

Multiple Medical Incident

Address:

Dispatch (Command) Channel:

Tactical (Q) Channel:

Command Name / Location

Liaison _____

E _____ E _____ T _____ BC _____

E _____ E _____ T _____ BC _____

E _____ E _____ T _____ Chief _____

Medic Units: M _____ M _____

M _____ M _____ M _____ M _____

M _____ M _____ M _____ M _____

Helicopters: _____

Objectives:

- ☐ All PTS Found
- ☐ Triage Report
- ☐ All PT's Extricated
- ☐ All Red's TX
- ☐ All PT's TX

EXTRICATION

- ☐ Ensure scene safety
- ☐ Account for victims
- ☐ Move critical first
- ☐ Pts to Tx on backboards
- ☐ Ambulatory to Assembly Area

Command Tracking

Treatment

Sup: _____

Triage

Sup: _____

Extrication

Sup: _____

LZ

Sup: _____

Transportation

Sup: _____

Fire Control

Sup: _____

Functions:

- ☐ Triage Tags
- ☐ Mass Casualty?
- ☐ Command Location
- ☐ Helicopter(s)
- ☐ Hospital Alert
- ☐ Ambulance Staging
- ☐ Traffic Control
- ☐ PD Assistance LZ

Resources:

- ☐ Utility truck
- ☐ Rehab unit
- ☐ Safety
- ☐ Investigator
- ☐ PIO
- ☐ Command Van
- ☐ PD Supervisor
- ☐ Medic Supervisor
- ☐ CRT/Connectors

Level 1 Staging Location

Staging Officer _____
Units _____

Level 2 Staging Location

Staging Officer _____
Units _____

PIO/Location

Hospital
Notifications

Triage Report

| Red | Tx | Yellow | Tx | Green | Tx | Green | Tx |
|---------|--------------------------|---------|--------------------------|---------|--------------------------|----------|--------------------------|
| 1 _____ | <input type="checkbox"/> | 1 _____ | <input type="checkbox"/> | 1 _____ | <input type="checkbox"/> | 9 _____ | <input type="checkbox"/> |
| 2 _____ | <input type="checkbox"/> | 2 _____ | <input type="checkbox"/> | 2 _____ | <input type="checkbox"/> | 10 _____ | <input type="checkbox"/> |
| 3 _____ | <input type="checkbox"/> | 3 _____ | <input type="checkbox"/> | 3 _____ | <input type="checkbox"/> | 11 _____ | <input type="checkbox"/> |
| 4 _____ | <input type="checkbox"/> | 4 _____ | <input type="checkbox"/> | 4 _____ | <input type="checkbox"/> | 12 _____ | <input type="checkbox"/> |
| 5 _____ | <input type="checkbox"/> | 5 _____ | <input type="checkbox"/> | 5 _____ | <input type="checkbox"/> | 13 _____ | <input type="checkbox"/> |
| 6 _____ | <input type="checkbox"/> | 6 _____ | <input type="checkbox"/> | 6 _____ | <input type="checkbox"/> | 14 _____ | <input type="checkbox"/> |
| 7 _____ | <input type="checkbox"/> | 7 _____ | <input type="checkbox"/> | 7 _____ | <input type="checkbox"/> | 15 _____ | <input type="checkbox"/> |
| 8 _____ | <input type="checkbox"/> | 8 _____ | <input type="checkbox"/> | 8 _____ | <input type="checkbox"/> | 16 _____ | <input type="checkbox"/> |

Black Triage

Notes:

| Pt # | Name | Age | Triage | Ambo # | Hospital | Dept. Time |
|------|------|-----|--------|--------|----------|------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

IMMEDIATE / DELAYED / MINOR / DEAD/DYING