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.

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**FIRST ON SCENE**

**SAMPLE ORG CHART**

**IC**

Safety

Operations

Staging

Medical

Branch

Medical Group/Div Supervisor

Transportation Group/Div Supervisor

Medical Communications Coordinator

Treatment

Unit

Leader

Triage

Unit

Leader

Medical

Supply Coordinator

Coordinate with Logistics if established.

Ground Ambulance Coordinator

Immediate Treatment

Manager

Triage

Personnel

May be

reassigned

 to Treatment or Transport to assist with loading

patients.

Patient

Recorder

Delayed Treatment

Manager

Litter Bearers

Air Ambulance Coordinator

Minor Treatment

Manager

Morgue Manager

Coordinate with Air

Operations

Branch if established.

 Priority functions.

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**FIRST ON SCENE**

**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.

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**FIRST ON SCENE**

**INCIDENT COMMAND WORKSHEET**

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

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**FIRST ON SCENE**

**STAGING AREA MANAGER**

|  |
| --- |
| Incident Commander or Operations Chief |

|  |
| --- |
| **Staging Area** **Manager** |

|  |
| --- |
| Staging Area Staff |

**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

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**FIRST ON SCENE**

**STAGING LOG**

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|  |  |  |  |
| --- | --- | --- | --- |
| **Resource Identification****Agency Name/Unit#** | **Time in** | **Location/ Assignment** | **Time Out** |
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**FIRST ON SCENE**

**MEDICAL BRANCH DIRECTOR**

Incident Commander or

Operations Section Chief

**Medical Branch Director**

Transportation Group/Division Supervisor

Medical Group/ Division Supervisor

**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).

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**MEDICAL**

**MEDICAL GROUP/DIVISION SUPERVISOR**

Medical Branch Director

Transportation Group/Div Supervisor

**Medical Group/Div Supervisor**

Medical

Supply Coordinator

Triage

Unit

Leader

Treatment

Unit

Leader

Medical Communications Coordinator

Immediate Treatment

Manager

Coordinate with Logistics if established.

Ground Ambulance Coordinator

Triage

Personnel

Litter Bearers

May be reassigned to Treatment or Transport to assist with loading patients.

Patient

Recorder

Delayed Treatment

Manager

Morgue Manager

Minor Treatment

Manager

Air Ambulance Coordinator

Coordinate with Air Operations Branch if established.

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

**Radio Designation:** Medical Supervisor

**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).

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**MEDICAL**

**TRIAGE UNIT LEADER**

Medical Group/

Division Supervisor

 Supervisor

**Triage Unit Leader**

Litter Bearers 1

Triage Team 1

Triage Team 2

Litter Bearers 2

Morgue Manager

**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).

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**TRIAGE**

**TRIAGE TRACKING LOG**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Triage Tracking Log** | Total No. of Patients by Location |  |   |  |  |  |
| **BLACK** |  |  |  |  |  |
| **GREEN** |  |  |  |  |  |
| **YELLOW** |  |  |  |  |  |
| **RED** |  |  |  |  |  |
| Patient Location |  |  |  |  | Total No. of Patients by Triage Category |

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**TRIAGE**

**TRIAGE PERSONNEL JOB AID**

Triage Unit Leader

**Triage Team 2**

**Triage Team 1**

**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.

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**TRIAGE**

**START / JUMPSTART**

**Adult START**

MINOR

* Move the walking wounded
* No respirations after head tilt

DECEASED

IMMEDIATE

* Respirations over 30/min
* Perfusion – No radial pulse or

IMMEDIATE

 cap refill>2 sec

* Mental Status: Unable to

IMMEDIATE

 follow simple commands

* Stable RPM

DELAYED

**Child JumpSTART**

MINOR

* Move the walking wounded

DECEASED

* Respirations

DECEASED

* + No respirations
	+ No peripheral pulse
* Respirations <15 or >45

IMMEDIATE

* No Respirations

IMMEDIATE

with peripheral pulse

give 5 ventilations via barrier

respirations resume

DECEASED

DECEASED

* No spontaneous respirations
* Perfusion

IMMEDIATE

* + No peripheral pulse
	+ Cap refill > 2 sec.
* Mental status AVPU

DELAYED

* + AV
	+ PU

IMMEDIATE

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**TRIAGE**

**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).

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**TRIAGE**

**MORGUE TRACKING LOG**

|  |  |  |  |
| --- | --- | --- | --- |
| Tag# | Name/Description | Age | M |
| F |
| Time In Morgue | Time Out Morgue | Transferred To: |
| Tag# | Name/Description | Age | M |
| F |
| Time In Morgue | Time Out Morgue | Transferred To: |
| Tag# | Name/Description | Age | M |
| F |
| Time In Morgue | Time Out Morgue | Transferred To: |
| Tag# | Name/Description | Age | M |
| F |
| Time In Morgue | Time Out Morgue | Transferred To: |
| Tag# | Name/Description | Age | M |
| F |
| Time In Morgue | Time Out Morgue | Transferred To: |
| Tag# | Name/Description | Age | M |
| F |
| Time In Morgue | Time Out Morgue | Transferred To: |
| Tag# | Name/Description | Age | M |
| F |
| Time In Morgue | Time Out Morgue | Transferred To: |

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**TRIAGE**

**TREATMENT UNIT LEADER**

Medical Group/Division

Supervisor

**Treatment Unit Leader**

Immediate Treatment Area Manager

Delayed Treatment Area Manager

Minor Treatment Area Manager

**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:
	+ 1-2 providers for every Red patient
	+ 1 provider for every 2-3 Yellow patients
	+ 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).

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**TREATMENT**

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

**IMMEDIATE & DELAYED**

**TREATMENT AREA LAYOUT**

**OPTION ‘A’**

Litter Bearers Enter Area

Litter Bearers Exit Area

Drop off patients

Medical Supplies & Treatment Work Space

Drop off patients

Litter Bearers Exit Area

Litter Bearers Enter Area

**OPTION ‘B’**

Medical Supplies & Treatment Work Space

Litter Bearers

Enter Area

Litter Bearers

Exit Area

Drop off patients

Medical Supplies & Treatment Work Space

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**TREATMENT**

**TREATMENT AREA MANAGER**

Treatment

Unit Leader

**Treatment**

**Area Manager**

Treatment Personnel

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).

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**TREATMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Tag#**TREATMENT LOG** | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries**  Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |

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**TREATMENT**

**TREATMENT LOG**

|  |  |  |  |
| --- | --- | --- | --- |
| Tag# | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries**  Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |

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**TREATMENT**

**TREATMENT LOG**

|  |  |  |  |
| --- | --- | --- | --- |
| Tag# | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries**  Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |
| Tag # | Name/Description | Age | Decon |
| **R** | **Y** | **G** | M  | F |
| **Injuries** Chest Head ABD/Pelvic CTLS Spine EXT | Treatment | Time In |
| Time Out |

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**TREATMENT**

**MEDICAL SUPPLY COORDINATOR**

Medical Group/

Division Supervisor

**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.

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**TREATMENT**

**MEDICAL SUPPLIES**

|  |  |  |
| --- | --- | --- |
| **Resource Identification****Agency Name/Unit #** | **Time On Scene** | **Location/Assignment** |
|  |  |  |
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**TREATMENT**

**TRANSPORTATION**

Medical Branch

Director

**Transportation Group/**

**Division Supervisor**

Medical Communication Coord.

Ground Ambulance Coord.

Patient Recorder

Air Ambulance Coord.

**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, EMSystem, 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.

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**TRANSPORTATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Green | Open Beds | Sent |  | Open Beds | Sent |  | Open Beds | Sent |  | Open Beds | Sent |  | Open Beds | Sent |  | Open Beds | Sent |
| Yellow | Open Beds | Sent |  | Open Beds | Sent |  | Open Beds | Sent |  | Open Beds | Sent |  | Open Beds | Sent |  | Open Beds | Sent |
| Red | Open Beds | Sent |  | Open Beds | Sent |  | Open Beds | Sent |  | Open Beds | Sent |  | Open Beds | Sent |  | Open Beds | Sent |
| Hospital/Medical Facility |  |  |  |  |  |  |  |  |  |  | **Totals** |

**HOSPITAL AVAILABILITY**

**DISTRIBUTION LOG**

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**TRANSPORTATION**

**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 EMSystem.
* 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).

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**TRANSPORTATION**

**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 |
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**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.

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**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 |
|  |  |  |

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**TRANSPORTATION**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
|  |  |  |

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**TRANSPORTATION**

**PATIENT DESTINATION LOG**

**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 |
|  |  |  |

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**TRANSPORTATION**

**GROUND AMBULANCE COORDINATOR**

Transportation Group/

Division Supervisor

**Ground Ambulance**

**Coordinator**

Ground Ambulance

 Personnel

**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).

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**TRANSPORTATION**

**GROUND AMBULANCE TRACKING FORM**

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

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**TRANSPORTATION**

**GROUND AMBULANCE TRACKING FORM**

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

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**TRANSPORTATION**

**GROUND AMBULANCE TRACKING FORM**

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

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**TRANSPORTATION**

**AIR AMBULANCE COORDINATOR**

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

Transportation Group/

Division Supervisor

Air Operations

Branch Director

**Air Ambulance**

**Coordinator**

Air Ambulance

Personnel

**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).

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**TRANSPORTATION**

**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.

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**TRANSPORTATION**

**AIR AMBULANCE TRACKING FORM**

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

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**TRANSPORTATION**

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| **Notes** |
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**Notes**