

# 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.
- 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.

## Document Availability

This document can be downloaded at:

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

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# FIRST ON SCENE

First unit on scene gives a visual size-up, assumes and announces command, confirms the incident location, and then completes the 5 S's of scene management.

## **SAFETY ASSESSMENT**

- Electrical Hazards
- Flammable Liquids
- Hazardous Materials
- Other Life Threatening Situations
- Awareness of Potential for Secondary Explosives

## **SCENE SIZE-UP**

- Type and/or cause of the incident
- Approximate number of patients involved
- Severity of injuries
- Area involved, including scene access problems

## **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

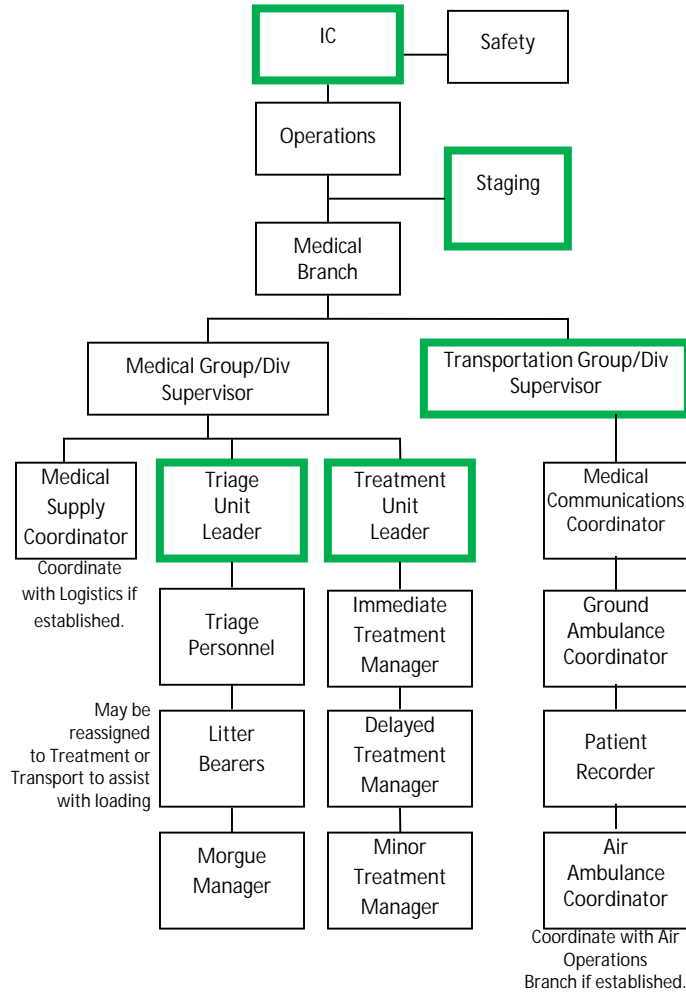
## **SET-UP TO MANAGE CASUALTIES**

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

## **START TRIAGE**

- Begin where you are
- If safe, start primary triage by initial EMS personnel on scene
- If patients are in imminent danger, move patients from area
- 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.

# SAMPLE ORG CHART



Priority functions.

# INCIDENT COMMANDER

**Function:** Responsible for the overall management and coordination of personnel and resources responding and operating at the incident.

**Radio Designation:** Incident Commander

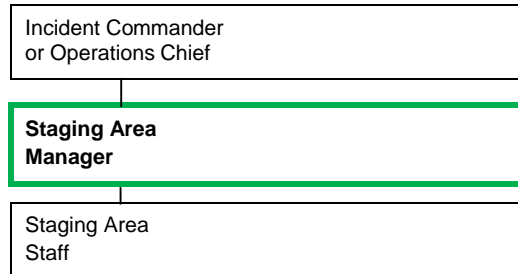
## RESPONSIBILITIES

- 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.
- Assess current situation.
- Estimate number of patients.
- Request additional resources as appropriate.
- Ensure hospitals have been notified by dispatch or other communications method.
- 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.
- Control and facilitate media.

# 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:** IC or Operations Chief

**Radio Designation:** Staging Manager

## RESPONSIBILITIES

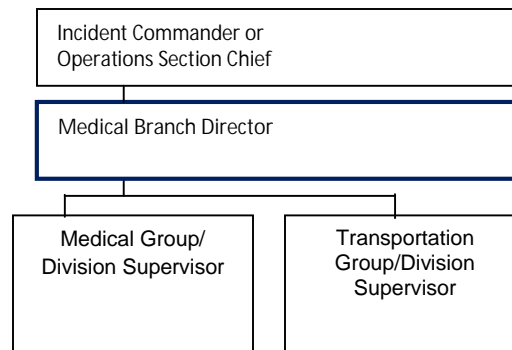
- Don appropriate vest to reflect Staging Manager position.
- Establish Staging Area in a visible position that ensures unimpeded access and egress points.
- Provide appropriate staffing, vehicles, equipment and supplies as requested.
- Maintain status of number and types of resources in staging area.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

## Notes:

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



# MEDICAL BRANCH DIRECTOR



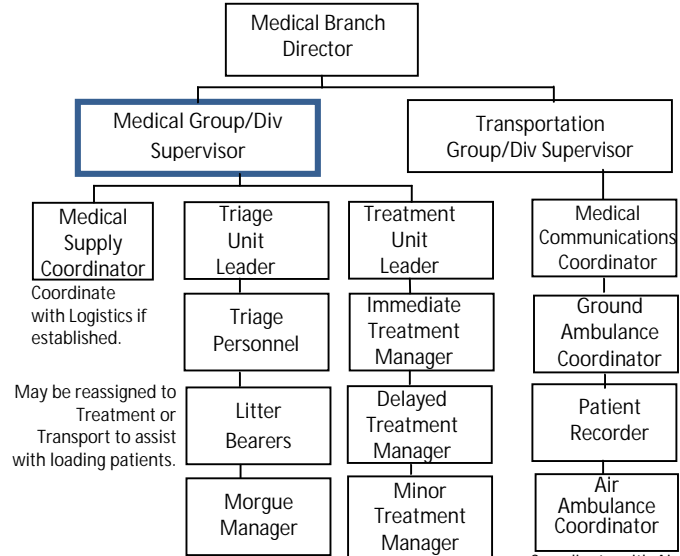
**Report to:** IC or Operations Section Chief

**Radio Designation:** Medical Branch

## RESPONSIBILITIES

- Don appropriate vest to reflect Medical Branch Director position.
- Obtain briefing from the IC or Operations Section Chief.
- 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 (IAP) input and status reports to the IC or Operations Section Chief.
- Ensure that the MCI alert is updated periodically.
- Request additional personnel and resources as needed.
- Consider stress management assistance as staff is relieved.
- Maintain Unit/Activity Log (ICS Form 214).

# MEDICAL GROUP/DIVISION SUPERVISOR



**Report To:** Medical Branch Director or Incident Commander

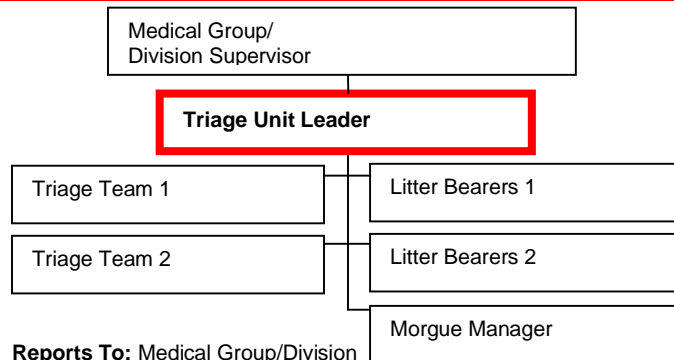
**Radio Designation:** Medical Supervisor

Coordinate with Air Operations Branch if established.

## RESPONSIBILITIES

- Don appropriate vest to reflect Medical Supervisor position.
- Obtain briefing from the Medical Branch Director, Incident Commander, or Operations Section Chief.
- Perform a hazard assessment and establish a safe zone to operate.
- Establish Medical Group. Request additional personnel/resources.
- Designate Unit Leaders.
- Designate appropriate treatment area locations. Isolate Morgue and Minor Treatment areas from Immediate and Delayed Treatment area.
- Ensure medical supplies are cached and located at treatment area.
- Appoint a Medical Supply Coordinator if needed.
- Inform Branch Director/Command of number of patients and color category if possible.
- Request law enforcement for security and traffic control as needed.
- Appoint Morgue Manager as needed.
- Establish communication and coordination with the Transportation Group/Division Supervisor.
- Supervise and monitor the safety and welfare of assigned personnel.
- Maintain Unit/Activity Log (ICS Form 214).

# TRIAGE UNIT LEADER



**Reports To:** Medical Group/Division Supervisor

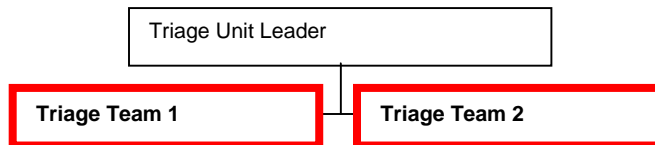
**Radio Designation:** Triage Unit Leader

## RESPONSIBILITIES

- Don appropriate vest to reflect Triage Unit Leader position.
- Obtain briefing from Medical Group/Division Supervisor, Medical Branch Director, Operations Section Chief, or IC.
- Develop organization sufficient to handle the assignment. Consider appointing Triage Teams, Litter Bearer Teams, and a Morgue Manager, 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 if needed.
- Record the number and color categories of patients triaged.
- Provide status reports to the Medical Group/Division Supervisor.
- 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:
  - Open airway and secure with OPA as needed
  - Control severe hemorrhage
  - Provide five rescue breaths for pediatric patients that are apneic but have palpable pulses
  - 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 → DECEASED
- Respirations <15 or >45 → IMMEDIATE
- No Respirations with peripheral pulse give 5 ventilations via barrier respirations resume → IMMEDIATE
- No spontaneous respirations → DECEASED
- Perfusion
  - No peripheral pulse → IMMEDIATE
  - Cap refill > 2 sec. → IMMEDIATE
- Mental status AVPU
  - AV → DELAYED
  - PU → IMMEDIATE

# MORGUE MANAGER

Triage Unit Leader

**Morgue Manager**

**Reports To:** Triage Unit Leader

**Radio Designation:** Morgue Manager

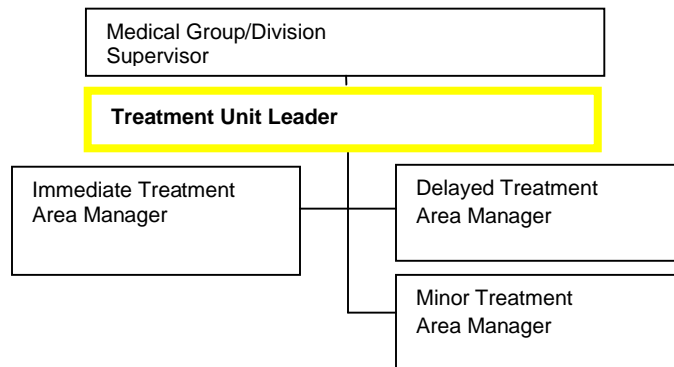
## RESPONSIBILITIES

- Don appropriate vest to reflect Morgue Manager position.
- 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:	
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Tag#	Name/Description	Age	M
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Time In Morgue	Time Out Morgue	Transferred To:	
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Tag#	Name/Description	Age	M
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Tag#	Name/Description	Age	M
			F
Time In Morgue	Time Out Morgue	Transferred To:	
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Tag#	Name/Description	Age	M
			F
Time In Morgue	Time Out Morgue	Transferred To:	

# TREATMENT UNIT LEADER



**Reports To:** Medical Group/Division Supervisor

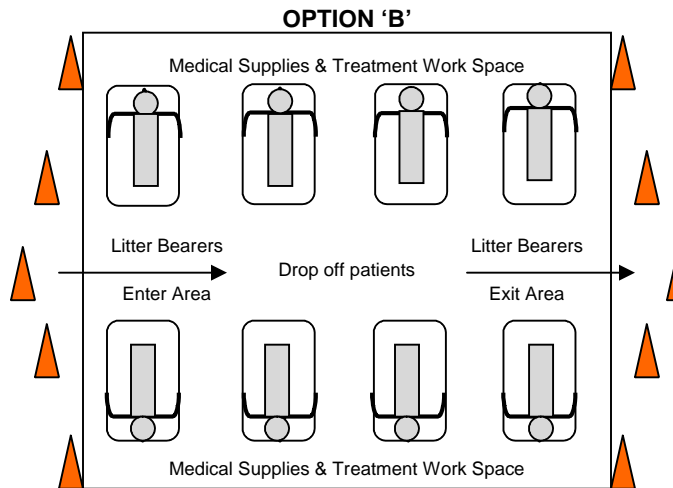
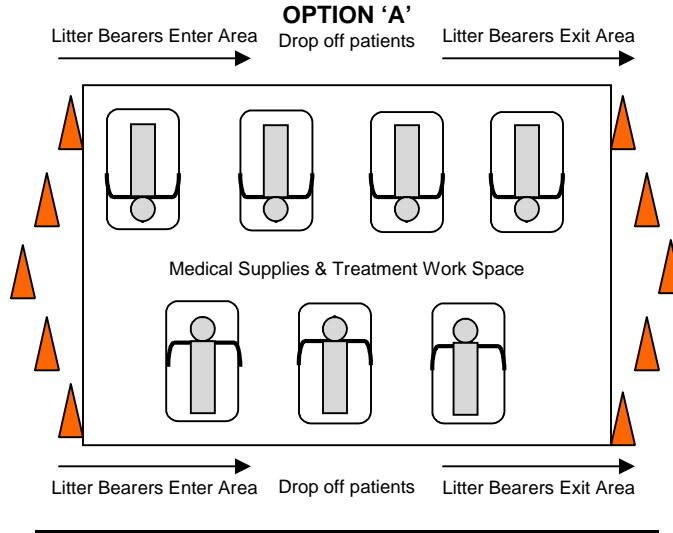
**Radio Designation:** Treatment Unit Leader

## RESPONSIBILITIES

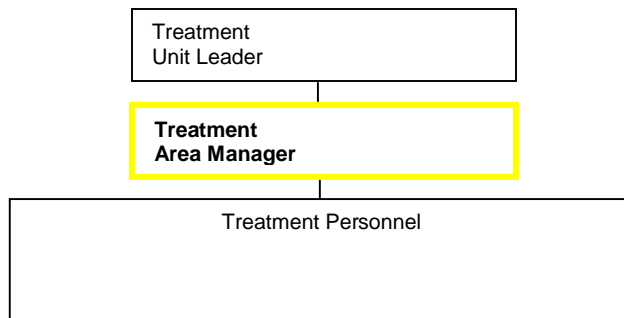
- Don vest to reflect Treatment Unit Leader position.
- Obtain briefing from Medical Group/Division Supervisor.
- Develop organization sufficient to handle the assignment.
- Appoint treatment areas managers (Immediate, Delayed and Minor) as needed.
- Ensure adequate staffing to treat patients:
  - o 1-2 providers for every Red patient
  - o 1 provider for every 2-3 Yellow patients
  - o 1 provider for every 5-7 Green patients
- Consider safety, shelter, lighting, and transportation access/egress when selecting treatment areas. Ensure areas are large enough to accommodate patients, treatment teams, work space, and medical supplies.
- Establish well marked treatment areas with entry and exits points using cones, tarps, barrier tape, and/or flags.
- Request sufficient medical caches as supplies as necessary from Medical Group/Division Supervisor.
- Coordinate movement of patients from Triage in to the Treatment Areas with the Triage Unit Leader.
- Establish communications with Transportation Group/Division Supervisor to coordinate the movement of patients to ambulance loading area(s).
- Provide status reports to Medical Group/Division Supervisor.
- Maintain worksheets and 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.



# 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 specific Treatment Area Manager position.
- Obtain briefing from Treatment Unit Leader.
- Ensure area is large enough to accommodate influx of patients.
- Request and establish Treatment Teams as necessary.
- Assign most medically qualified personnel to treat the most critically injured.
- Ensure secondary triage is performed as patients arrive at the treatment area.
- Ensure patients are prioritized & packaged for transportation.
- Ensure appropriate information is recorded on patient triage tags.
- Coordinate with the Morgue Manager to relocate any patients that die in the treatment area to the morgue area.
- Maintain worksheets and Unit/Activity Log (ICS Form 214).

# TREATMENT LOG

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

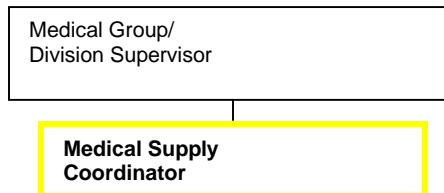
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<input type="checkbox"/> CTLS Spine		<input type="checkbox"/>	EXT					

# 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).

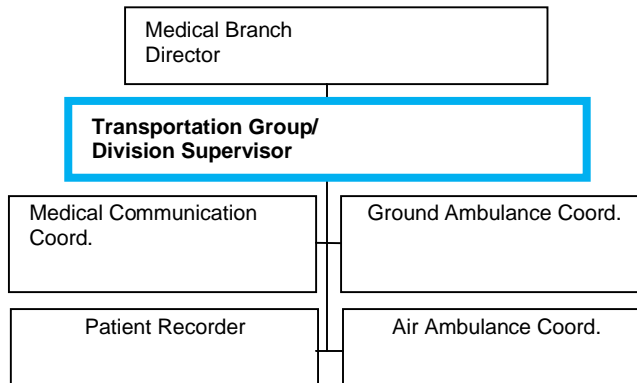
**Note:** DO NOT strip ambulances of medical supplies and equipment unless absolutely needed to manage the initial phase of the incident.

# MEDICAL SUPPLIES

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

# TREATMENT

# TRANSPORTATION



**Reports To:** Medical Branch Director, Operational Section Chief or Incident Commander

**Radio Designation:** Transportation

## RESPONSIBILITIES

- Don vest to reflect the Transportation position.
- Obtain briefing from Medical Branch Director, Operational Section Chief or Incident Commander.
- Establish 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 (dispatch, EMS system, radio, or other available methods).
- Ensure hospitals are notified of an MCI Alert and a bed availability count is obtained.
- Direct the prioritized transportation of patients as determined by the Treatment Unit Leader.
- Request additional ambulances, helicopters, and buses as required.
- Ensure patient information and destination is recorded and accurate before patients leave the scene.
- Provide status reports to Medical Branch Director, Operations Section Chief or IC. Notify when all patients have been transported and accounted for.
- Maintain worksheets and a Unit/Activity Log (ICS Form 214).

Note: Fill each transport vehicle with the maximum number of patients that qualified care providers can manage.



# 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.
- 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 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 Hour ED Nursing Supervisor
Memorial Health System-Cntrl	719-365-2005	719-365-2410
Memorial Health System -North	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 Medical Center	719-557-4000	719-557-4818
Parkview Medical Center	719-584-4000	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
Summit Medical Center	970-668-3300	970-668-9523
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
San Luis Valley Reg Medical 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 Transportation Group/Division Supervisor or Medical Communications Coordinator if established to update receiving hospital, medical facilities, and/or alternate care centers.
- Maintain worksheets and appropriate records.

# PATIENT DESTINATION LOG

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

## TRANSPORTATION

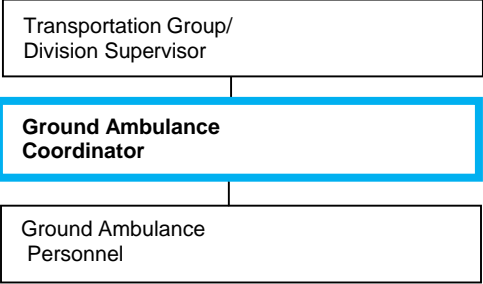
## PATIENT DESTINATION LOG

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

## PATIENT DESTINATION LOG

Tag#	Name/Description	Age	M
			F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
			F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
			F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
			F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
			F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
			F
Transport Agency/Unit #:	Hospital/Medical Facility	Time Out	
Tag#	Name/Description	Age	M
			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 Transportation Group/Division Supervisor. Confirm appropriate staging area(s) for ambulances.
- Establish routes of travel for ambulances coming to and departing from incident operations to ensure efficient operations.
- Secure or request necessary talkgroups to effectively communicate with ambulances.
- Provide ambulances as requested.
- 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

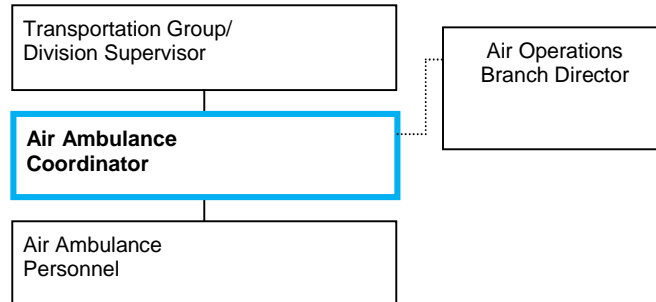
Agency	Transport Unit #	Time On-Scene	Time Depart Scene	Destination Hospital Medical Facility Alternate Care Center	Destination Arrival Time

# 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 to coordinate landing/departure of air ambulances.
- 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.
- 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.
- 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 requests as appropriate.
- Establish and maintain communications with the Medical Communications Coordinator.
- Maintain worksheets and Unit/Activity Log (ICS Form 214).

## 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/directionAfter 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

