first aid care provided on site, at a minimum, appropriate VMS paper work must be completed and filed with appropriate sections. For true emergencies, further actions are provided for guidance.*
- ? *Section 8: Document name and signature of individual preparing 206.*
- ? *Section 9: Document name and signature of VMS management person who has reviewed and approved the 206.*