

TREATMENT GROUP MASS CASUALTY

**MABAS Division 2
Operational Checklist
#29-C
EFFECTIVE 11/3/15**

Responsibilities

LOCATION _____ DATE _____
TIME OF ALARM _____ TIME OF ARRIVAL _____
TIME CLEAR _____
TREATMENT GROUP SUPERVISOR _____

Checklist Item	Time	Location / Comment
<input type="checkbox"/> Wear Identification Vest	_____	_____
<input type="checkbox"/> Establish Treatment Area	_____	_____
<input type="checkbox"/> Secure Supplies from Medical Branch	_____	_____
<input type="checkbox"/> Request personnel as needed from Medical Branch	_____	_____
<input type="checkbox"/> Update Transportation on Number of Patients and Category	_____	_____
<input type="checkbox"/> Control Treatment Area	_____	_____

Brief statement of Incident Action Plan

TREATMENT GROUP

RADIO DESIGNATION: TREATMENT **CHANNEL:** _____

REPORTS TO: IC, OPS CHIEF, OR MEDICAL BRANCH DIRECTOR

REPORTS TO YOU: SINGLE RESOURCES

