

↑ If needed, the binding spiral can be removed which will allow the distribution of checklists and tools among designated staff. Replacing the spiral can be done inexpensively at many printing services providers.

Medical Operations Field Guide for Multi-Casualty Incident Response



Purpose

Pikes Peak MMRS Medical Operations Field Guide for Multi-Casualty Incident Response is intended to help first responders with properly assessing a multi-casualty incident, establishing Incident Command, performing Triage, Treatment, Transportation, and Patient Tracking activities during the early phase of the incident.

Scope

This guide contains a number of the Incident Command System position checklists commonly used during the initial operation of a multiple/mass casualty incident. As an incident expands it is recommended that the Incident Commander, Medical Branch Director, or Medical Group/Division Supervisor follow the applicable Standard Operating Procedures. Condensed worksheets and tracking logs are included in this guide as well to assist with tracking information during the initial operational period.

Use

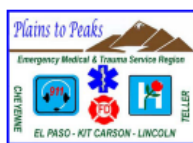
- This field guide is meant to be used with a pencil or ballpoint pen and cleaned with an alcohol wipe.

Document Availability

This document can be downloaded at:

- Plains to Peaks RETAC - <http://www.plainstopeaks.org/>

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Plains to Peaks RETAC*



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Version 2

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FIRST ON SCENE

First unit on scene completes a visual size-up, assumes and announces command, confirms the incident location, and then completes the five steps of scene management:

SAFETY ASSESSMENT - Assess the scene observing for:

- Electrical hazards
- Flammable liquids
- Hazardous materials
- Other life-threatening situations
- Maintain awareness of potential Secondary Explosive devices
- Proceed if safe to do so

SCENE SIZE-UP - How big and how bad is it? Survey scene for:

- Type and/or cause of incident
- Approximate number of patients
- Estimated level of acuities (Red, Yellow, Green)
- Area involved, including problems with scene access

SEND INFORMATION

- Inform dispatch and other responding units of the situation
- Verify that an MCI alert has been initiated to notify area hospitals
- Establish Incident Command & request additional resources
- Request appropriate talkgroups/channels or patches as needed

SET-UP TO MANAGE CASUALTIES

- Establish Staging Area
- Identify and control access and egress routes
- Identify adequate work areas for Triage, Treatment, and Transportation

START/JumpSTART TRIAGE

- Begin where you are
- If safe, start primary triage by initial EMS personnel on scene
- If patients are in imminent danger, move patients to a casualty collection point
- Move walking wounded to Minor Treatment area
- Systematically tag or mark remaining patients
- Provide only life-saving interventions
 - No longer than 30-60 seconds per patient
 - Open/re-position airway or insert OPA if needed
 - Control profuse bleeding
 - 5 rescue breaths on pediatric patients as applicable
 - Place patient in coma position if needed
- Maintain patient count by color (Red, Yllw, Grn) & report to IC.

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FIRST ON SCENE

INCIDENT COMMANDER

Function: Responsible for the overall management and coordination of personnel and resources responding to the incident.

Radio Designation: Incident Commander

RESPONSIBILITIES

- Assumes command and announces name, title and location of the Incident Command Post to the communications center.
- Don appropriate vest to reflect Incident Commander position.
- Identify potentially hazardous situations. Appoint a Safety Officer if needed
- Assess current situation.
- Estimate number of patients.
- Request additional resources as appropriate.
- Ensure hospitals have been notified by dispatch or other communications method (MCI Alert).**
- Establish a visible command post.
- Initiate, maintain and control communications.
- Assign ICS functions.
- Assign and direct resources.
- Track current resources committed.
- Develop, evaluate and revise operational plan.
- Coordinate with other agencies. Appoint a Liaison Officer if needed.
- Control and facilitate media. Appoint a Public Information Officer if needed
- Complete ICS Form 201 and Unit Activity Log (ICS 214)

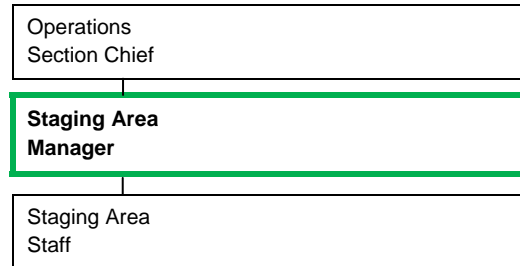
<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Coroner	<input type="checkbox"/> HazMat	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Emergency Mgmt/EOC	<input type="checkbox"/> Health Dept	<input type="checkbox"/> Specialized Rescue
<input type="checkbox"/> Buses	<input type="checkbox"/> Environmental Protection	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Utilities
<input type="checkbox"/> Chaplain/ Behavioral Hlth	<input type="checkbox"/> Geo-Spatial Information Sys	<input type="checkbox"/> Medical Supply Caches	<input type="checkbox"/>

FIRST ON SCENE

INCIDENT COMMAND WORKSHEET

1. Incident Name	2. Date Prepared	3. Time Prepared
4. Map Sketch		
5. Summary of Current Actions		

STAGING AREA MANAGER



Reports to: Operations Section Chief

Radio Designation: Staging Manager

RESPONSIBILITIES

- Don appropriate vest to reflect Staging Manager position.
- Establish Staging Area in a visible position that ensures unimpeded access and egress points.
- Provide appropriate staffing, vehicles, equipment and supplies as requested.
- Maintain status of number and types of resources in staging area.
- Track all resources entering and leaving the Staging Area. May need to assign a Scribe.
- Recommend additional staffing, equipment and resources when necessary.
- Verify the equipment pool location.
- Coordinate security for staging area.
- Maintain communications with Operations Section Chief and Transportation Group/Division Supervisor.
- Ensure that personnel stay with their vehicles until given assignment.
- Maintain Unit/Activity Log (ICS Form 214)

Notes:

- Locate and secure buses for use by Transportation Group/Division Supervisor.
- As possible, use mobile radio to communicate with incoming units.
- Size of incident may require a separate ambulance staging area.

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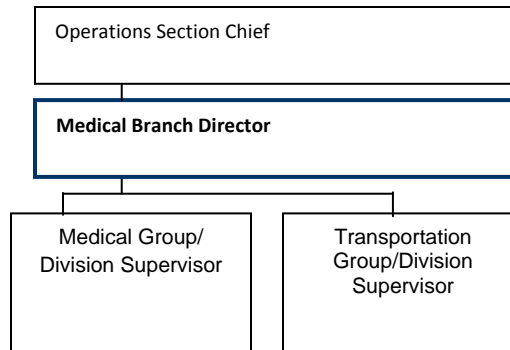
FIRST ON SCENE

STAGING LOG

Resource Identification Agency Name/Unit#	Time in	Location/ Assignment	Time Out

FIRST ON SCENE

MEDICAL BRANCH DIRECTOR



Report to: Operations Section Chief

Radio Designation: Medical Branch

RESPONSIBILITIES

- Don appropriate vest to reflect Medical Branch Director position.
- Obtain briefing from the Operations Section Chief or Incident Commander.
- Verify the location of the staging and/or rehabilitation area if needed.
- Appoint and supervise the Medical Group/Division and Transportation Group/Division Supervisors.
- Coordinate, direct and manage all Medical Branch operations.
- Ensure accountability for all personnel assigned to this branch/group.
- Review branch assignments for effectiveness and modify as needed.
- Monitor safety and welfare of branch personnel.
- Provide Incident Action Plan input and status reports to the Operations Section Chief.
- Ensure that the MCI alert is updated periodically.
- Request additional personnel and resources as needed.
- Ensure personnel and patient safety.
- Consider stress management assistance for personnel.
- Complete Assignment List (ICS 204) and Unit Activity Log (ICS 214).

MEDICAL BRANCH DIRECTOR WORKSHEET

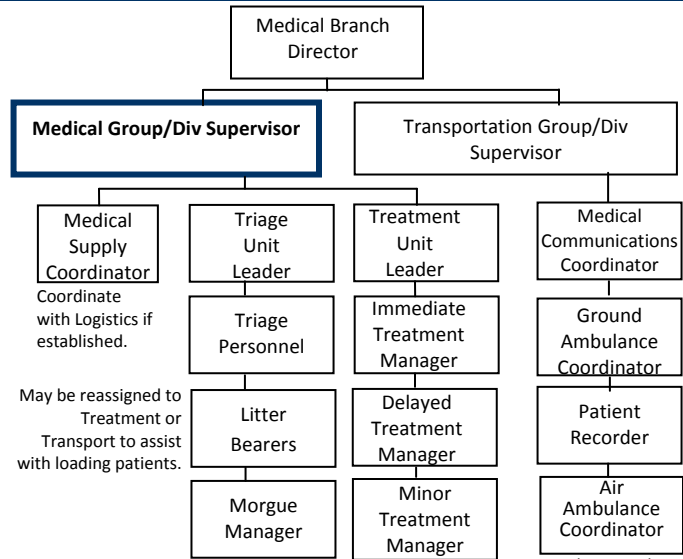
Medical Grp/Div 1				
Talkgroup				
Location				
R	Y	G	B	Total
Situation/Resources				

Medical Grp/Div 2				
Talkgroup				
Location				
R	Y	G	B	Total
Situation/Resources				

Transportation
Talkgroup/Channel
Location
Situation Status
Resource Status

MEDICAL

MEDICAL GROUP/DIVISION SUPERVISOR



Report To: Medical Branch Director

Radio Designation: Medical Supervisor

Coordinate with Air Operations Branch if established.

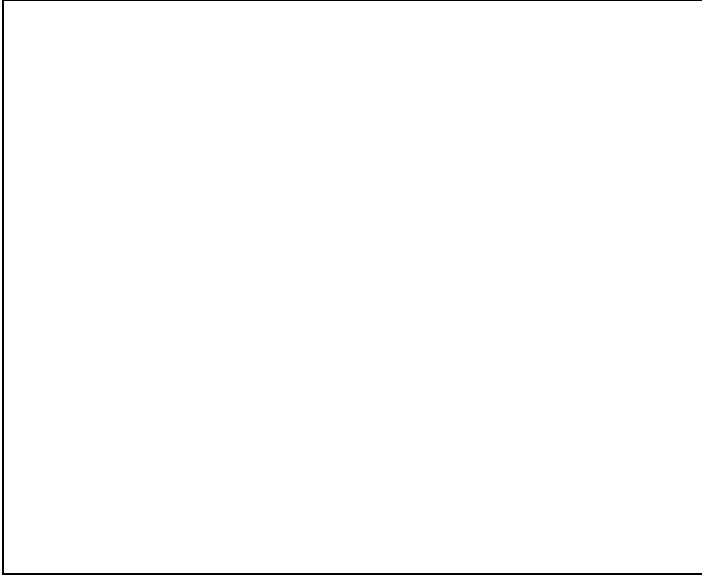
RESPONSIBILITIES

- Don appropriate vest to reflect Medical Supervisor position.
- Obtain briefing from Medical Branch Director.
- Perform a hazard assessment and establish a safe zone to operate.
- Establish Medical Group. Request additional personnel and resources.
- Designate and supervise Unit Leaders.
- Designate appropriate treatment area locations. Isolate Morgue Area from the Treatment Areas.
- Ensure that medical supplies are cached and located at treatment area.
- Appoint a Medical Supply Coordinator if needed.
- Report number/color categories of patients to Medical Branch Director.
- Request law enforcement for security and traffic control as needed.
- Appoint Morgue Manager as needed.
- Establish communication with the Transportation Group/Division Supv.
- Account for, supervise, and monitor the safety of assigned personnel.
- Maintain Unit/Activity Log (ICS Form 214).

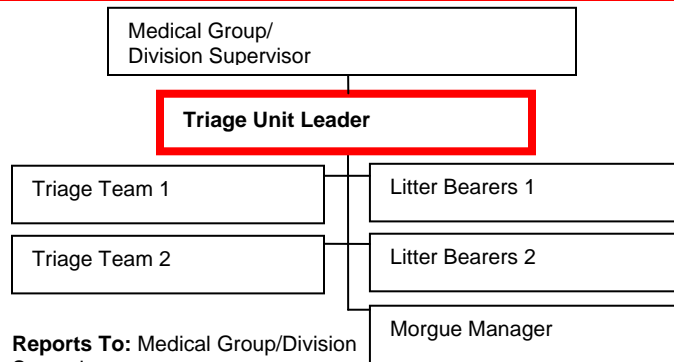
**MEDICAL GROUP/DIVISION SUPERVISOR
WORKSHEET**

Patient Count	
R	
Y	
G	
B	

Scene Sketch



TRIAGE UNIT LEADER



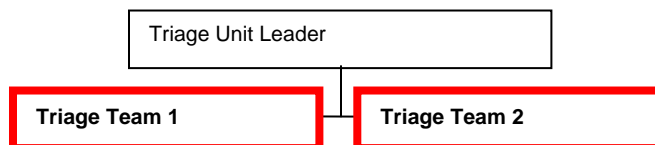
Reports To: Medical Group/Division Supervisor

Radio Designation: Triage Unit Leader

RESPONSIBILITIES

- Don appropriate vest to reflect Triage Unit Leader position.
- Obtain briefing from Medical Group/Division Supervisor.
- Develop organization sufficient to handle the assignment. Consider appointing Triage Teams, Litter Bearer Teams, as needed.
- If patients are in imminent danger, move to a casualty collection point before performing triage.
- Implement triage using the START and JumpSTART methods.
- Inform Medical Group/Division Supervisor of resource needs.
- Coordinate the movement of patients from the Triage Area to the appropriate Treatment Area.
- Appoint Litter Bearer Teams to move patients. Note: 3-4 person teams may be more effective over extended time.
- Utilize the uninjured or minor (Green) patients to assist or direct them to the Green Treatment Area.
- Move immediate (Red) patients followed by the delayed (Yellow) patients to the designated Treatment Areas.
- Leave deceased (black) victims in place unless necessary to protect remains or reach viable patients.
- Establish a Morgue Area and Morgue Manager if needed.
- Record the number and color categories of patients triaged.
- Tabs from triage tags may be attached to the Triage Tracking Log.
- Ensure that the green patients are marked and tracked.
- Provide status reports to the Medical Group/Division Supervisor to include the number of patients and the triage categories.
- Ensure personnel and patient safety.
- Maintain security and control of the triage area.
- Maintain worksheets and Unit /Activity Log (ICS Form 214).

TRIAGE PERSONNEL JOB AID



Reports to: Triage Unit Leader

Radio Designation: Triage Team 1, 2, 3, etc.

RESPONSIBILITIES

- Don appropriate vest to reflect Triage Personnel.
- Obtain briefing from the Triage Unit Leader (if one is established) before beginning primary triage.
- During primary triage utilize START and JumpSTART algorithms. It should generally take no longer than 30-60 seconds to triage each patient and provide the following medical treatments if needed:
 - o Open airway and secure with OPA as needed
 - o Control severe hemorrhage
 - o Provide five rescue breaths for pediatric patients that are apneic but have palpable pulses
 - o Apply occlusive dressing to sucking chest wound if needed
 - o Place unconscious patients in the coma position
- Tag or mark patients with appropriate category color (Red, Yellow, Green, Black). DO NOT take time to fill out the triage tag.
- Maintain and report patient count and category to Triage Unit Leader.
- After primary triage is completed, coordinate with the Triage Unit Leader for the movement of patients to the treatment areas.

START / JUMPSTART

Adult START

- Move the walking wounded → MINOR
- No respirations after head tilt → DECEASED
- Respirations over 30/min → IMMEDIATE
- Perfusion – No radial pulse or cap refill > 2 sec → IMMEDIATE
- Mental Status: Unable to follow simple commands → IMMEDIATE
- Stable RPM → DELAYED

Child JumpSTART

- Move the walking wounded → MINOR
- Respirations
 - No respirations → DECEASED
 - No peripheral pulse
- Respirations <15 or >45 → IMMEDIATE
- No Respirations with peripheral pulse → IMMEDIATE
give 5 ventilations via barrier respirations resume
- No spontaneous respirations → DECEASED
- Perfusion
 - No peripheral pulse → IMMEDIATE
 - Cap refill > 2 sec.
- Mental status AVPU
 - AV → DELAYED
 - PU → IMMEDIATE

TRIAGE

LITTER BEARER

Triage Unit Leader

Litter Bearer Team

Reports To: Triage Unit Leader

Radio Designation: Litter Bearer Team 1, 2, 3, etc.

RESPONSIBILITIES

- Obtain briefing from the Triage Unit Leader (if one is established) before beginning primary triage.
- Gather needed equipment to safely transport patients from scene to appropriate location:
 - o Patient collection point if established
 - o Appropriate Treatment Area based on triage acuity
- Provide periodic status reports to the Triage Unit Leader on assigned tasks and status of personnel.
- Ensure that Litter Bearers move patients safely including using a system that enables all litter bearers to walk forward. When possible, create 4-person litter bearer teams to maximize efficiency and safety. See next page for depictions of 1-person, 2-person, 3-person and 4-person carries.
- Note: As patients need to be moved into the transport area, Litter Bearers may be reassigned to the Transportation Group/Division.

Litter Bearer Carry Formations

Note that all Litter Bearers are able to walk **facing forward.**

1-Person Carry



2-Person Carry



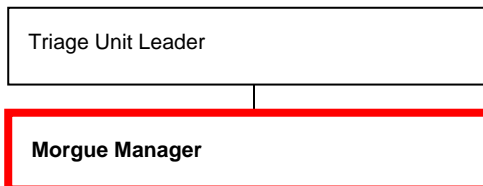
3-Person Carry



4-Person Carry



MORGUE MANAGER



Reports To: Triage Unit Leader

Radio Designation: Morgue Manager

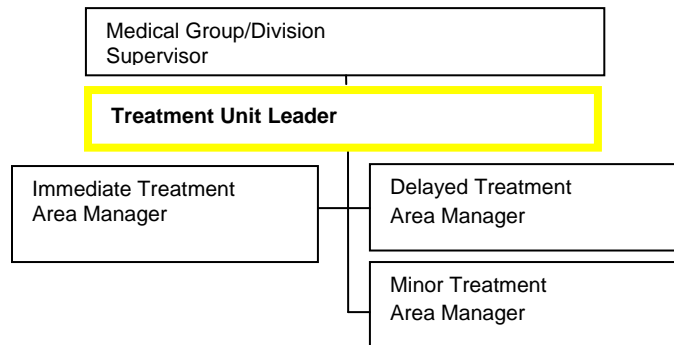
RESPONSIBILITIES

- Don appropriate vest to reflect Morgue Manager position.
- Obtain briefing from Triage Unit Leader
- Prevent movement of deceased without approval from the Coroner/ Medical Examiner unless necessary to protect remains or reach viable patients. If movement of remains is necessary, move them as little as possible.
- Reassess each patient upon entry into the Morgue Area.
- Document patient assessment on triage tag. If patient does not have a triage tag, then attach a completed triage tag to patient.
- Leave all medical interventions in place (i.e. bandages, IV's, etc.).
- Maintain accountability of all patients received in Morgue Area, including triage tag number.
- Safeguard remains and personal effects.
- Assess resources/supply needs and order as needed.
- Coordinate all Morgue Area activities.
- Do not allow photographs in the morgue without Coroner/Medical Examiner permission.
- Coordinate for area security and keep it off limits except for authorized personnel.
- Request Law Enforcement assistance as needed.
- Coordinate with law enforcement and assist the Coroner/Medical Examiner representatives.
- Maintain worksheets and a Unit/Activity Log (ICS Form 214).

MORGUE TRACKING LOG

Tag#	Name/Description	Age	M
			F
Time In Morgue	Time Out Morgue	Transferred To:	
<hr/>			
Tag#	Name/Description	Age	M
			F
Time In Morgue	Time Out Morgue	Transferred To:	
<hr/>			
Tag#	Name/Description	Age	M
			F
Time In Morgue	Time Out Morgue	Transferred To:	
<hr/>			
Tag#	Name/Description	Age	M
			F
Time In Morgue	Time Out Morgue	Transferred To:	
<hr/>			
Tag#	Name/Description	Age	M
			F
Time In Morgue	Time Out Morgue	Transferred To:	
<hr/>			
Tag#	Name/Description	Age	M
			F
Time In Morgue	Time Out Morgue	Transferred To:	
<hr/>			
Tag#	Name/Description	Age	M
			F
Time In Morgue	Time Out Morgue	Transferred To:	

TREATMENT UNIT LEADER



Reports To: Medical Group/Division Supervisor

Radio Designation: Treatment Unit Leader

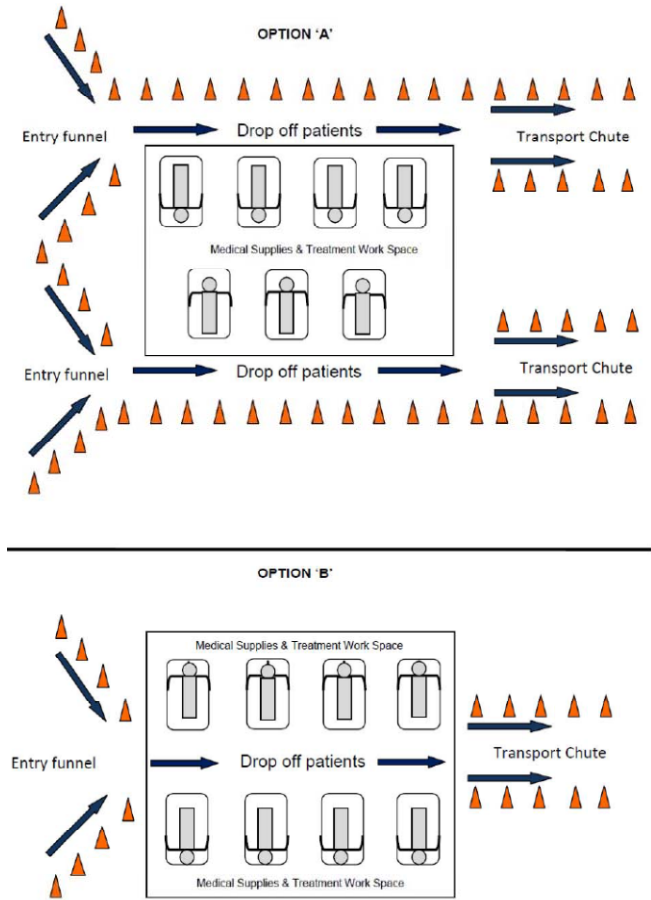
RESPONSIBILITIES

- Don appropriate vest to reflect Treatment Unit Leader position.
- Obtain briefing from Medical Group/Division Supervisor.
- Develop organization sufficient to handle assignment.
- Appoint treatment area managers (Immediate, Delayed, Minor) as needed.
- Appoint treatment teams to care for patients that cannot be moved.
- Ensure that treatment areas are adequately staffed to handle patients.
 - Recommended staffing if available:
 - 1-2 provider(s) for every Red patient
 - 1 provider for every 2-3 Yellow patients
 - 1 provider for every 5-7 Green patients
- Consider safety, shelter, lighting, weather conditions, and transportation ingress/egress points when selecting the treatment areas.
 - For Red and Yellow treatment areas, select locations that are as close to the transport loading area as possible.
 - Ensure that treatment area(s) are large enough to accommodate patients, treatment teams (work space), and medical supplies.
- Establish well marked treatment areas with entry and exit points using cones, tarps, barrier tape, and/or flags. Consider creating 'funnels or chutes' to help direct personnel to entry points.
- Request medical caches/supplies from Medical Group/Division Supv.
- Coordinate movement of patients from Triage to Treatment Areas with Triage Unit Leader. Maintain count of patients entering treatment areas.
- Obtain patient prioritization from Treatment Area Manager(s) and coordinate movement with Transportation Grp/Div Supv.
- Communicate and coordinate with Transportation Grp/Div Supervisor. to move prioritized patients to ambulance loading area(s).
- Coordinate with the Morgue Manager to relocate any patients that die in the treatment area to the morgue area.
- Ensure personnel and patient safety.
- Provide status reports to Medical Group/Division Supervisor.
- Maintain worksheets and a Unit/Activity Log (ICS Form 214).

IMMEDIATE & DELAYED TREATMENT AREA LAYOUT

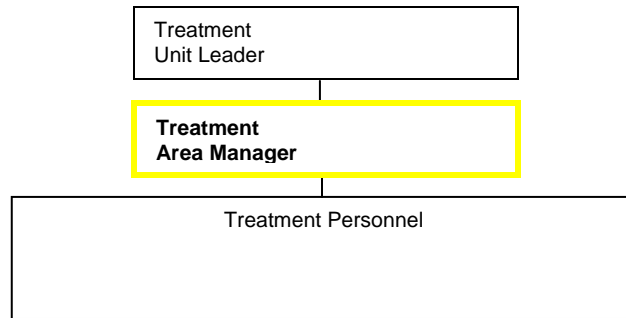
Try to keep 3ft of space around all sides of patients to allow for safe work areas.

Use cones or barrier tape to define areas of flow.



TREATMENT

TREATMENT AREA MANAGER



Circle as appropriate.

R Immediate **Y** Delayed **G** Minor

Reports To: Treatment Unit Leader

Radio Designation: Immediate Manager

RESPONSIBILITIES

- Don vest to reflect Immediate Area Manager position.
- Obtain briefing from the Treatment Unit Leader.
- Manage and direct treatment area operations.
- Establish treatment area large enough to accommodate patients preferably leaving a 3 ft clearance on all sides of each patient.
- Ensure treatment area is clearly identified.
- Request, establish and assign treatment teams as necessary. Recommend 1-2 providers per patient.
- Ensure that the most medically qualified personnel are attending the most critically injured patients.
- Ensure secondary triage is performed as patients arrive at the treatment area.
- Ensure that patients are stabilized, prioritized and packaged for transportation.
- Coordinate the movement of prioritized patients with the Treatment Unit Leader.
- Do not delay transport of critical patients if ambulances are available.
- Ensure that patient information is recorded on triage tags.
- Coordinate with the Morgue Manager and Treatment Unit Leader to relocate any patients that die in the treatment area to the morgue area.
- Maintain Treatment Log.
- Request medical equipment and supplies as needed.
- Ensure personnel and patient safety.
- Maintain worksheets and Unit/Activity Log (ICS Form 214).

TREATMENT LOG

Tag#	Name/Description	Age	Decon
R	Y	G	<input type="checkbox"/>
<input type="checkbox"/> Injuries	<input type="checkbox"/> Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R	Y	G	<input type="checkbox"/>
<input type="checkbox"/> Injuries	<input type="checkbox"/> Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R	Y	G	<input type="checkbox"/>
<input type="checkbox"/> Injuries	<input type="checkbox"/> Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R	Y	G	<input type="checkbox"/>
<input type="checkbox"/> Injuries	<input type="checkbox"/> Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R	Y	G	<input type="checkbox"/>
<input type="checkbox"/> Injuries	<input type="checkbox"/> Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R	Y	G	<input type="checkbox"/>
<input type="checkbox"/> Injuries	<input type="checkbox"/> Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

TREATMENT

TREATMENT LOG

Tag #	Name/Description	Age	Decon
R	Y	G	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Injuries	<input type="checkbox"/> Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R	Y	G	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Injuries	<input type="checkbox"/> Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R	Y	G	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Injuries	<input type="checkbox"/> Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R	Y	G	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Injuries	<input type="checkbox"/> Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R	Y	G	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Injuries	<input type="checkbox"/> Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R	Y	G	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Injuries	<input type="checkbox"/> Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

TREATMENT

TREATMENT LOG

Tag#	Name/Description	Age	Decon
R Y G		M F	<input type="checkbox"/>
Injuries	Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R Y G		M F	<input type="checkbox"/>
Injuries	Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R Y G		M F	<input type="checkbox"/>
Injuries	Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

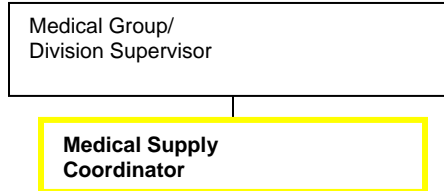
Tag #	Name/Description	Age	Decon
R Y G		M F	<input type="checkbox"/>
Injuries	Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R Y G		M F	<input type="checkbox"/>
Injuries	Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

Tag #	Name/Description	Age	Decon
R Y G		M F	<input type="checkbox"/>
Injuries	Chest	Treatment	
<input type="checkbox"/> Head	<input type="checkbox"/> ABD/Pelvic	Time In	
<input type="checkbox"/> CTLS Spine	<input type="checkbox"/> EXT	Time Out	

TREATMENT

MEDICAL SUPPLY COORDINATOR



Reports To: Medical Group/Division Supervisor

Radio Designation: Medical Supply Coordinator

RESPONSIBILITIES

- Don appropriate vest to reflect Medical Supply Coordinator position.
- Obtain briefing from the Medical Group/Division Supervisor.
- Secure and maintain status of medical equipment and supplies within the Medical Branch.
- Coordinate the location of medical supplies with the Treatment Unit Leader using caution not to block access and egress to and from treatment area.
- Maintain an inventory list of equipment and supplies.
- Continually assess the status of medical supplies and equipment. Request additional supplies/equipment through the Medical Group/ Division Supervisor as needed. If Logistics Section is established, coordinate with the Logistics Section Chief.
- If needed, request personnel to assist in the collection and distribution of supplies and equipment. Consider using a vehicle to help transport supplies and equipment.
- Maintain worksheets and Unit/Activity Log (ICS Form 214).

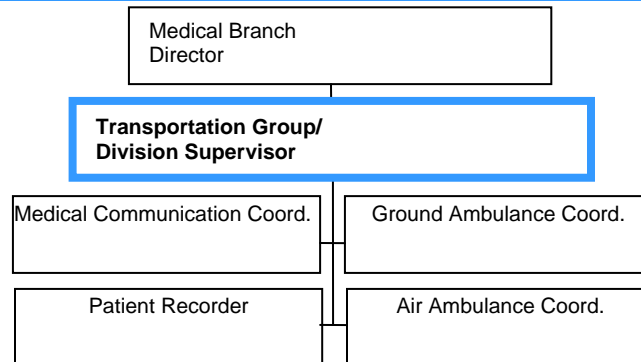
Note: DO NOT strip ambulances of medical supplies and equipment unless absolutely needed to manage the initial phase of the incident.

MEDICAL SUPPLIES

Resource Identification Agency Name/Unit #	Time On Scene	Location/Assignment

TREATMENT

TRANSPORTATION



Reports To: Medical Branch Director

Radio Designation: Transportation

RESPONSIBILITIES

- Don appropriate vest to reflect Transportation position.
- Obtain briefing from Medical Branch Director.
- Coordinate, manage and direct transportation functions.
- Maintain direct communications with the Treatment Unit Leader.
- Set up Transportation Area as close to Treatment Area as safely possible.
- Establish access & egress routes early. Request law enforcement to assist.
- Designate ambulance staging area(s), patient loading areas, and helicopter landing zones.
- As needed, appoint Patient Recorder(s); Medical Communications Coordinator; Ground & Air Ambulance Coordinators.
- Establish communications with medical facilities (via dispatch, EMS system, radio, or other available methods).
- Ensure hospitals are notified (MCI Alert) and a bed availability count is obtained.
- Supervise movement of patients from the treatment area(s) to transportation zones.
- Direct the transportation of prioritized patients as determined by the Treatment Unit Leader.
- Assign medical transport units to appropriate hospital/medical facility destinations based on availability and capability.
- Request additional ambulances, helicopters, buses as required.
- Ensure patient information and destination is recorded and accurate before patients leave the scene.
- Provide status reports to Medical Branch Director and notify when all patients have been transported and accounted for.
- Ensure patient and staff safety.
- Maintain worksheets and a Unit/Activity Log (ICS Form 214).

MEDICAL COMMUNICATIONS COORDINATOR

Transportation Group/
Division Supervisor

Medical Communications Coordinator

Reports To: Transportation Group/Division Supervisor

Radio Designation: Medical Communications Coordinator

RESPONSIBILITIES

- Don appropriate vest to reflect Medical Communications Coordinator position.
- Obtain briefing from Transportation Group/Division Supervisor.
- Establish effective communication with the hospital(s). If possible, utilize EMSsystem.
- Determine and maintain current status of hospital/medical facility or designated alternate care center(s) availability and capability.
- Coordinate patient destination with Transportation Group/Division Supervisor.
- Coordinate with the patient recorder(s) and relay patient recorder information to hospitals, medical facilities and/or alternate care centers.
- Maintain worksheets and a Unit/Activity Log (ICS Form 214).

HOSPITAL PHONE NUMBERS

Medical Facility	Main Phone	24 Hr ED Nursing Supervisor
Memorial Health System-Cntrl	719-365-2005	719-365-2410
Memorial Health System -Nrth	719-365-5000	719-364-2410
Penrose Hospital	719-776-5000	719-776-5333
St. Francis Medical Center	719-776-5000	719-571-1550
Evans Army Community Hosp	719-526-7286	719-524-4111
Pikes Peak Regional Hospital	719-686-5759	719-686-5760
St. Mary Corwin Med Center	719-557-4000	719-557-4818
Parkview Medical Center	719-584-4000	719-595-7800
Parkview West	719-288-2100	719-595-7800
St. Thomas More Hospital	719-285-2000	719-285-2270
Children's Hospital	720-777-1234	720-777-3112
Denver Health Medical Center	303-436-6000	303-602-8100
Littleton Adventist Hospital	303-730-5800	303-730-5800
Parker Adventist Hospital	303-269-4000	303-269-4800
Porter Adventist Hospital	303-778-1955	303-778-5666
Sky Ridge Medical Center	720-225-1000	720-225-2139
St. Anthony Central	303-629-3511	303-595-6890
St. Luke's Medical Center	303-839-6000	720-754-4342
Swedish Medical Center	303-788-5000	303-788-2600
University of Colorado Hospital	720-848-0000	720-848-5184
Gunnison Valley Hospital	970-641-1456	970-641-7244
Heart of the Rockies Regional	719-530-2200	719-530-2250
St Vincent General Hospital	719-486-0230	719-486-7144
Summit Medical Center	970-668-3300	970-668-9523
San Luis Valley Reg Med Ctr	719-589-2511	719-587-1240

TRANSPORTATION

PATIENT RECORDER

Transportation Group/
Division Supervisor

**Patient
Recorder**

Reports To: Transportation Group/Division Supervisor

Radio Designation: Patient Recorder

RESPONSIBILITIES

- Don appropriate vest to reflect Patient Recorder position.
- Obtain briefing from the Transportation Group/Division Supervisor.
- Locate at assigned patient transport loading area.
- Ensure that all patients transported have triage tags.
- Ensure that patient information and destination are recorded.
- Provide patient/destination information to Medical Communications Coordinator to provide to receiving hospital, medical facilities, and/or alternate care centers.
- Maintain worksheets and appropriate records.

PATIENT DESTINATION LOG

Tag#	Name/Description	Age	M
R	Y	G	F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
R	Y	G	F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
R	Y	G	F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
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Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
R	Y	G	F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
R	Y	G	F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	

TRANSPORTATION

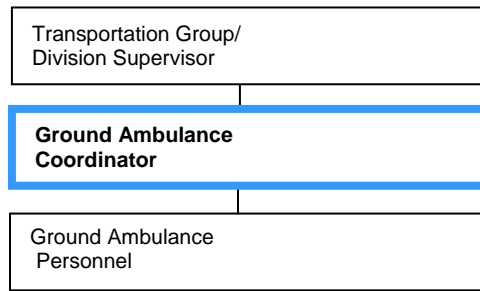
PATIENT DESTINATION LOG

Tag#	Name/Description	Age	M
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Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
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Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
R	Y	G	F
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R	Y	G	F
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R	Y	G	F
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Tag#	Name/Description	Age	M
R	Y	G	F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	

PATIENT DESTINATION LOG

Tag#	Name/Description	Age	M
R	Y	G	F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
R	Y	G	F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
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R	Y	G	F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
R	Y	G	F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	

GROUND AMBULANCE COORDINATOR



Reports To: Transportation Group/Division Supervisor

Radio Designation: Ground Ambulance Coordinator

RESPONSIBILITIES

- Don appropriate vest to reflect Ground Ambulance Coordinator position.
- Obtain briefing from the Transportation Group/Division Supervisor. Confirm appropriate staging area(s) and ingress/egress routes for ambulances.
- Notify ambulances of ingress/egress routes to ensure efficient operations.
- Secure or request necessary talkgroups to effectively communicate with ambulances.
- Provide ambulances upon request from the Transportation Group/Division Supervisor.
- Ensure ambulance personnel remain with vehicles.
- Track transportation units from departure, arrival and return.
- Maintain worksheets and a Unit/Activity Log (ICS Form 214).

GROUND AMBULANCE TRACKING FORM

Agency	Transport Unit #	Time On-Scene	Time Depart Scene	Destination Hospital Medical Facility Alternate Care Center	Destination Arrival Time

GROUND AMBULANCE TRACKING FORM

Agency	Transport Unit #	Time On-Scene	Time Depart Scene	Destination Hospital Medical Facility Alternate Care Center	Destination Arrival Time

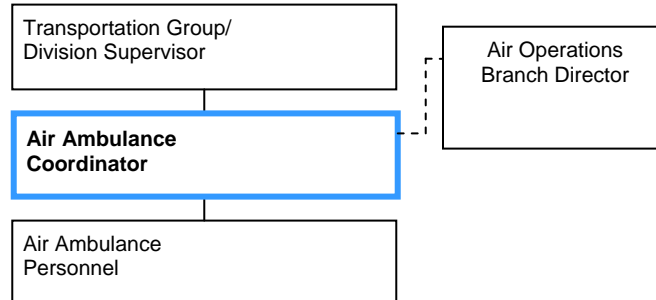
TRANSPORTATION

GROUND AMBULANCE TRACKING FORM

Agency	Transport Unit #	Time On-Scene	Time Depart Scene	Destination Hospital Medical Facility Alternate Care Center	Destination Arrival Time

AIR AMBULANCE COORDINATOR

This position is generally established when multiple air ambulances are requested.



Reports To: Transportation Group/Division Supervisor. Maintain direct communication with the Air Operations Branch Director or designee if established.

Radio Designation: Air Ambulance Coordinator

RESPONSIBILITIES

- Don appropriate vest to reflect Air Ambulance Coordinator position.
- Obtain briefing from the Transportation Group/Division Supervisor and/or Air Operations Branch Director.
- Establish and maintain communications with the Air Operations Branch, if established, in order to coordinate landing/departure of air ambulances.
- Determine the appropriate talkgroup to communicate with inbound air ambulances. (Consider STAC D).
- Coordinate with the Transportation Group/Division Supervisor to establish helicopter landing zones if Air Operations Personnel are not at scene.
- Request Ground Ambulances to move patients from the Treatment Area to the landing zone if needed.
- Establish safe routes of travel for Ground Ambulances entering and exiting the landing zone in coordination with the Ground Ambulance Coordinator.
- Determine Air Ambulance estimated time of arrival to scene and number and category (Red, Yellow, Green) of patients that can be transported for each Air Ambulance.
- Provide Air Ambulance Crews with necessary information.
- Establish and maintain communications with the Medical Communications Coordinator.
- Determine Air Ambulance estimated time of arrival to receiving hospital and forward the estimated time of arrival to the Medical Communications Coordinator.
- Maintain records and patient destination information as necessary.
- Assess resource and personnel needs and make needed requests.
- Maintain worksheets and Unit/Activity Log (ICS Form 214).

Note: Air ambulance will not transport contaminated or combative patients, or patients that exceed weight limitations of the helicopter.

LANDING ZONE CONSIDERATIONS

- Ensure landing zone has adequate approach and departure route free of power lines, tall fences, antennas, etc.
- A solid landing surface is best, but if a loose landing surface is used, consider wetting down the landing zone to reduce dust. Do not make the landing zone muddy.
- Clearly mark landing zone with weighted cones, lights, chemical lights or beacons.
- Maintain landing zone security. Request law enforcement if needed.
- Establish communications with landing zone crew to ensure a safe and adequate landing zone is maintained for helicopters.
- Ensure that the landing zone crew is wearing high-visibility clothing and eye protection.
- Establish a single ground contact for each landing zone. The ground contact maintains radio contact with incoming helicopters, and advises pilots of pertinent conditions:
 - Other aircraft
 - Obstructions (power lines, towers, antennas)
 - Wind direction and speed, wind gusts
 - HazMat plume location/direction
- After landing, the ground contact remains with the helicopter while blades are turning, guards the tail rotor, and maintains a view all around the helicopter for the pilot.
- Night operations and low visibility conditions require a larger landing zone.
- Try not to load patients if another adjacent helicopter is landing/taking off to prevent any flying debris getting onto the patient or damaging the helicopter.
- Ensure that the landing zone crew has removed all loose debris that could be blown by rotor wash, and potentially pulled into the helicopter's engine, such as cans, bottles, bags, etc.
- If using night vision goggles, color of lights is not discernable to the pilot.
- Helicopter will be loaded and heavier on departure route.

AIR AMBULANCE TRACKING FORM

Agency	Transport Unit #	Time On-Scene	Time Depart Scene	Destination Hospital Medical Facility Alternate Care Center	Destination Arrival Time

Acknowledgements

We thank the following Multi-Casualty Incident Work Group Members and agencies for their contributions to this document:

Mike Badger - Memorial Star Transport
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Kathy Russell El Paso County Sheriff's Office
Kim Schallenberger - Plains to Peaks RETAC
Dave Ury - Black Forest Fire Department
Dale Villers - Pueblo City Fire Department
Peter Wolf - Fort Carson Fire Department

Field Guide Assignment

This field guide has been assigned to:

Name or Apparatus

If found, please return to:

Agency/Name

Address 1

Address 2

City, State, Zip Code

Phone