Pre-Hospital Operating Guidelines for Multi-Casualty Incident (MCI) Response

December 2022

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Introduction

A. This document establishes standard pre-hospital operating guidelines for multiple/mass casualty incidents (MCI). These guidelines are intended to meet the pre-hospital needs of an MCI when the number of patients exceeds immediately available resources. Note that these guidelines can be modified based on the number of patients, the cause or severity of injuries, and/or special circumstances involved in the incident.

B. The purpose of these guidelines is to:

1. Ensure the National Incident Management System (NIMS) is followed and to provide EMS agencies with an example Incident Management System (ICS) in order to effectively utilize available resources to care for a large number of injured or ill patients during a Multiple Casualty Incident (MCI).
2. Standardize key roles and job responsibilities that operate under the Medical Branch operations to ensure multiple agencies and multiple jurisdictions can more efficiently work together during MCI's.
3. Provide a useable document that agencies can incorporate into current emergency response plans, policies, and procedures. These guidelines are not intended to be an all-encompassing plan, but an annex or supplement that will help create a seamless response system among all EMS agencies.
4. Utilize the National Incident Management System (NIMS) to provide the area emergency responders with an expandable system to process a large number of patients during an MCI.
5. Establish standardized methods for triage, treatment, patient tracking and transportation.

C. Definitions

- Multi-Casualty Incident (MCI) - For the purposes of this document, an MCI is defined as an incident which generates more patients than immediately available resources can manage using routine procedures.
- Casualty - A person who has been injured.
- Fatality – A person who has died.
- Casualty Collection Point – Where primary triage is conducted in the event that patients must be moved out of immediate danger.
- Primary Triage - Initial or first triage performed to assess patients.
- Secondary Triage - Re-triage of patients as they arrive to the treatment area or the reassessment of trapped patients.

Document Maintenance and Record of Changes

This document will be reviewed and revised at a minimum of every two years. Changes can be made sooner if needed. Changes made will be documented below.

Date	Change	Requesting Agency
12/2022	Triage from START to RAMP/Update phone list	Physician Advisors

Document Security and Availability
This document can be shared as needed and is available for download at:

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

Document Use
This document was printed in such a way that checklists and tools can be easily removed and distributed among designated staff.

Situations and Assumptions
Each jurisdiction should define what constitutes an MCI based on jurisdictional capability and available resources.

A. Situations that could result in an MCI may include:
   - Major motor vehicle and public transportation accidents
   - Urban and residential fires
   - Natural disasters
   - Construction and/or industrial accidents including hazardous materials and building collapses with multiple victims.
   - Healthcare facility or other evacuations
   - Acts of terrorism or civil disobedience
   - Military, Federal, or correctional facility incidents
   - Any other incident that overwhelms the capabilities of local emergency response agencies

B. Assumptions
   - When considering using these guidelines, all emergency response agencies are expected to maintain their own capabilities at pre-determined levels to continue meeting local needs.
   - Facilities and pre-hospital agencies will participate in training and exercises for MCI response and improvement.
   - Emergency responders will use any mutual aid agreements and MOUs between regional EMS, hospitals, healthcare facilities and other pre-hospital agencies.
   - The scope and complexity of an MCI will vary and generally can be divided into four response categories:
     - Local response - Requires only local resources to manage patients
     - Regional response - Requires regional response capability to effectively manage patients
     - State response - Requires multi-regional and/or state resources
     - Federal response - Requested by the governor when state capabilities are likely to be, or have been, exceeded

Initial Operations for First Unit on Scene

A. Management Goals
   1. Do the greatest good for the greatest number of survival patients.
   2. Make the best use of resources (personnel, equipment, supplies and facilities).
   3. Avoid relocating the MCI to the receiving facilities.
      a) Try to distribute patients to the appropriate facilities
      b) If it is a hazmat incident do not send contaminated patients

B. Incident Priorities
   1. Life Safety
   2. Incident Stabilization
   3. Conservation of Property and Evidence
   4. Conservation of Environment

C. First Unit on Scene
   The first arriving emergency medical services (EMS) unit must address the following items at an MCI:

   1. Safety Assessment

      a) Check for hazardous materials, electrical hazards, flammable liquids, and other life-threatening situations. Proceed if safe to do so.
      b) May need to remain aware of potential for secondary explosives.

   2. Scene Size-up

      a) Assess area involved including scene access.

      b) Quickly estimate the number and severity of patients. Refrain from providing treatment.

   3. Send Information: Establish communications with dispatch center and responding units.

      a) Perform a verbal size-up over the appropriate radio talk group/channel.

      b) Verify that an MCI alert has been initiated to notify area hospitals utilizing the Pulsara, EMResource System, or other available communication method. If not initiated, request an MCI alert be initiated.

      c) Establish Incident Command and request appropriate resources to mitigate the incident.

      d) Request appropriate talk group/channel or patches as needed.

   4. Set up the scene to handle multiple patients.

      a) Establish staging area.

      b) Identify access and egress routes.

      c) Identify adequate work areas for Triage, Treatment and Transportation.

   5. Initiate initial RAMP Triage.

Triage Overview

A. Triage is a method of sorting and prioritizing a patient's need for medical treatment. This is an on-going process from the time EMS personnel arrive on scene until the last patient is delivered to a medical facility.

B. First Responders will follow the local EMS Protocols and function on standing orders during an MCI.

C. When performing triage, the RAMP method shall be used for adult and pediatric patients. (Figure 1, page 7).

D. Triage Categories: All casualties will be triaged and tagged according to the seriousness of the injury/illness, and placed into one of the following four priority groups:

   1. Urgent/Red Tag: Patient requires immediate treatment due to the life-threatening severity of the injury/illness.

   3. Delayed/Green Tag: Patient is any person with a radial pulse and can follow simple directions

   4. Deceased or Expectant/Black Tag: Patient is deceased, or the injury/illness is so severe that survival is unlikely, even with definitive care.

E. Contaminated Patients: Patients exposed to hazardous materials must be properly decontaminated before being moved to a treatment or transport area. Pink Striped flagging shall be attached along with the triage flagging/tag if decon is needed.

F. The 'color code' is the initial or primary triage information needed. Additional information can be gathered from patient during treatment or secondary triage.

Triage Considerations

A. If safe to do so, primary triage should be started by the initial EMS personnel on scene. In the event that ambulance personnel are first on scene and actively performing triage, they will transfer their primary triage duties as soon as additional qualified personnel arrive, thereby making ambulance personnel available for patient transport.

B. If patients are in imminent danger, move patients out of the incident area to a casualty collection point before performing primary triage.

C. Figure 1 (page 7) details the algorithm to be followed when performing primary triage for adult and pediatric patients.

   1. The "RAMP" (rapid assessment of motor and pulse) assessment tool shall be used when evaluating all patients.

   2. It should generally take no longer than 30-60 seconds to triage each patient.

   3. During primary triage, emergency medical care shall be limited to:

      a) Opening/re-positioning the airway and/or insertion of an oral pharyngeal airway (NPA) if necessary.

      b) Controlling profuse bleeding with a restrictive dressing or tourniquet.

      c) Applying occlusive dressing to sucking chest wound.

      d) Providing 5 rescue breaths on pediatric patients that have pulses but are not breathing. Tag Red if they begin to breathe or black if there is no spontaneous respiration.

e) Consider placing patient in coma/recovery position.

Note: During primary triage, color coded flagging shall be used. Detailed, or electronic tags shall be used during treatment or secondary triage

D. Patients shall be tagged as follows:

1. The triage tag or other appropriate colored ribbon/flagging material shall be secured to the wrist or foot (not clothing).
2. If triage tags/ribbon/flagging material is not available, personnel should use marking pens to mark the patient's forehead with the appropriate category (R=immediate, G= delayed, B=deceased/expectant).
3. Contaminated patients shall be tagged or marked accordingly with Pink/Black striped flagging.

E. Completion of primary triage: Once primary triage is complete, triage personnel will report the number and categories of patients (red, green, and black) to the Triage Unit Leader, who will then give a complete status update utilizing the established incident structure.

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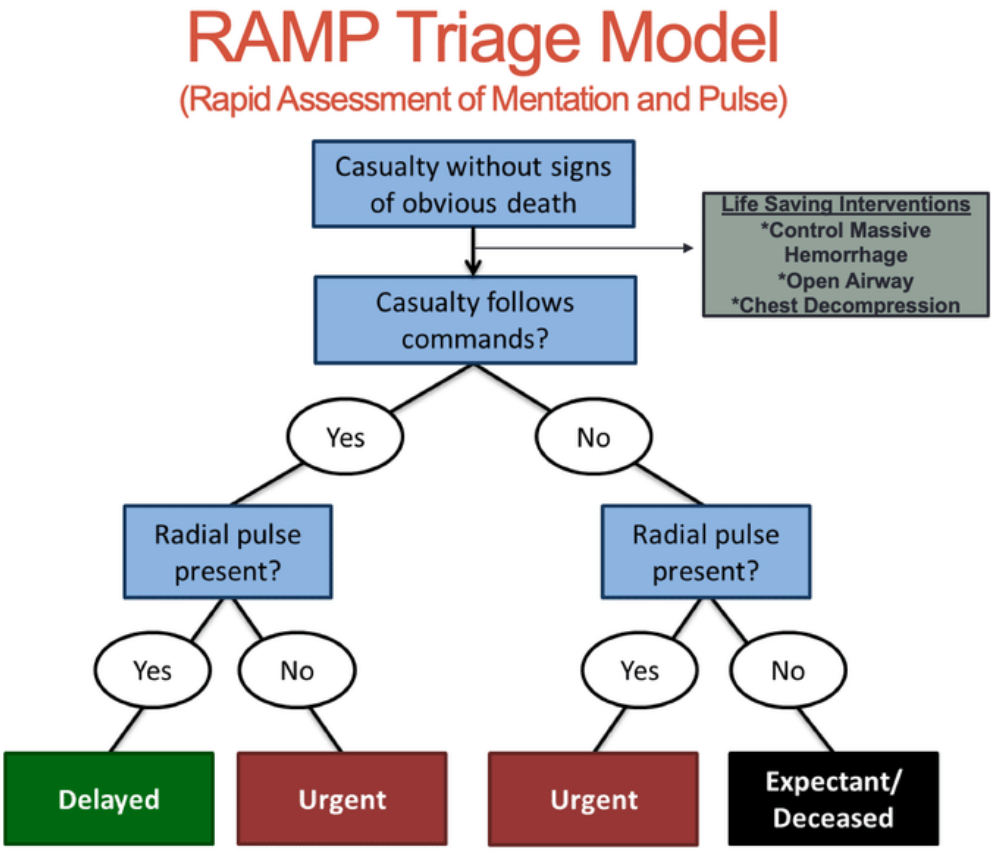


Pediatric Considerations:

1. Children under 13, if no radial pulse, consider checking for a brachial pulse, especially for infants
2. If not breathing, open the airway and give 2 to 5 rescue breaths

Recommended Triage Equipment

All front-line apparatus should be equipped with a triage kit containing the equipment needed to perform RAMP triage to include the following suggested items:

1. 1 each - ribbon/flagging material (in Red, Green, Black, Pink Striped with Black) and a permanent marker
2. 3 - complete sets Nasal Pharyngeal Airway (NPA)
3. 2 – rolls self-adhesive wrap
4. 1 – pediatric size pocket mask
5. 2 – occlusive dressing/chest seals
6. 4 – Wound Packing/Quick Clot
7. 1 – trauma shear
8. 1 – EMS field guide on multi-casualty incident response with erasable marker/pens
9. 8 – CAT Tourniquets
10. 3 - 10g Needle Decompression
11. 2 – Israeli bandages
12. 1 – Pelvic Binder

Treatment Area Considerations

A. Treatment area(s) should be established as close to the transport area as possible to allow for efficient loading of patients.

B. After primary triage has been completed, use litter bearers (personnel designated to move patients) to the appropriate treatment area.

C. As patients arrive in the treatment area, secondary triage will be completed. Patients will be re-categorized if needed and provided treatment to stabilize them. Do not delay transport of critical patients when ambulances are available.

D. Treatment teams may need to be provided to patients that cannot be moved or are trapped.

E. If possible, the treatment area should be large enough to allow a 3-foot clearance on all sides of the patient. This will allow room to place, treat, and move safely between patients.

Transportation Area Considerations

Early consideration must be given to establishing the transportation area that will ensure an efficient ingress and egress for patient transportation. Transportation area should be established as close to the treatment area as possible to allow a shorter distance to move patients to the loading area.

Command Structure

A. Follow NIMS guidelines to establish incident command. The following are brief descriptions of general and command staff; however, these guidelines primarily focus on the functions of the Medical Branch. Refer to the ICS organizational chart example located on page 20.

   1. Incident Commander (IC) – Responsible for overall command functions from time incident command is established until termination of command. Responsibility for

patients ends once patients arrive at destination hospital, medical facility or designated alternate care center.

2. Command Staff
   a) Public Information Officer – Interfaces with public and media and/or with other agencies that require incident-related information.
   b) Liaison Officer – Is the point of contact for assisting and/or cooperating agency representatives.
   c) Safety Officer – Monitors matters relating to operational safety.

3. General Staff
   a) Operations Section Chief – Manages tactical operations at the incident site.
   b) Logistics Section Chief – Provides facilities, services, and materials in support of incident response.
   c) Planning Section Chief – Collects, evaluates, and disseminates information about the incident and status of resources
   d) Finance Section Chief – Responsible for all financial and cost analysis aspects of the incident.

B. Medical Branch

1. MCI objectives (in addition to standard IC objectives):
   a) Triage. Save as many lives as possible with the resources available.
   b) Treatment. Provide appropriate medical treatment to patients based on triage priority until patient is transported.
   c) Transportation. Transport patients to medical facility based on triage priority.
   d) Patient tracking. Is conducted to ensure accountability of patient from scene to medical facility.
      i. Patient Tracking. Ensure that the destination (hospital, medical facility, or alternate care center) for each transported patient is known and documented.
      ii. Communications. Utilize available communications and information systems to help provide current status to command and coordination partners.
   e) MCIs are labor intensive and require coordination. Critical positions (Triage, Treatment, Transport and Patient Tracking) must be designated and established early in the incident.
   f) For incidents involving hazardous materials, patient decontamination shall take priority over treatment and transport to prevent contamination of rescue personnel, ambulances, and hospitals. Follow the appropriate policies and procedures.

2. Medical Branch Director: Roles and Responsibilities.
   a) Coordinate, direct and manage all Medical Branch operations.
   b) Provide input for and implement the Incident Action Plan (IAP) within the Medical Branch.
   c) Appoint and supervise the Medical Group/Division and Transportation Group/Division Supervisors.

d) Provide status reports to the Operations Section Chief.

3. Medical Group/Division Supervisor: Roles and Responsibilities.
   a) Perform a hazard assessment and establish a safe zone to operate.
      i. If patients cannot be moved to a safe area, request resources needed to stabilize/mitigate hazards.
      ii. Contaminated patients need to be decontaminated before being brought into treatment areas.
   b) Staff the Triage Unit, Treatment Unit, and Transportation Group/Division, as needed.
   c) Request additional medical supplies/caches if needed. Consider acquiring medical supplies from assigned fire and EMS units. Do not strip transporting ambulances of medical supplies.
   d) Inform Command of the number of patients to include color category, if possible.
   e) If needed, using the proper chain of command, request additional radio talk groups/channels.
   f) For geographically large incidents, consider establishing additional treatment areas designated numerically (Treatment Area 1, 2, etc.) or geographically (West Treatment, etc.).

4. Triage Unit Leader: Roles and Responsibilities.
   a) Assign Triage Teams to perform triage and identify the number and condition of patients.
   b) Assign Litter Teams to move patients to the appropriate treatment area(s) following guidelines:
      i. When possible, move immediate (Red) patients first.
      ii. Utilize Green patients to assist with patient care where possible or direct green patients to Green Treatment Area.
      iii. Leave the deceased in place unless movement is necessary to protect remains or reach viable patients.
      iv. Appoint a Morgue Area Manager to receive and track patients who have died in the treatment areas.
      v. If patient decontamination is required, separate Litter Bearer Teams will be required in the hot zone and in the warm zone based on personal protection equipment (PPE) requirements.
      vi. Litter teams may be reassigned to the Treatment Unit or the Transportation Group/Division to assist with patient loading.
   c) Accountability is essential. Establish a triage recording system immediately.
      i. The perforated tabs or removable decals of the triage tags may be useful for establishing a triage recording system. Triage worksheets should be utilized.
   d) When triage is completed, personnel may be reassigned as needed.

5. Morgue Manager: Roles and Responsibilities.
    a) Reports to the Triage Unit Leader. Establish a morgue area separate from the treatment area when fatalities are present.
    b) Maintain a deceased list that includes location, triage tag number and identification.
    c) Safeguard remains and personal effects.
    d) Request law enforcement assistance.
    e) Prevent movement of the deceased without Coroner/Medical Examiner approval unless necessary to protect remains or reach viable patients.

6. Treatment Unit Leader: Roles and Responsibilities.
    a) Manage the treatment of patients and prepare them for immediate transport.
    b) Establish treatment area(s) once it is determined the number of patients exceed available transportation resources, or patient safety dictates relocation to a safer area.
        i. Coordinate with the Transportation Group/Division Supervisor to ensure that the treatment area location(s) allows for the efficient movement of patients to transportation loading area(s).
        ii. Other considerations include weather, lighting, extreme temperatures, and hazards.
    c) The treatment area(s) are arranged in groupings using colored tarps, cones or flags as follows:
        i. Red for “immediate” patients, green for “delayed” patients.
        ii. The red area should be set up near the transportation loading area to expedite loading.
    d) Assign a Treatment Area Manager for each treatment area.
    e) The Treatment Unit generally requires the greatest number of personnel. During major incidents, when available, the recommended staffing is as follows:
        i. 1-2 provider(s) for every Red patient
        ii. 1 provider for every 2-3 Green patients
    f) Allocate available providers to:
        i. Red patients, first priority
        ii. Green patients, second priority
    g) Perform secondary triage of patients as they are delivered to the treatment area and re-prioritize their status, if needed.
    h) Ensure triage tags are placed on all patients. Record pertinent information and treatment received on the tags before patients are moved to transportation area.

i) Determine the need for and request additional medical supplies through the Medical Group/Division Supervisor. Keep apprised of needed supplies through the Medical Supply Coordinator.

j) Establish communication with the Transportation Group/Division Supervisor to coordinate the movement of patients to the ambulance loading areas.

k) Patients that have died in the Treatment Area(s) should be moved to the Morgue area.

7. Transportation Group/Division Supervisor (or Transportation Unit Leader): Roles and Responsibilities.

Note: The patient transportation function may be initially established as a Transportation Unit (that reports to the Medical Group Supervisor) and upgraded to a Transportation Group/Division (that reports to the Medical Branch Director) based on incident size or complexity.

a) Manage patient transportation from the scene to appropriate hospitals, medical facilities and/or designated alternate care sites.

b) As needed, appoint a Medical Communications Coordinator, Ground Ambulance Coordinator and Air Ambulance Coordinator.

c) Determine and request all appropriate modes of transportation such as ground and air ambulances, mass transit, and school buses.

d) Assign a Patient Recorder to track patient and destination(s) (hospital, medical facility, or alternate care center).

e) Determine the transportation loading areas and ensure ingress/egress routes are established.

f) Coordinate all air ambulance operations to include establishing/managing landing zone activities and specific air-to-ground radio talk groups/channel until Air Operations Branch is established.

g) Determine hospital, medical facility and/or alternate care center availability through Pulsara, dispatch, EM Resource System, or direct contact with area hospitals. Hospitals will provide the number of patients that can be received according to the two RAMP triage categories (red-urgent, green-delayed) via Pulsara or EMResource System.

h) Direct patient transportation as prioritized by the Treatment Unit Leader.

i) Assign medical transport units to appropriate hospital/medical facility destinations based on availability and capability.

j) Supervise the movement of patients from the treatment area to the transportation loading area and helicopter landing zones.

k) Ensure that stubs from triage tags are retained and used to establish a record of all patients transported and their destination. If needed, appoint a Patient Recorder to establish/maintain this record.

l) Consider appointing a Medical Communications Coordinator to notify hospitals of incoming patients and estimated arrival times.

m) Notify the Medical Branch Director when all patients have been transported and operations are terminated.

8. Medical Communication Coordinator: Roles and Responsibilities.

   a) Report to the Transportation Group/Division Supervisor and maintain communications with the hospital alert system (Pulsara or EMResource System).

   b) Determine and maintain status of the availability and capability of hospitals, medical facilities, and/or alternate medical facilities.

   c) Assure proper patient transportation and destination.

   d) Report the following information to hospitals:
      i. Transport unit number
      ii. Number of patients
      iii. Triage category
      iv. Estimated time of arrival

Communications

A. Follow the local communications protocols based on available capability.

B. Early Talk group/Channel Assignments: Command shall request and assign additional talk groups/channels early in an incident with consideration of which branches, groups, divisions, etc. need to communicate with each other.

C. Incident Commander should request dispatch to patch talk groups as needed.

D. Consider using Simplex channels (requires line of sight) to reduce the burden on the radio system.

E. Alternative Communication Methods: Alternative communication methods at times can be more effective and include, but are not limited to, the following:

   1. Face-to-face should be used when possible. Consider radio traffic volume and public monitoring.

   2. Mobile telephones: In times of disaster, mobile phones can become overloaded so they should not be relied upon as a primary means of communication.

   3. Amateur radio operators such as Amateur Radio Emergency Services (ARES) or Radio Amateur Civil Emergency Services (RACES).

Temporary Flight Restrictions (TFR)

A. The Federal Aviation Administration (FAA) regulates airspace over an MCI.

B. If needed, requests for restriction of airspace of an MCI should be made to the FAA's Denver Air Traffic Control Center Operations Manager available 24 hours/7 days at: 303-651-4248.

Hazardous Materials

A. Establish safe zones.

B. When hazardous materials are suspected or confirmed, the Incident Commander will coordinate with the Haz Mat Group Supervisor or Branch Director to identify hot, warm, and cold zones to ensure safe operations for all personnel.

C. The Haz Mat Group Supervisor or Branch Director will determine and report the following:

   1. The level of PPE required by personnel.
   2. The level of decontamination required for patients before being moved to treatment areas or transported from the scene.
   3. The level of decontamination required for emergency responders.
   4. Base initial actions using the current North American Emergency Response Guidebook (ERG) or other appropriate reference.

Fatalities and Mass Fatalities Incidents

A. It is critical that the Coroner's Office be notified as early as possible in any mass fatality situation.

B. Fatalities and any incident debris need to be left in place to assist the Coroner in identifying victims.

C. Once on scene, the Coroner and/or Law Enforcement will be responsible for scene and evidence security.

Standard Precautions

All personnel involved in a response to any MCI or evacuation need to use standard precautions, to include universal precautions/body substance isolation, and all equipment and resources (PPE) for their own personal protection.

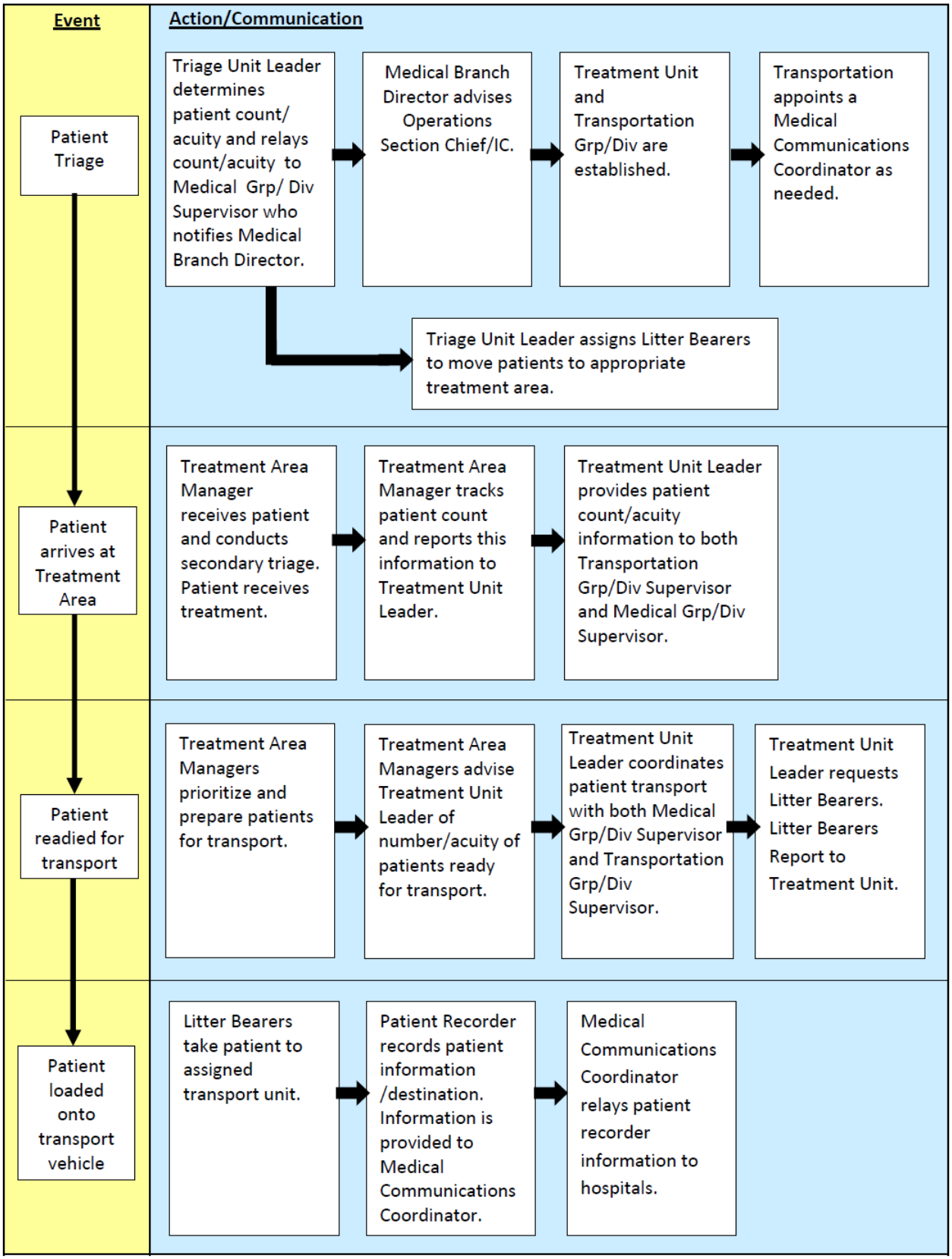
Victims with Functional or Access Needs, Caregivers, and or Assistance Animals

Care must be taken to meet the communication, mobility, cognitive and other needs of victims with functional or access needs. Responders will make reasonable efforts to ensure that assistive devices and equipment are transported with the victim or patient. (e.g., glasses, hearings aids, and mobility devices such as walkers and wheelchairs.) These items should be labeled with the patient's name if known or the patient's triage tag number.

Every effort should be made for caregivers and assistance animals to accompany the patient. Assistance animals are vital to the recovery of these patients and their prompt return to daily living activities. If a patient must be transported to a health care facility then arrangements should be made for the housing and care of the assistance animal. Information on the location and health of the animal should be provided to the patient, their family, or other care giver.

Figure 2

Patient and Action/Communication Flow Chart



Appendices – Checklists, ICS Positions and Responsibilities, and Worksheets

The checklists, positions and responsibilities described in the following appendices may not be required at every MCI; however, they are included to give the reader the broadest overview of the types of functions that should be considered at every MCI. The titles used herein are provided to suggest one possible ICS structure that may be developed. Printed checklists are suggested for use.

APPENDIX A

FIRST ON SCENE JOB AID

Function: First unit on scene completes visual size-up, assumes and announces command, confirms incident location, and begins initial triage.

SAFETY assessment. Assess the scene observing for:

- ☐ Electrical hazards.
- ☐ Flammable liquids.
- ☐ Hazardous Materials
- ☐ Other life-threatening situations.
- ☐ Be aware of the potential for secondary explosive devices.
- ☐ Proceed only if safe to do so.

SIZE UP the scene: How big and how bad is it? Survey incident scene for:

- ☐ Type and/or cause of incident.
- ☐ Approximate number of patients.
- ☐ Estimated level of acuities (Red, Green, Black).
- ☐ 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 and request additional resources.
- ☐ Request appropriate talk group/channel or patches as needed.

SETUP the scene for management of the casualties:

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

RAMP (Rapid **A**ssessment of **M**otor and **P**ulse) .

- ☐ Begin where you are.
- ☐ If safe, start primary triage by initial EMS personnel on scene.
- ☐ If patients are in imminent danger, move patients to 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
    - Apply occlusive dressing to sucking chest wound if needed
    - 2 to 5 rescue breaths on pediatric patients as applicable
    - Perform needle decompression if qualified
- ☐ Maintain patient count by color (Red, Green, Black) and report to IC.

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APPENDIX B

INCIDENT COMMANDER JOB AID

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

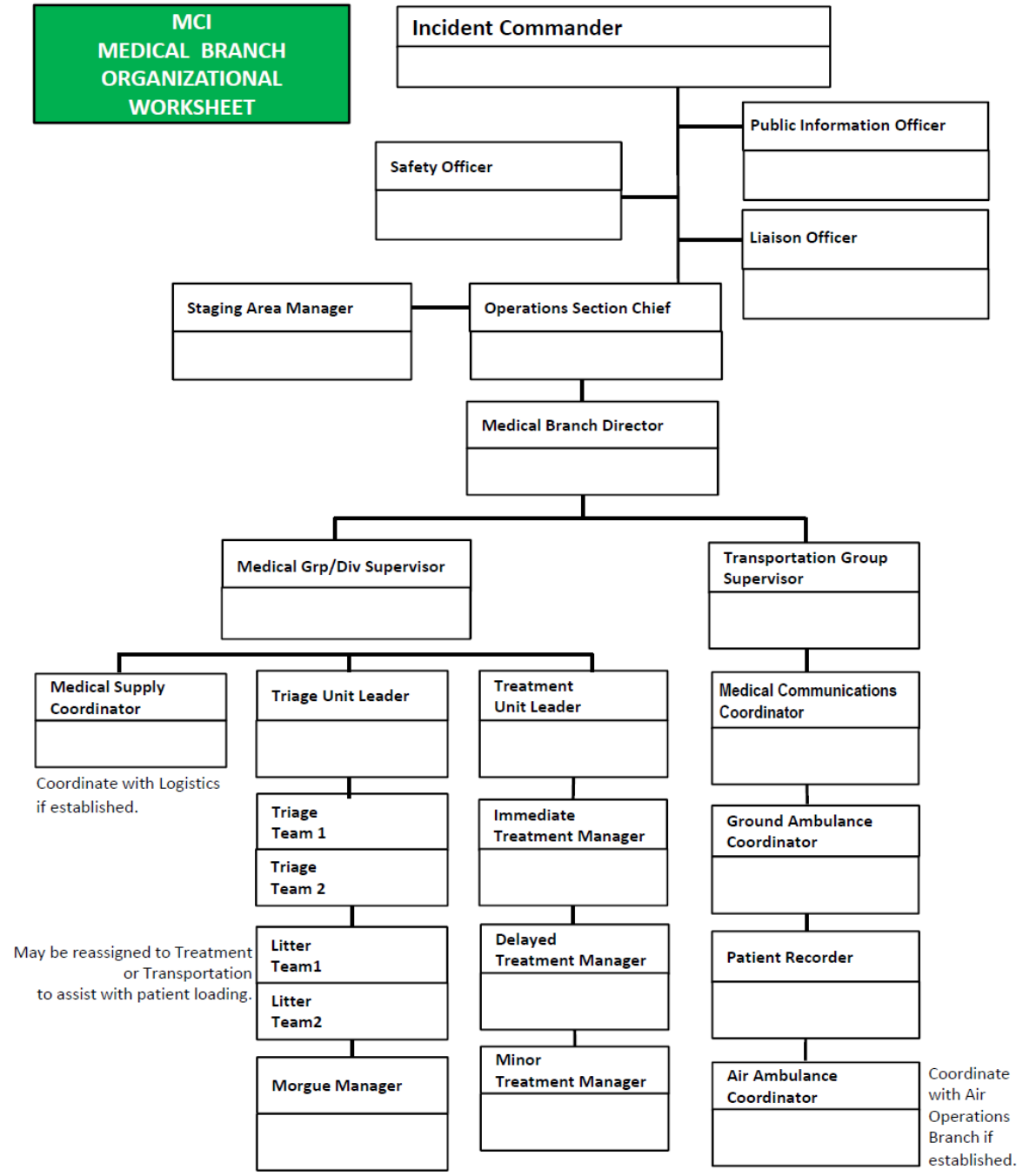
Responsibilities:

- ☐ 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 Safety Officer if needed.
- ☐ Assess current situation.
- ☐ Estimate number of patients.
- ☐ Request additional resources as appropriate.
- ☐ **Ensure hospitals have been alerted 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 plans.
- ☐ Coordinate with other agencies. Appoint a Liaison Officer if needed.
- ☐ Control and facilitate media. Appoint a Public Information Officer (PIO) if needed.
- ☐ Complete ICS Form 201 and Unit Activity Log (ICS 214)

Potential Additional Resources in alphabetical order:

☐ American Red Cross	☐ Coroner	☐ HazMat	☐ Rehabilitation
☐ Aircraft	☐ Emergency Mgt/EOC	☐ Health Department	☐ Specialized Rescue
☐ Buses	☐ Environmental Protection Agency	☐ Law Enforcement	☐ Utilities
☐ Chaplain/Behavioral Health	☐ Geo-spatial Information System	☐ Medical Supply Caches	☐

Sample Incident Command Organizational Chart



Incident Name:	ICP Location:	Map #:
Staging Area:	Ground Amb. Staging:	Air Amb Landing Zone:
Med Grp Talkgroup:	Transportation Talkgroup:	Air Amb Talkgroup:

Mass Casualty Resources		
Poison Control 1-800-222-1222		
El Paso County		
Lighting Tower Trailer	1. Local Dispatch 2. On Duty Medical Lieutenant 719-661-2669	Light 5-7 acres for 100 hours
Fremont County		
Emergency Medical Services MCI Trailer	1. Local Dispatch 2. Emergency Manager 719- 276-7422 office 719-240-1608 cell	50 patients
Medical Surge Trailer	1. Local Dispatch 2. Emergency Manager 719-276-7422 office 719-240-1608 cell 3. St Thomas More Security 719-285-2990	100 patients
Teller County		
Medical Surge Trailers (P57 and P58)	1. Local Dispatch 2. Emergency Manager 719-686-7990 office 719-357-2468 cell 3. Teller County Dispatch 719-687-9652	50 patients combined total
Park County		
Platte Canyon Mass Casualty Trailer	1. Local Dispatch 2. Emergency Manager 719-836-4372 office 719-839-1602 cell 3. Park County Communications 719-839-4121 (ext 5 to request mutual aid page)	35 patients
South Park Mass Casualty Trailer	1. Local Dispatch 2. Emergency Manager 719-836-4372 office 719-839-1602 cell 3. Park County Communications 719-839-4121 (ext 5 to request mutual aid page)	35 patients

Pueblo County		
Pueblo County Search and Rescue MCI Van	1. Communication Center 719-583-6250 2. Pueblo County Sheriff's Office ESB, Bureau Chief 719-583-6201 office 719-671-2065 cell 3. Emergency Management Coordinator 719-583-6202 office 719-334-6299 cell	MCI Van deployable with supplies and equipment to support an MCI
Chaffee County		
Chaffee County Medical Surge/Alternate Care Center Supplies	1. Emergency Manager 719 539-6856 office 719-221-1338 cell 2. Chaffee County Dispatch 719-539-2596 3. Nursing Supervisor 719-530-2454	Basic medical supplies, 110 cots.
Lake County		
Lake County Alternate Care Center Cache	1. Local Dispatch 2. Director of EMS 719-486-7133 office (ER will refer to appropriate cell/pager) 978-877-9912 cell 3. On-call Maintenance 719-486-7144	Depending on scope of incident, can treat 20 to 100 people.
Cheyenne County		
Cheyenne County MCI Trailer	Kit Carson County Dispatch 719-346-9325	30-35 patients
Keefe Memorial Hospital Surge Trailer	Keefe Memorial Hospital 719-767-5661	30-35 patients
Red Cross Sheltering Trailer	1. Kit Carson County Dispatch 719-346-9325 2. Cheyenne County OEM 719-346-9325	50 victims
Kit Carson County		
Kit Carson County Memorial Hospital Surge Trailer	Kit Carson County Memorial Hospital 24 hour number 719-346-5311	30-35 patients
Red Cross Sheltering Equipment (Pallet)	1. Kit Carson County Dispatch 719-346-5678 2. Kit Carson County OEM 719-349-2150	50 victims
Lincoln County		
Lincoln County MCI Trailer	Lincoln County Dispatch 719-743-2426	35 patients
Lincoln County Surge Trailer	Lincoln County Dispatch 719-743-2426	30-35 patients

Dispatch and Emergency Operations Center Phone Numbers

Dispatch	Emergency Operation Centers
El Paso County	
American Medical Response Dispatch 719-636-2333 City of Colorado Springs Dispatch 719-444-7623 El Paso County Dispatch 719-390-5555	City of Colorado Springs EOC: 719-385-4362 El Paso County EOC: 719-385-7274 EOC Director 719-575-8413 Public Health & Medical Services Lead
Fremont County	
Florence/Fremont Dispatch 719-792-6411 Canon City Dispatch 719-276-5600	EOC: 719-458-1390
Teller County	
Teller County Dispatch 719-687-9652 Woodland Park Dispatch 719-687-9262 Cripple Creek Dispatch Fire and EMS 719-689-2655	Cripple Creek EOC: 719-689-2988 Divide EOC: 719-687-9652
Park County	
Park County Dispatch 719-836-4121, option 5	EOC: 719-836-4301
Pueblo County	
City of Pueblo Dispatch 719-553-2502 Pueblo County Dispatch 719-583-6250	EOC: 719-583-6200
Chaffee County	
Dispatch 719-539-2596	EOC: 719-539-6856 719-539-6857
Lake County	
Dispatch 719-486-1249	EOC: 719-486-3333

Dispatch	Emergency Operation Centers
Cheyenne County	
Cheyenne County Sheriff's Office/Kit Carson Communication Center 719-346-5678	None
Kit Carson County	
Kit Carson County Sheriff's Office Communication Center 719-346-5678	None
Lincoln County	
Lincoln County Sheriff's Office Communication Center 719-743-2426	None

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)**:**

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command)**:** Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 1 Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

7. Current and Planned Objectives:

8. Current and Planned Actions, Strategies, and Tactics:

Time:	Actions:

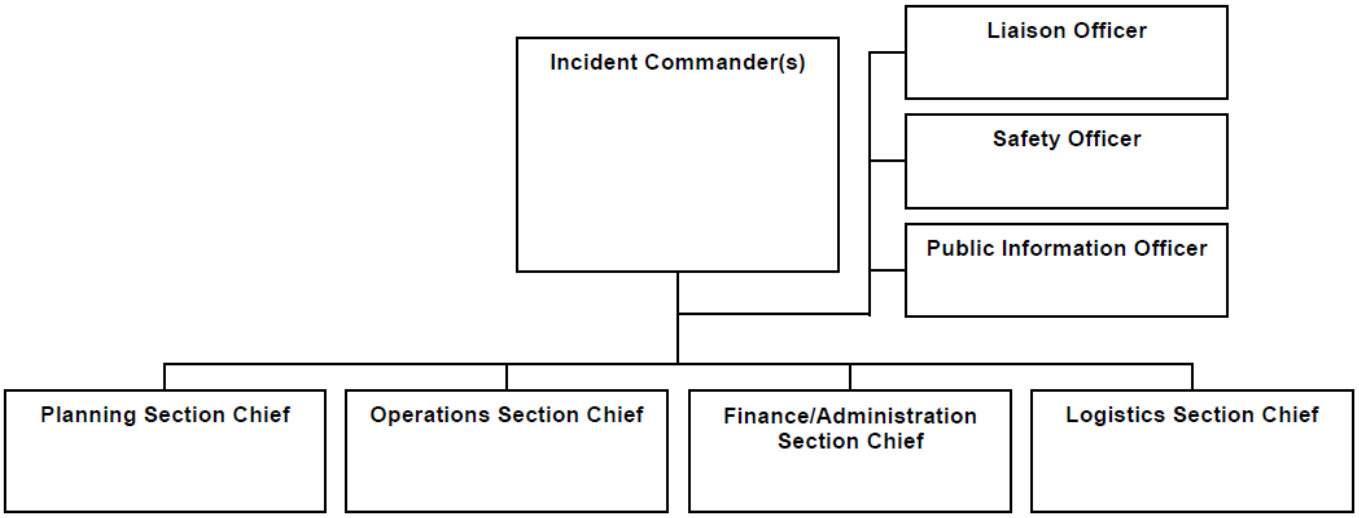
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 2 Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

9. Current Organization (fill in additional organization as appropriate):



6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 3 Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 4 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX C
STAGING AREA MANAGER
JOB AID

Function: To maintain separate stockpiles of staffing, reserve equipment and expended equipment at a staging area away from the incident.

Report to: Operations Section Chief

Radio Designation: *Staging Manager*

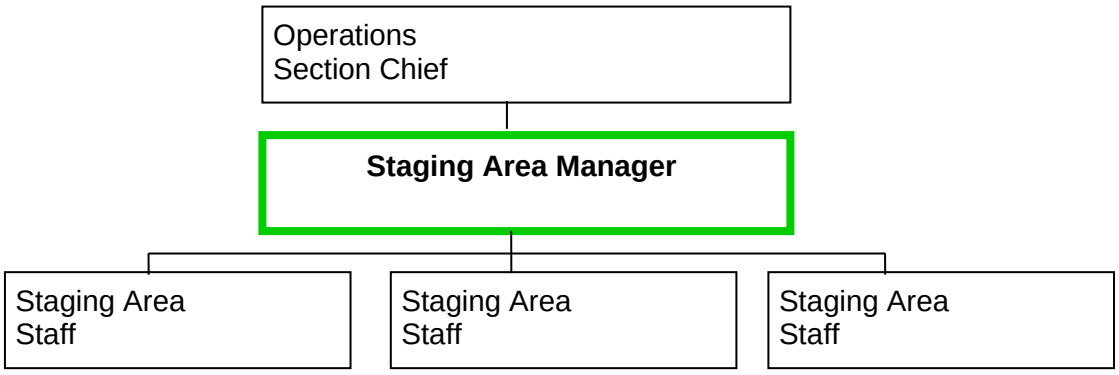
Subordinates: Staging Area Staff

Responsibilities:

- ☐ Don appropriate vest to reflect Staging Area 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 to the Incident Commander or Operations Section Chief 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 personnel stay with their vehicles until given assignment.
- ☐ Maintain Unit Activity Log (ICS Form 214).

Notes:

- Locate and secure buses for use by Transport Group Supervisor/Unit Leader.
- Use a mobile radio when possible, to communicate with incoming units.
- Size of incident may require that a separate ambulance staging area be established.



Staging Resources Summary					
Resources Ordered	**Resource Identification** **Agency Name/Unit #**	**ETA**	**Time In**	**Location/Assignment**	**Time Out**

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX D

MEDICAL BRANCH DIRECTOR JOB AID

Function: Coordinate, direct and manage all Medical Branch operations. Responsible for implementation of the Incident Action Plan (IAP) within the Medical Branch.

Report to: Operations Section Chief

Radio Designation: *Medical Branch*

Subordinates: Medical and Transportation Group/Division Supervisors and any other Division/Groups/Units deemed appropriate by Command.

Responsibilities:

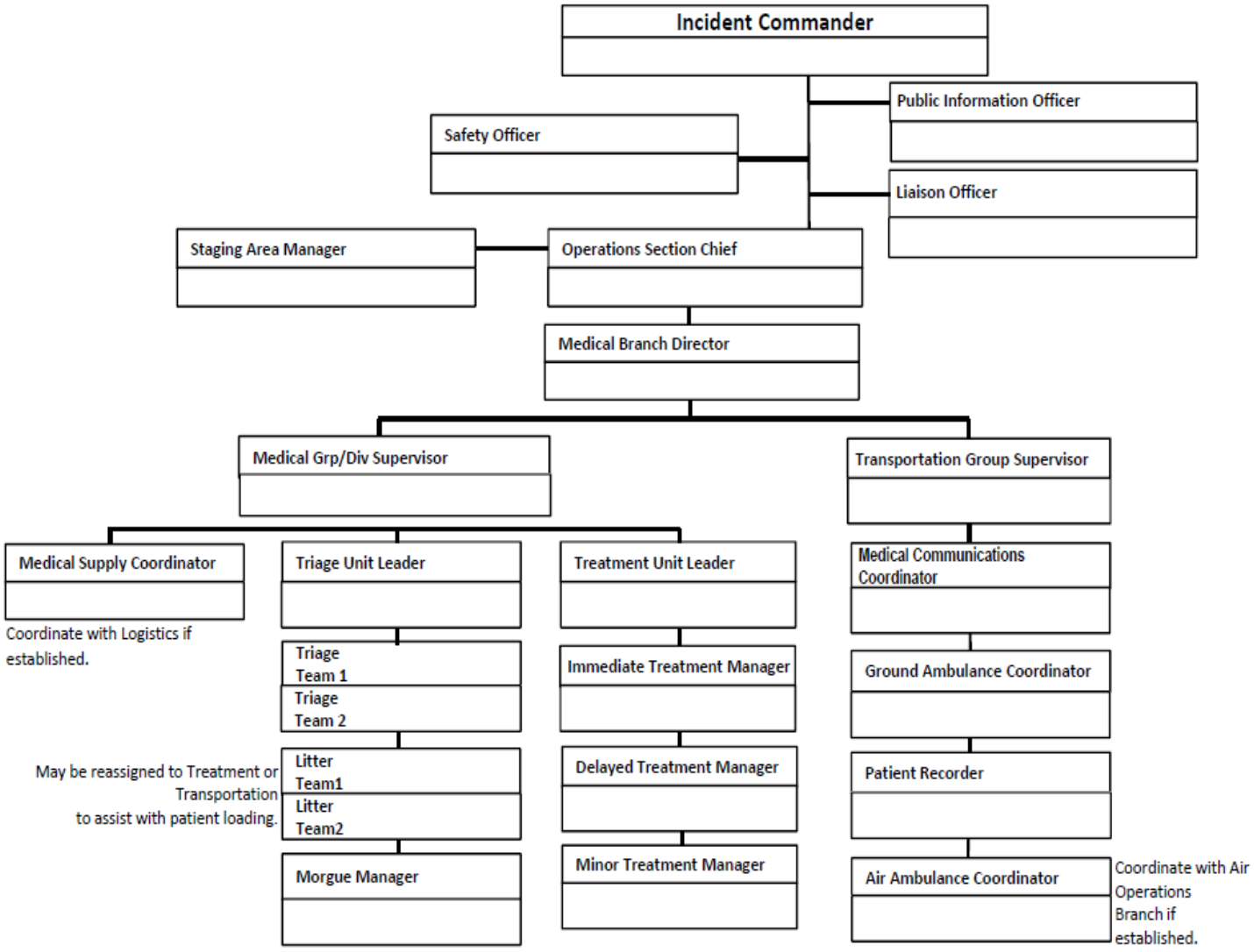
- ☐ Don appropriate vest to reflect Medical Branch Director position.
- ☐ Obtain briefing from the Operations Section Chief or Incident Commander.
- ☐ Verify the location of the staging and/or rehabilitation area if needed.
- ☐ Appoint and supervise the Medical Group/Division and Transportation Group/Division 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 via the Operations Section Chief.
- ☐ Ensure personnel and patient safety.
- ☐ Consider stress management assistance for personnel as needed.
- ☐ Complete Assignment List (ICS Form 204) and Maintain Unit/Activity Log (ICS Form 214).

Additional Resources:

☐ Ambulances	☐ Chaplain/Behavioral Health	☐ Law Enforcement	☐ Utilities
☐ American Red Cross	☐ Coroner	☐ MCI Trailers/Caches	☐
☐ Aircraft	☐ HazMat	☐ Rehabilitation	☐
☐ Buses	☐ Health Department	☐ Specialized Rescue	☐

MEDICAL BRANCH DIRECTOR WORKSHEET		TACTICAL CHANNEL	COMMAND CHANNEL	MEDICAL GROUP	MEDCOM CHANNEL
INCIDENT LOCATION	STAGING LOCATION	SITUATION STATUS		RESOURCE STATUS	

Medical Grp/Div. 2				Transportation Grp/Div.				
Talk group				Talk group/Channel				
Location				Location				
R	G	B	Total	R	G	B	Total	Situation Status
Situation/Resources				Resource Status				



ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:	3. **Branch:** **Division:** **Group:** **Staging Area:**

4. Operations Personnel: Name / Contact Number(s)

Operations Section Chief: _____

Branch Director: _____

Division/Group Supervisor: _____

5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader			

6. Work Assignments:

7. Special Instructions:

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
/	
/	
/	
/	

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 204 | **IAP Page** _____ | Date/Time: _____

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ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX E

MEDICAL GROUP/DIVISION SUPERVISOR JOB AID

Function: Establish control of the functions assigned to the Medical Group/Division, including triage, treatment, and transportation of all patients.

Reports to: Medical Branch Director

Radio Designation: *Medical Supervisor*

Subordinates: Triage Unit Leader, Treatment Unit Leader, Medical Supply Coordinator, and other personnel assigned to the Medical Group/Division.

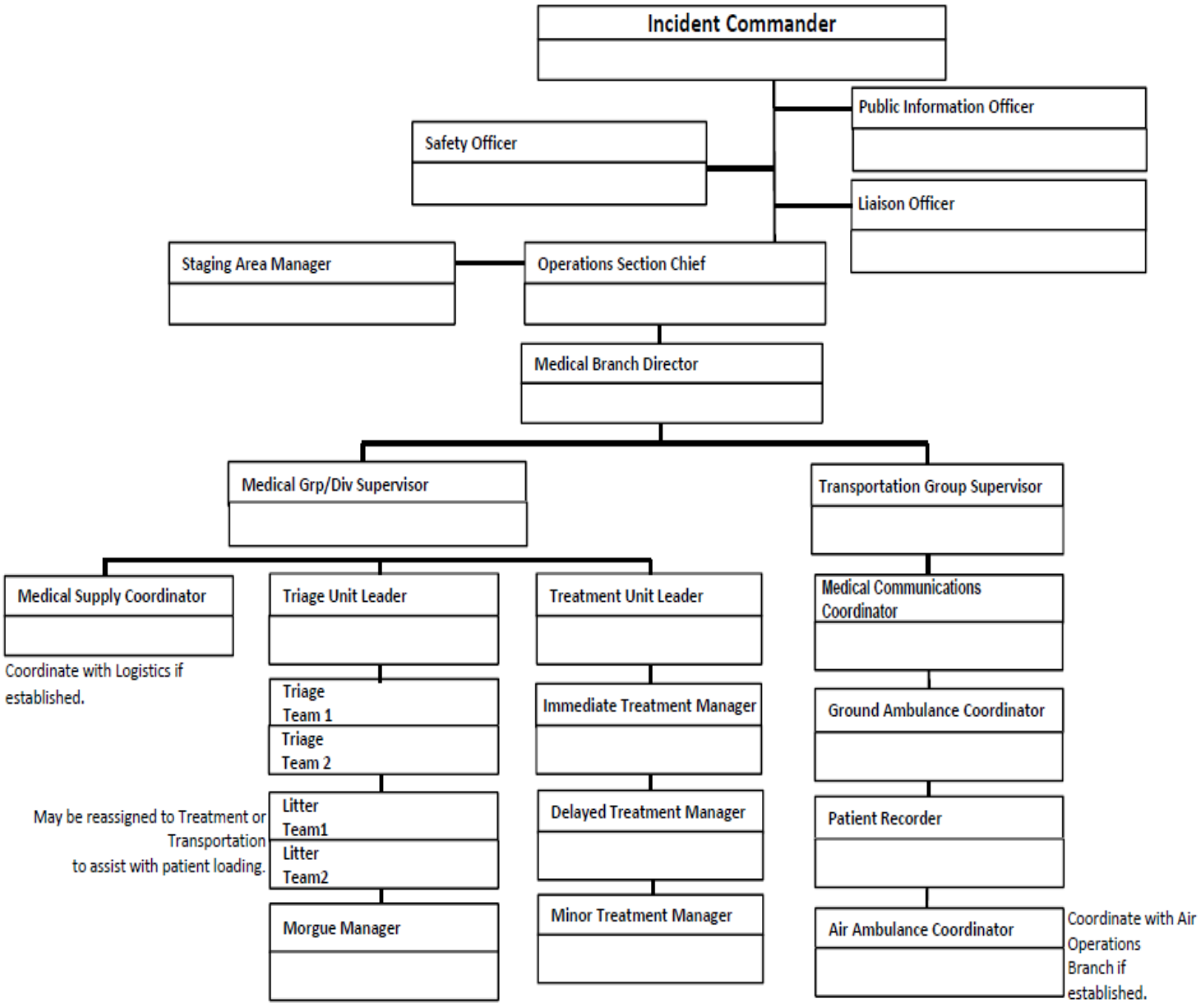
Responsibilities:

- ☐ 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, as needed.
- ☐ Designate and supervise Unit Leaders.
- ☐ Designate appropriate treatment area locations. Isolate Morgue Area from the Treatment Areas.
- ☐ Ensure that available medical supplies are cached and located at treatment area.
- ☐ Appoint a Medical Supply Coordinator if needed.
- ☐ Report the number of and color categories of patients to the Medical Branch Director.
- ☐ Request law enforcement for security and traffic control as needed.
- ☐ Appoint Morgue Manager as needed. Use Law Enforcement or a Coroner/Medical Examiner if possible.
- ☐ Establish communication and coordination with the Transportation Group/Division Supervisor.
- ☐ Account for, supervise, and monitor the safety and welfare of assigned personnel.
- ☐ Maintain Unit/Activity Log (ICS Form 214).

Note:

- A Medical Group may be a Medical Division when geographical location dictates operations.
- For geographically large incidents, consider establishing additional treatment areas designated numerically (Treatment Area 1,2, etc.) or geographically (West Treatment Area, etc.)

MEDICAL GROUP/DIVISION SUPERVISOR WORKSHEET		TACTICAL CHANNEL	COMMAND CHANNEL	MEDICAL GROUP	MEDCOM CHANNEL
INCIDENT LOCATION	STAGING LOCATION	SITUATION STATUS		RESOURCE STATUS	



Patient Count					
R		G		B	

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX F

TRIAGE UNIT LEADER
JOB AID

Function: Manage triage functions, supervise triage personnel, direct movement of patients from the incident site to treatment areas, establish a safe triage area, provide status reports to the Medical Group/Division Supervisor, and anticipate reassignment after primary triage is completed.

Reports to: Medical Group/Division Supervisor

Radio Designation: *Triage Leader*

Subordinates: Triage personnel, may designate individual personnel as Triage Team 1, 2, 3, etc. as needed due to the size of the incident site.

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, 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 RAMP method.
- ☐ 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 patients to assist or direct them to the Green Treatment Area.
    - Move immediate (Red) patients followed by the delayed (Green) 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.
    - Removable 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 UNIT LEADER WORKSHEET

TACTICAL CHANNEL	COMMAND CHANNEL	MEDICAL GROUP	MEDCOM CHANNEL

Medical Group/Div Supervisor

Transportation Group/Div Supervisor

Medical Supply Coordinator

Triage Unit Leader

Treatment Unit Leader

TRIAGE TEAMS	R	G	B	TOTAL
TOTAL PATIENTS				

LITTER BEARERS	

MORGUE MANAGER

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	4. ICS Position:	5. Home Agency (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 2 | Date/Time: _____

APPENDIX G

TRIAGE PERSONNEL JOB AID

Function: Perform primary triage of patients using the RAMP method, and the RPM assessment tool, categorize and mark each patient, and coordinate the movement of patients to the treatment areas.

Report 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 the RAMP algorithm. It should generally take no longer than 30-60 seconds to triage each patient and provide the following medical treatments if needed:
    a. Open airway and secure with NPA as needed
    b. Control severe hemorrhage
    c. Provide two to five rescue breaths for pediatric patients
    d. Apply occlusive dressing to sucking chest wound if needed
    e. Place unconscious patients in the coma position
- Tag or mark patients with appropriate flagging color (Red, Green, Black, plus Pink Striped if Decon needed). DO NOT take time to fill out a 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.

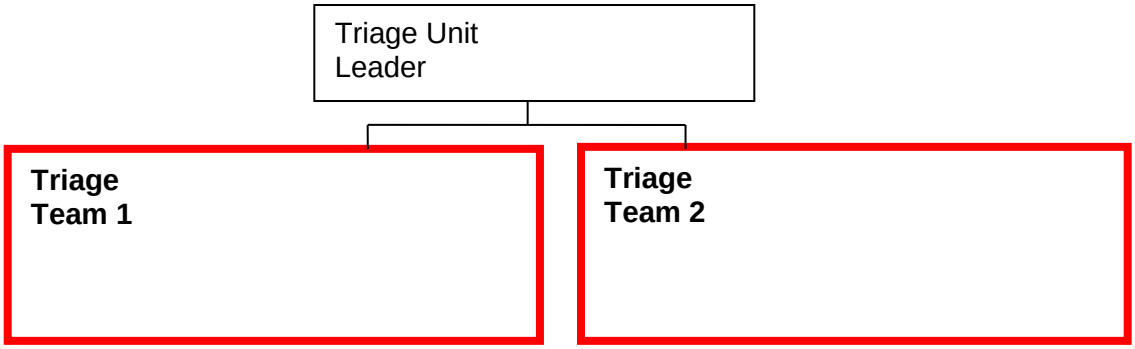
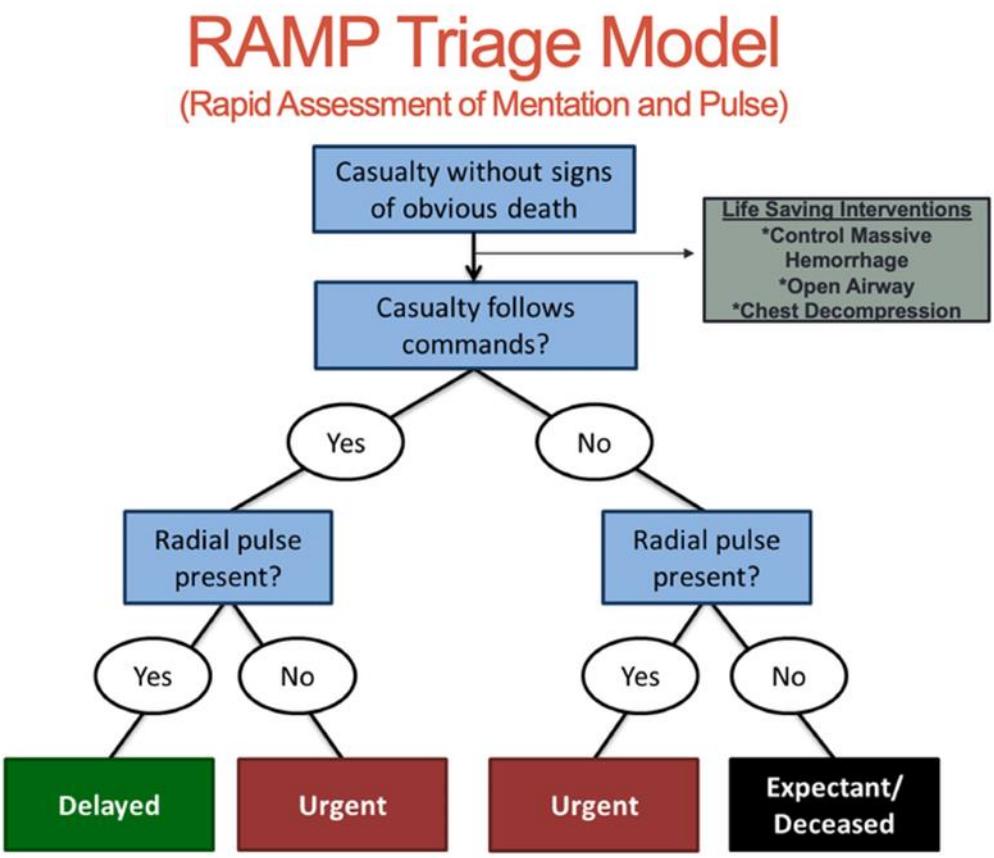


Figure 1

RAMP Triage Algorithm



Pediatric Considerations:

1. Children under 13, if no radial pulse, consider checking for a brachial pulse, especially for infants
2. If not breathing, open the airway and give 2 to 5 rescue breaths

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:

3. Name:	4. ICS Position:	5. Home Agency (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	4. ICS Position:	5. Home Agency (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX H

LITTER BEARER JOB AID

Function: Using correct lifting procedures, safely transport patients to the patient collection point (if established), treatment area, or transport area.

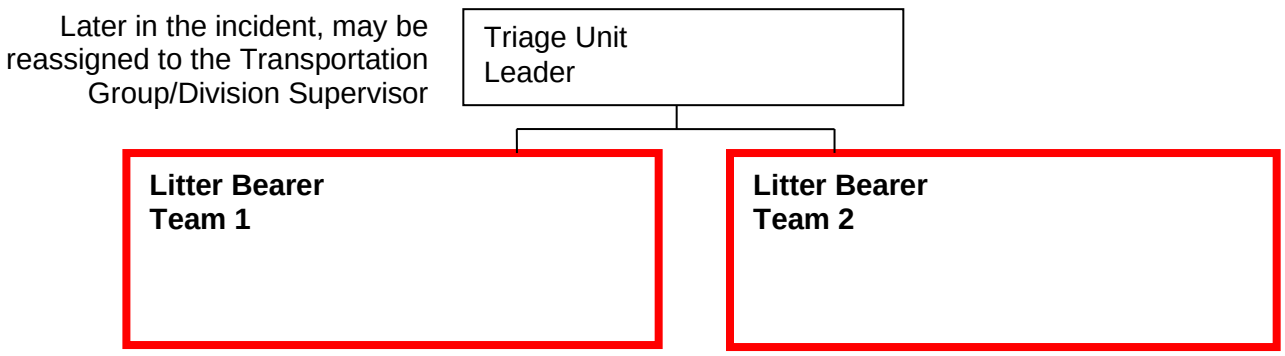
Report to: Triage Unit Leader, then may be reassigned to the Transportation Group/Division Supervisor.

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:
  a. Patient collection point, if established
  b. 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

APPENDIX I

MORGUE MANAGER
JOB AID

Function: Responsible for the Morgue area functions until properly relieved by law enforcement or the Coroner/Medical Examiner's Office.

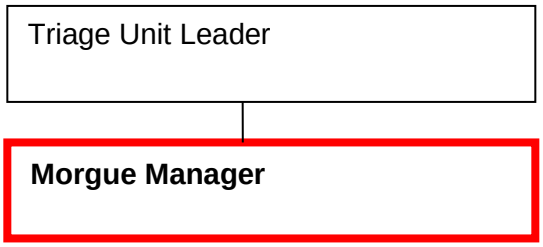
Reports to: Triage Unit Leader

Radio Designation: *Morgue Manager*

Subordinates: Staff as needed

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 Form			Page# _____
Triage Tag # (attach stub or write)	Age Gndr	Name or Description	Time In/Out
	M	Name or Description	Time In
	F		
	Age	Transferred to:	Time Out
	M	Name or Description	Time In
	F		
	Age	Transferred to:	Time Out
	M	Name or Description	Time In
	F		
	Age	Transferred to:	Time Out
	M	Name or Description	Time In
	F		
	Age	Transferred to:	Time Out
	M	Name or Description	Time In
	F		
	Age	Transferred to:	Time Out
	M	Name or Description	Time In
	F		
	Age	Transferred to:	Time Out

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX J

TREATMENT UNIT LEADER
JOB AID

Function: Manage all functions within the treatment area(s); assume responsibility for treatment, request medical personnel from the Medical Group/Division Supervisor to staff each treatment area, secure medical equipment and supplies, and coordinate patient loading with the Transportation Group/Division Supervisor.

Reports to: Medical Group/Division Supervisor

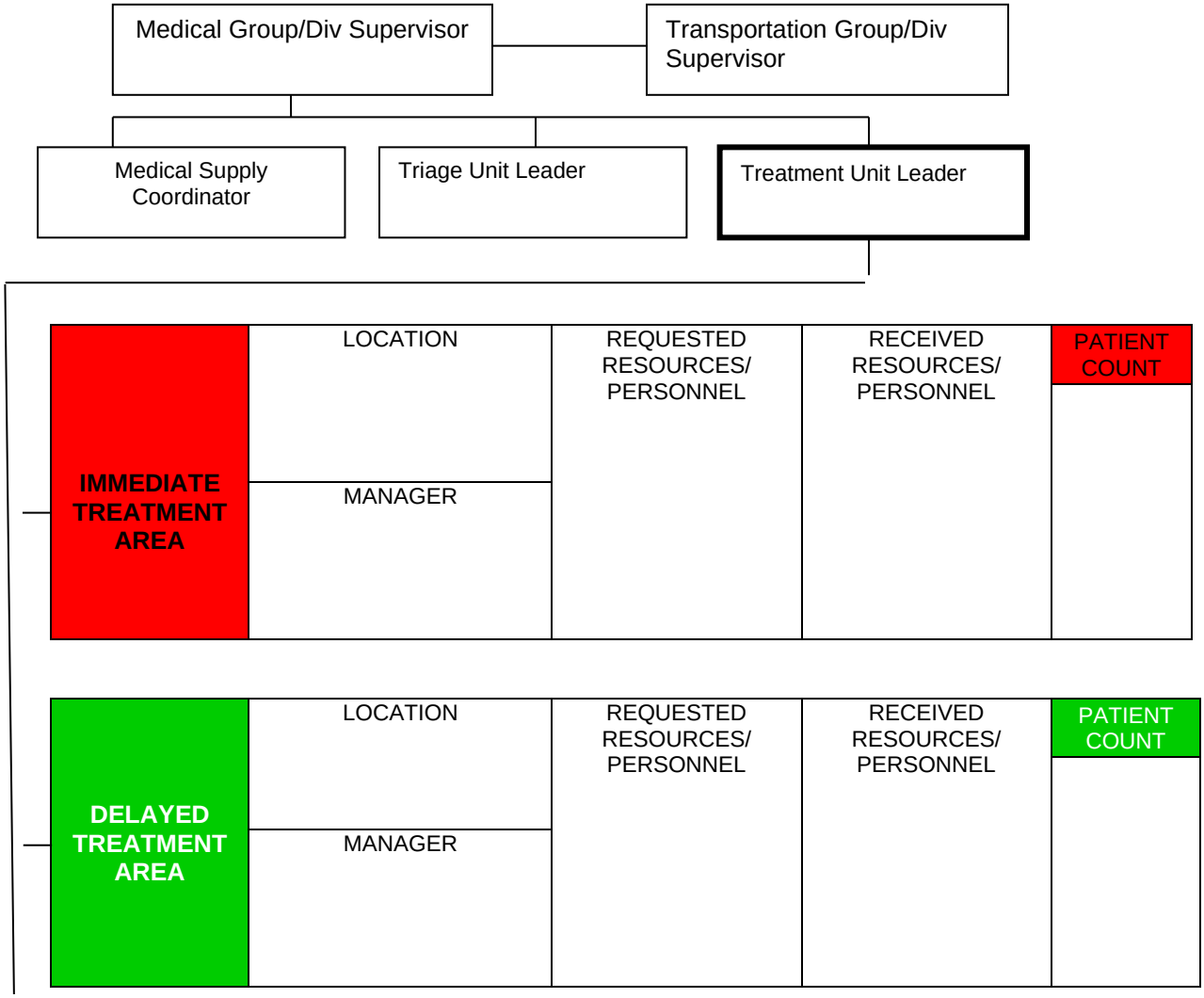
Radio Designation: *Treatment Leader*

Subordinates: Immediate and Delayed Treatment Area Managers & personnel.

Responsibilities:

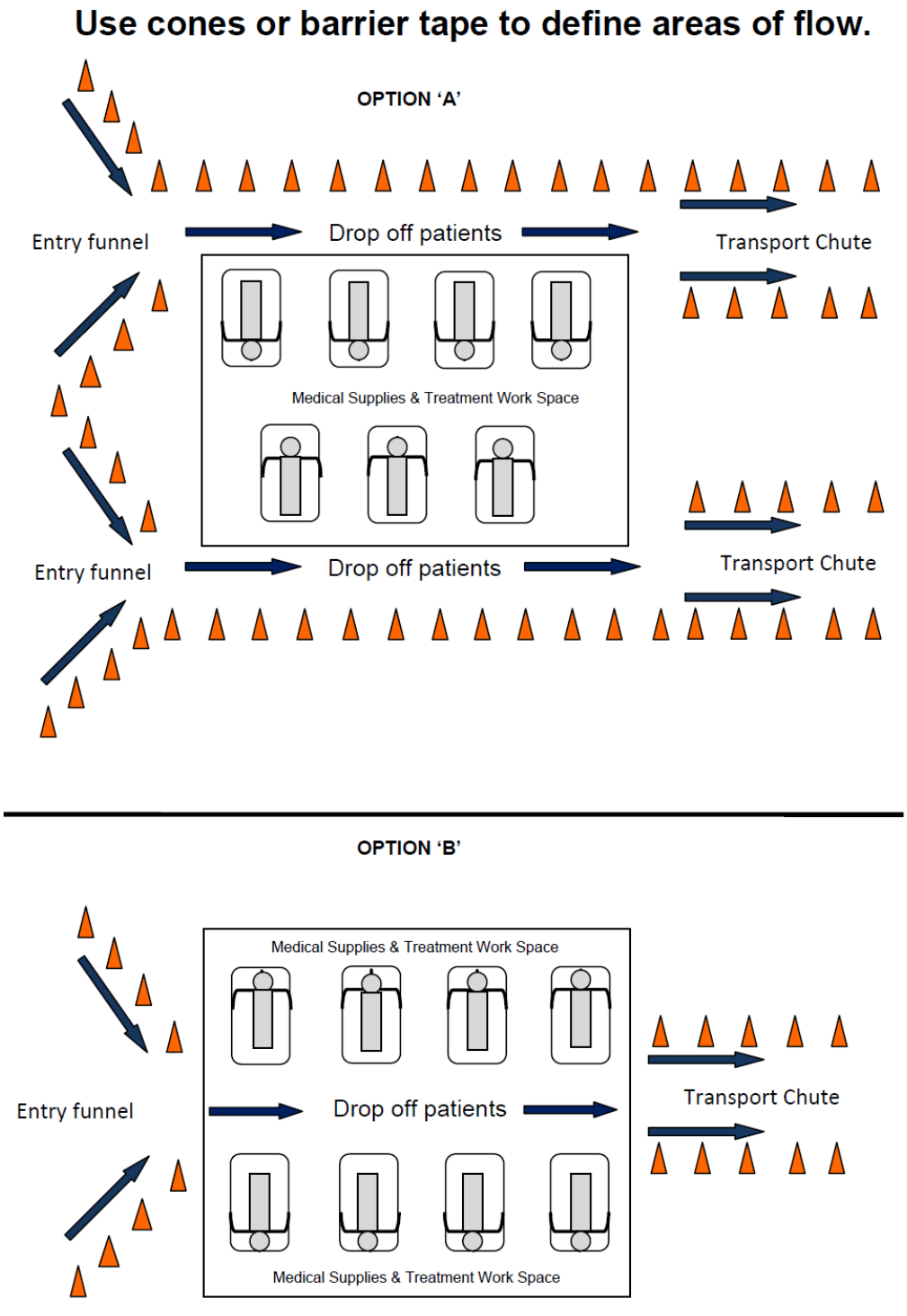
- ☐ Don appropriate vest to reflect Treatment Unit Leader position.
- ☐ Obtain briefing from Medical Group/Division Supervisor.
- ☐ Develop organization sufficient to handle assignment.
- ☐ Appoint treatment area managers (Immediate, Delayed) as needed.
- ☐ Appoint treatment teams to care for patients that are trapped or cannot be moved.
- ☐ Ensure that treatment areas are adequately staffed to handle patients. Recommended staffing if available,
    a. 1-2 provider(s) for every Red patient
    b. 1 provider for every 2-3 Green patients
- ☐ Consider safety, shelter, lighting, weather conditions, and transportation ingress/egress points when selecting the treatment areas.
    - For Red 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 (workspace), 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 sufficient medical caches and supplies from Medical Group/Division Supervisor.
- ☐ Coordinate movement of patients from Triage to Treatment Areas with the Triage Unit Leader and maintain count of all patients entering the treatment area.
- ☐ Obtain patient prioritization from Treatment Area Manager(s) and coordinate movement with Transportation Group/Division Supervisor.
- ☐ Establish communications with the Transportation Group/Division Supervisor to coordinate the movement of 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).

TREATMENT UNIT LEADER WORKSHEET	TACTICAL CHANNEL	COMMAND CHANNEL	MEDICAL GROUP	MEDCOM CHANNEL



Immediate and Delayed Treatment Area Layout Options

Figure 3
Potential Treatment Area Options



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ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX K

URGENT TREATMENT AREA MANAGER JOB AID

Function: Responsible for secondary triage and treatment of patients assigned to the Urgent Treatment Area, with an emphasis on rapid transport.

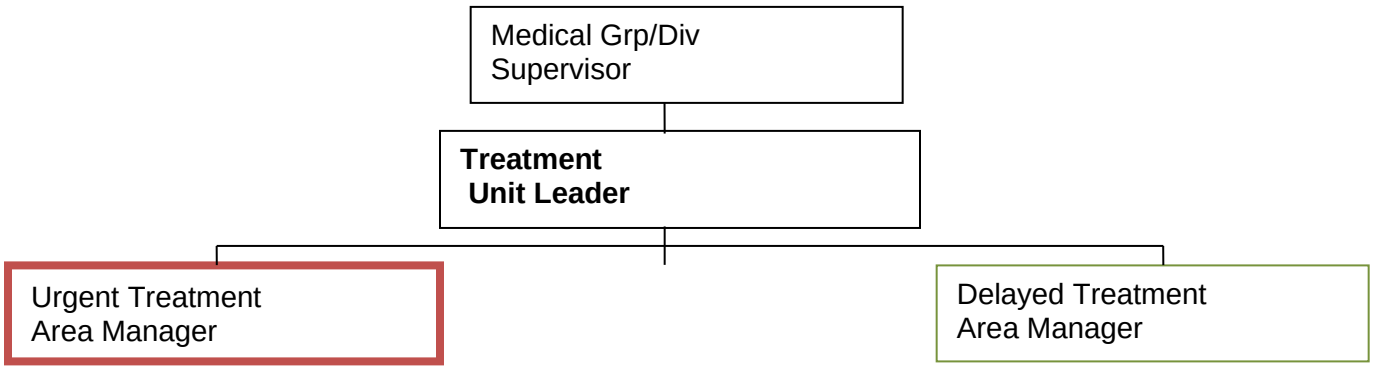
Reports to: Treatment Unit Leader

Radio Designation: *Urgent Treatment Manager*

Subordinates: Medical personnel assigned to this area

Responsibilities:

- Don appropriate 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-foot 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 appropriate 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

page #____

Triage Tag # (attach stub or write)	**Injuries** **Triage**	**Name/Description** **Treatment**	**M/F** **Age**	**Time** **Decon**
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done

Treatment Log

page #____

Triage Tag # (attach stub or write)	**Injuries** **Triage**	**Name/Description** **Treatment**	**M/F** **Age**	**Time** **Decon**
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done

Treatment Log

page #____

Triage Tag # (attach stub or write)	**Injuries Triage**	**Name/Description Treatment**	**M/F Age**	**Time Decon**
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX L

DELAYED TREATMENT AREA MANAGER
JOB AID

Function: Responsible for secondary triage and treatment of patients assigned to the Delayed Treatment Area.

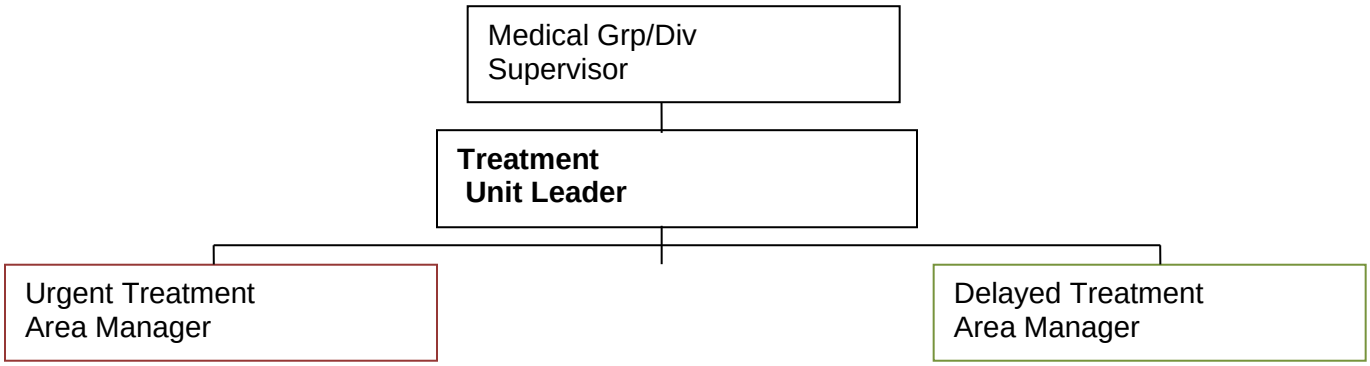
Reports to: Treatment Unit Leader

Radio Designation: *Delayed Manager*

Subordinates: Medical personnel assigned to this area

Responsibilities:

- Don appropriate vest to reflect Delayed Treatment 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-foot clearance on all sides of the patient.
- Ensure treatment area is clearly identified (Yellow).
- Request, establish and assign treatment teams as necessary. Recommend 1 provider for every 2-3 patients.
- 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.
- Ensure that appropriate 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.
- Maintain worksheets and a Unit/Activity Log (ICS Form 214).



Treatment Log

page #____

Triage Tag # (attach stub or write)	**Injuries** **Triage**	**Name/Description** **Treatment**	**M/F** **Age**	**Time** **Decon**
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done

Treatment Log

page #____

Triage Tag # (attach stub or write)	**Injuries** **Triage**	**Name/Description** **Treatment**	**M/F** **Age**	**Time** **Decon**
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done

Treatment Log

page

#____

Triage Tag # (attach stub or write)	**Injuries** **Triage**	**Name/Description** **Treatment**	**M/F** **Age**	**Time** **Decon**
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done
	Head CTLS Chest ABD/Pelvic EXT	Name/Description	**M**	Time In:
			F	Time Out:
	R G	Treatment	Age	**Decon** No Need Need Done

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX M

MEDICAL SUPPLY COORDINATOR
JOB AID

Function: Acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Branch.

Reports to: Medical Group/Division Supervisor

Radio Designation: *Medical Supply Coordinator*

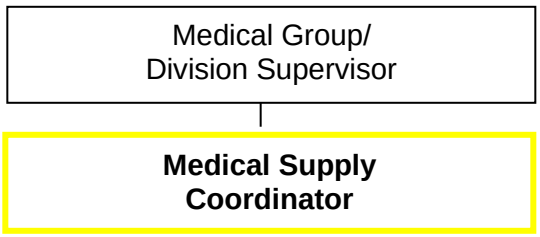
Subordinates: Staff as needed

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/equipment.
- Maintain worksheets and a 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 Equipment/Supplies				
Resources Ordered	**Resource Identification Agency Name/Unit #**	**ETA**	**On Scene**	**Location/Assignment**

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX N

TRANSPORTATION GROUP/DIVISION SUPERVISOR JOB AID

Function: Manages patient transportation from the scene to the appropriate medical facilities. Maintains records of identification, injuries, mode of transportation, and destination.

Reports to: Medical Branch Director

Radio Designation: *Transportation*

Subordinates: Medical Communications Coordinator, Ground Ambulance Coordinator, Air Ambulance Coordinator, and Patient Recorder.

Responsibilities:

- ☐ Don appropriate vest to reflect Transportation position.
- ☐ Obtain briefing from Medical Branch Director.
- ☐ Coordinate, manage and direct transportation functions.
- ☐ Establish and 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, EMSystem, radio, or other available methods).
- ☐ Ensure hospitals are notified of an MCI Alert and a bed availability count is obtained.
- ☐ 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, 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 and notify when all patients have been transported and accounted for.
- ☐ Supervise movement of patients from the treatment area to transportation zones.
- ☐ Ensure patient and staff safety.
- ☐ Maintain worksheets and a Unit/Activity Log (ICS Form 214).

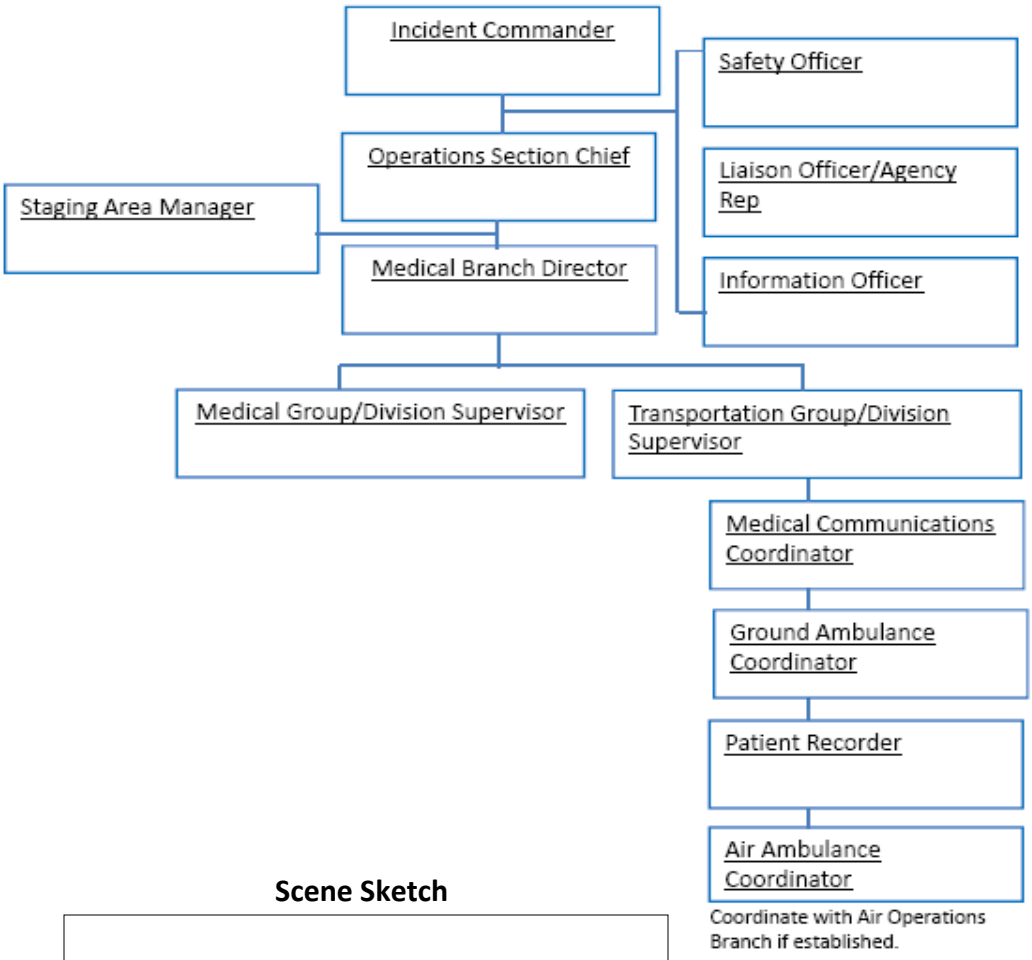
Note: Fill each transport vehicle with the maximum number of patients that qualified care providers can manage.

TRANSPORTATION GROUP/DIVISION SUPERVISOR WORKSHEET		TACTICAL CHANNEL	COMMAND CHANNEL	MEDICAL GROUP	MEDCOM CHANNEL
INCIDENT LOCATION	STAGING LOCATION	SITUATION STATUS		RESOURCE STATUS	

Medical Group/Division
Talkgroup
Location
R G B Total
Situation/Resources

Medical Group/Division
Talkgroup
Location
R G B Total
Situation/Resources

Total Number of Patients Transported	
R	
G	



Scene Sketch

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 2 | Date/Time: _____

APPENDIX O

MEDICAL COMMUNICATIONS COORDINATOR JOB AID

Function: Establish communications with the hospital alert system (EMSystem) and maintain current status of medical facilities availability and capability to ensure proper patient transportation and destination**.**

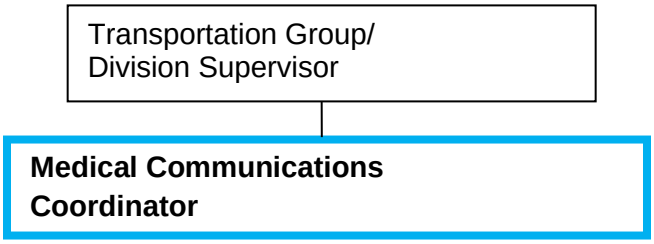
Reports to: Transportation Group/Division Supervisor

Radio Designation: *Medical Communication Coordinator*

Subordinates: Staff as needed

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 Pulsara or EMResource System.
- 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 (alternate #)**	**24 Hour ED Nursing Supervisor**	**Notes**
Memorial Health System-Control	719-365-5000	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	719-526-7000	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	
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 Hospital	720-321-0000	720-321-4103	
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	719-530-2454	
St Vincent General Hospital	719-486-0230	719-486-7144	
San Luis Valley Reg Medical Ctr	719-589-2511	719-587-1240	
Summit Medical Center	970-668-3300	970-668-9523	
Keefe Memorial Hospital	719-767-5661	719-767- 5661	
Kit Carson County Hospital	719 -346-5311	719- 346-5311	
Lincoln Community Hospital	719-743- 2421	719-743-2421	
Wray Community District Hospital	970-332-4811	970-332-4811	
Weisbrod Memorial Hospital	719-438-5401	719-438-5401	
Arkansas Valley Regional Med Ctr	719-383-6116	719-383-6116	

Hospital Availability Distribution Log

Date:	Incident Name/Location:	
Hospital Medical Facility Alternate Care Center	**Red**	**Green**
	Beds available	Beds available
	Sent	Sent
	Beds available	Beds available
	Sent	Sent
	Beds available	Beds available
	Sent	Sent
	Beds available	Beds available
	Sent	Sent
	Beds available	Beds available
	Sent	Sent
Totals	Beds available	Beds available
	Sent	Sent

Available Transport Units

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ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:

3. Name:	4. ICS Position:	5. Home Agency (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX P

PATIENT RECORDER
JOB AID

Function: Assist in the proper documentation of patient destination.

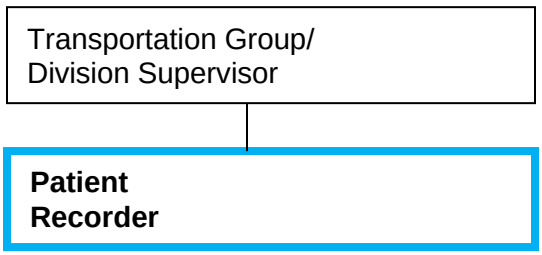
Reports to: Transportation Group/Division Supervisor

Radio Designation: *Patient Recorder*

Subordinates: Staff as needed

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 a Unit/Activity Log (ICS Form 214).



Patient Destination Log				page#____
Triage Tag # (attach stub or write)	**Triage Color**	**Name/Description** Hospital/Destination	**M/F Age**	**Agency/Unit #** Time Out
	Name/Description		**M** **F**	Agency/ Unit #
	R G	Hospital/Destination	Age	Time Out:
	Name/Description		**M** **F**	Agency/ Unit #
	R G	Hospital/Destination	Age	Time Out:
	Name/Description		**M** **F**	Agency/ Unit #
	R G	Hospital/Destination	Age	Time Out:
	Name/Description		**M** **F**	Agency/ Unit #
	R G	Hospital/Destination	Age	Time Out:
	Name/Description		**M** **F**	Agency/ Unit#
	R G	Hospital/Destination	Age	Time Out:

Patient Destination Log

page#____

Triage Tag # (attach stub or write)	**Triage Color**	**Name/Description** Hospital/Destination	**M/F Age**	**Agency/Unit #** Time Out
		Name/Description	**M**	Agency/ Unit #
			F	
	R G	Hospital/Destination	Age	Time Out:
		Name/Description	**M**	Agency/ Unit #
			F	
	R G	Hospital/Destination	Age	Time Out:
		Name/Description	**M**	Agency/ Unit #
			F	
	R G	Hospital/Destination	Age	Time Out:
		Name/Description	**M**	Agency/ Unit #
			F	
	R G	Hospital/Destination	Age	Time Out:
		Name/Description	**M**	Agency/ Unit#
			F	
	R G	Hospital/Destination	Age	Time Out:

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX Q

GROUND AMBULANCE COORDINATOR JOB AID

Function: Manages the ambulance staging area(s) and dispatches ambulances as requested by the Transportation Group/Division Supervisor.

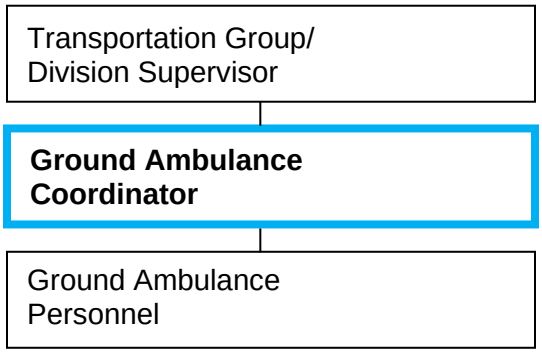
Reports to: Transportation Group/Division Supervisor

Radio Designation: *Ground Ambulance Coordinator*

Subordinates: Staff as needed

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).



Hospital Addresses and 24-hour ED Phone Numbers

Colorado Springs/Woodland Park	Canon City	Denver Area
Memorial Health System-Control 1400 East Boulder Street Colorado Springs, CO 80909 719-365-2410 (primary) 719-365-5000 (secondary)	St. Thomas More Hospital 1338 Phay Ave. Canon City, CO 81212 719-285-2270 (primary) 719-285-2000 (secondary)	Parker Adventist Hospital 9395 Crown Crest Blvd Parker, CO 80138 303-269-4800 (primary) 303-269-4000 (secondary)
Memorial Health System –North 4050 Briargate Parkway Colorado Springs, CO 80920 719-364-2410 (primary) 719-365-5000 (secondary)	**Mountain Region** Gunnison Valley Hospital 711 North Taylor St Gunnison, CO 8123 970-641-7244 (primary) 970-641-1456 (secondary)	Porter Adventist Hospital 2525 S. Downing Denver, CO 80210 303-778-5666 (primary) 303-778-1955 (secondary)
Penrose Hospital 2222 N. Nevada Ave. Colorado Springs, CO 80907 719-776-5333 (primary) 719-776-5000 (secondary)	Heart of the Rockies Regional 1000 Rush Drive Salida, CO 81201 719-530-2454 (primary) 719-530-2200 (secondary)	Sky Ridge Medical Center 10101 Ridge Gate Parkway Lone Tree, CO 80124 720-225-2139 (primary) 720-225-1000 (secondary)
St. Francis Medical Center 6001 E. Woodmen Rd. Colorado Springs, CO 80923 719-571-1550 (primary) 719-776-5000 (secondary)	St Vincent General Hospital 822 West Fourth Street Leadville, CO, 80461 719-486-7144 (primary) 719-486-0230 (secondary)	St. Anthony Hospital 11600 West 2nd Place Lakewood, CO 80228 720-321-4103 (primary) 720-321-0000 (secondary)
Evans Army Community Hosp 1650 Cochrane Circle Fort Carson, CO 80913 719-524-4111 (primary) 719-526-7000 (secondary)	San Luis Valley Reg Medical Ctr 106 Blanca Avenue Alamosa, CO 81101 719-587-1240 (primary) 719-589-2511 (secondary)	St. Luke's Medical Center 1719 E 19th Ave. Denver, CO 80218 720-754-4342 (primary) 303-839-6000 (secondary)
Pikes Peak Regional Hospital 16420 West Highway 24 Woodland Park, CO 80863 719-686-5760 (primary) 719-686-5759 (secondary)	Summit Medical Center 340 Peak One Drive Frisco, CO 80443 970-668-9523 (primary) 970-668-3300 (secondary)	Swedish Medical Center 501 E Hampden Avenue Englewood, CO 80113 303-788-2600 (primary) 303-788-5000 (secondary)
Pueblo	**Denver Area**	
Parkview Medical Center 400 West 16th St. Pueblo, CO 81003 719-595-7800 (primary) 719-584-4000 (secondary)	Children's Hospital 13123 East 16th Avenue Aurora, CO 80045 720-777-3112 (primary) 720-777-1234 (secondary)	University of Colorado Hospital 12605 E. 16th Ave. Aurora, CO 80045 720-848-5184 (primary) 720-848-0000 (secondary)
Parkview West 899 East Industrial Blvd Pueblo, CO 81007 719-595-7800 (primary) 719-288-2100 (secondary)	Denver Health Medical Center 700 Delaware St. Denver, CO 80204 303-602-8100 (primary) 303-436-6000 (secondary)	
St. Mary Corwin Medical Center 1008 Minnequa Avenue Pueblo, Colorado 81004 719-557-4818 (primary) 719-557-4000 (secondary)	Littleton Adventist Hospital 7700 S Broadway Littleton, CO 80122 303-730-5800 (primary) 303-269-4000 (secondary)	

Hospital Addresses and 24-hour ED Phone Numbers

Cheyenne County	Kit Carson	Lincoln County
Keefe Memorial Hospital 602 N 6th Street West Cheyenne Wells, CO 80810 719-767-5661	Kit Carson County Memorial Hospital 286 16th Street Burlington, CO 80807 719-346-5311	Lincoln Community Hospital 111 6th Street Hugo, CO 80821 719-743-2421
Other		
Wray Community Hospital 1017 W 7th Street Wray, CO 81036 970-332-4811	Weisbrod Memorial Hospital 1208 Luther Street Eads, CO 81036 719-438-5401	Arkansas Valley Regional Medical Center 1100 Carson Avenue La Junta, CO 81050 719-383-6116

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Ground Ambulance Tracking Tool Page #_____				
Agency/ Transport #	Time On-Scene	Time Depart from Scene	Destination Hospital Medical Facility Alternate Care Center	Destination Arrival Time

Ground Ambulance Tracking Tool Page #_____				
Agency/ Transport #	Time On-Scene	Time Depart from Scene	Destination Hospital Medical Facility Alternate Care Center	Destination Arrival Time

Ground Ambulance Tracking Tool Page #_____				
Agency/ Transport #	Time On-Scene	Time Depart from Scene	Destination Hospital Medical Facility Alternate Care Center	Destination Arrival Time

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ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

APPENDIX R
AIR AMBULANCE COORDINATOR
JOB AID

Function: Manage the Air Ambulance Loading Area activities

Report to: Air Operations Branch Director. If not appointed, then report to Transportation Group/Division Supervisor

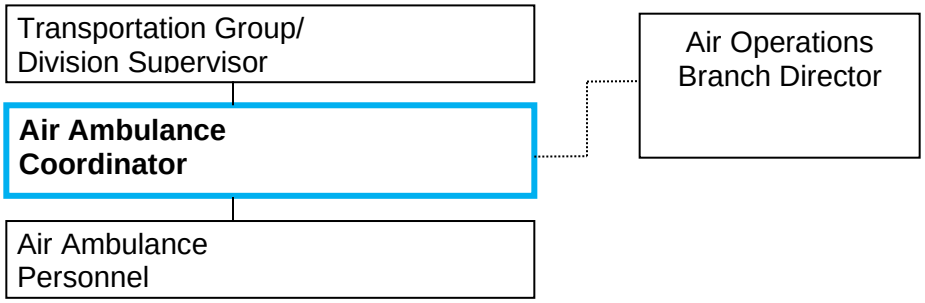
Radio Designation: *Air Ambulance Coordinator*

Subordinates: Staff as assigned

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, 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 requests as appropriate.
- ☐ 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 Tool				
Agency/ Transport #	Time On-Scene	Time Depart from Scene	Destination Hospital Medical Facility Alternate Care Center	Destination Arrival Time

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ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 2 Date/Time: _____