

MEDICAL BRANCH MASS CASUALTY

MABAS Division 2
Operational Checklist
#09-F
Updated 11/3/15
Reviewed 6/23/21

LOCATION _____ DATE _____
TIME OF ALARM _____ TIME OF ARRIVAL _____
TIME CLEAR _____
MEDICAL BRANCH DIRECTOR _____

Checklist Item	Time	Location / Comment
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- | | | |
|--|-------|-------|
| <input type="checkbox"/> Wear Identification Vest | _____ | _____ |
| <input type="checkbox"/> Resource Hospital Notified | _____ | _____ |
| <input type="checkbox"/> Triage Initiated | _____ | _____ |
| <input type="checkbox"/> Aide(s) Appointed | _____ | _____ |
| <input type="checkbox"/> Triage Group Supervisor Appointed | _____ | _____ |
| <input type="checkbox"/> Transportation Group Supervisor Appointed | _____ | _____ |
| <input type="checkbox"/> Treatment Group Supervisor Appointed | _____ | _____ |
| <input type="checkbox"/> Patient Treatment Area Established | _____ | _____ |
| <input type="checkbox"/> Acquire Resources – Triage | _____ | _____ |
| <input type="checkbox"/> Acquire Resources – Transport | _____ | _____ |
| <input type="checkbox"/> Acquire Resources –Treatment | _____ | _____ |
| <input type="checkbox"/> Resource Hospital Updated | _____ | _____ |
| <input type="checkbox"/> Request RMERT Through Resource Hospital If Needed | _____ | _____ |
| <input type="checkbox"/> MED Channel Designated | _____ | _____ |
| <input type="checkbox"/> Coordinate RMERT Teams | _____ | _____ |
| <input type="checkbox"/> Advise Resource Hospital When Secure | _____ | _____ |
| <input type="checkbox"/> Advise Command When Secure | _____ | _____ |

Brief Statement of Incident Action Plan

Responsibilities

MEDICAL BRANCH DIRECTOR

RADIO DESIGNATION: MEDICAL

CHANNEL: _____

REPORTS TO: IC, OPS CHIEF

REPORTS TO YOU: DIVISION/GROUPS



