

Enclosure D

FIELD FORM INSTRUCTIONS

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Form numbering systems that start with "ICS-MC-XX" are developed by FIREScope. Region IV developed forms begin with MCM XXX.

MULTI-CASUALTY BRANCH WORKSHEET (ICS-MC-305)

An abbreviated flow chart is included with the space for names of persons filling the positions. At the bottom is a checklist for other things to be considered, and space for hospital team identification and names of cooperating agencies. Also included is a Full Branch Response Level Chart with space available for the names of the persons filling the positions (page 7).

PATIENT TRANSPORTATION SUMMARY WORKSHEET (MCM-403)

The Patient Transportation Summary Worksheet will serve two purposes. First, it is used by the Medical Communications Coordinator to record, in the following order, the total number of casualties by triage category (Column 2), a brief classification of their injuries, i.e., head, chest, abdomen, (Column 3), when the Treatment Dispatch Manager advises a patient is ready for transport (Column 1), whether the patient is to be transported by air or by ground (Column 4), and the hospital destination (Column 5) as directed by the Disaster Control Facility. Second, this form is also utilized by the Patient Transportation Group Supervisor (PTGS) to record the transport of patients from the scene. Once the PTGS is advised by the Communications Unit Leader (CUL) that a patient is ready for transport, the PTGS would fill in Columns 2-5 per the CUL's report and would request a transport unit from the appropriate Air/Ground Ambulance Coordinator. The PTGS shall then log on the worksheet when the patient is ready for loading into the ambulance (Column 1), and, as the patient is being loaded, the ambulance company and identification number (Column 6), the patient name (if available) and/or the patient triage tag number (Column 7), the time the transport unit leaves the scene (Column 8), and the estimated time of arrival (ETA) at the receiving facility (Column 9). This information would then be communicated to the CUL so the DCF can advise the Receiving Facilities, and Column 10 would be checked.

Once notified by the PTGS that the patient is leaving the scene, the CUL would complete the information in Column 6, 8 and 9 on his/her worksheet for the specific patient, notify the DCF, and check Column 10 once that is completed.

In the event that a CUL has not been assigned, a single worksheet can be utilized by the PTGS to record all of the above information.

MULTI-CASUALTY AMBULANCE RESOURCE STATUS (ICS-MC-310)

This form is used to record resource status. Space is provided for the agency name and unit identification number, their classification as Advanced or Basic Life Support, as well as their time in and out of staging.

SUPPLY UNIT RECEIPT & INVENTORY FORM (ICS-MC-312)

The source, type, and quantity of medical material obtained must be documented. Such records should be kept current and may require the use of a recorder assigned specifically to conduct this task. This form is designed to be used by the Medical Supply Coordinator. In reviewing this form, it becomes very helpful when supplies or equipment are received, that they are identified with markers or tape. Sources supplying such equipment should be encouraged to identify their equipment/supplies so as to facilitate the inventory or possible incident reimbursement of such supplies. Incident reimbursement of any supplies will only be based upon supplies or equipment listed on the original form. The original form should be placed in the Medical Supply Unit and will comprise the total unit inventory.