



INCIDENT MANAGER GUIDE

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Role: Direct/oversee entire IM process

- Stand apart and see the big picture.
 - Avoid immersion in activities.
- ### At the Trailhead:
- Determine who has first aid / medical experience.
 - Discuss Get Help & Bivy Team concept for emergencies.
 - Ask everyone to record a trip track if they can.

Immediately after the Incident:

1. **Take charge of the situation. Declare an incident.**
2. **Develop a general impression of the scene and attend to immediate threats.**

- Take a deep breath and calm yourself.
- Assess scene safety: Identify immediate threats/hazards.
- Determine the nature of incident? # of patients? Triage?
- Account for ALL participants. Assess physical/mental condition.
- Launch First Aid Team. Conduct Primary Check(s).
- If the incident site is unsafe, patients with no suspected spinal injuries should be relocated a short distance to a safer area.

3. Conduct a Rapid Assessment***:

- Can the patient walk out with help from others?
- If patient cannot walk out, initiate the Get Help Team.
- If patient cannot walk out, evacuation of the patient to the trailhead by an inexperienced group is **NOT** recommended.
- If the patient cannot walk out, the most viable option is to remain in place and wait for SAR.
- If SAR help is required, initiate the Bivy Team activities.

Decision Criteria:

- Is the medical condition urgent? getting better? worse? stable?
- Is the weather outlook looking good or getting worse?
- Is distance to the trailhead long or short?



First Aid Sequence and Procedures Guide

Checklist for the primary First Aid'er

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A. Scene Size-Up

1. Identify immediate hazards (avalanche, rock fall, weather)?
2. Determine Mechanism Of Injury?
3. General impression of seriousness?
4. Number of patients?
5. First aiders and patient put on personal protective gear -- gloves, mask, eye protection.

B. Initial Assessment

1. Level of responsiveness?
2. Obtain consent to treat.
3. Protect spine if MOI suggests head or back injury.
4. Airway – Open? Clear any obstructions.
5. Breathing – Look, listen, feel.
6. Circulation – Check pulse. Look for severe bleeding.
7. Decision – Is protection of spine needed?

8. Expose and examine for major injuries.

C. Decision to relocate patient if necessary

1. Do not move if spinal injury expected.
2. Do not expose rescuers to imminent harm.
3. Circumstances may present rescuers with a difficult decision.
4. Use judgment weighing urgency to provide treatment, severity of injury, and presence of immediate safety hazard(s).

** Begin Documenting all Findings on Medical Report Record **

D. Secondary Assessment

1. **Look, listen, feel, smell, ask – Head-to-Toe Exam**
 - a. Scalp? Ears? Nose? Eyes? Mouth? Neck?
 - b. Shoulders? Arms? Fingers? Spine? Chest?
 - c. Abdomen? Pelvis? Legs? Feet? Toes CSMs?
2. **Vital Signs**
 - a. Level of responsiveness? (A+Ox?)
 - b. Heart 50-100 (rate, rhythm, strength)?
 - c. Respiration 12-20 normal (rate, rhythm, effort)?

- d. Skin signs (color, temperature, moisture)?
- e. Blood pressure (weak, strong)?
- f. Pupils (equal size, shape, reactivity to light)?
- g. CSM's (Check extremities. Circulation/Sensitivity/Motion)

3. Medical History

- a. Chief Complaint: Problem that caused patient to need help?
 - Onset – Problem occurred suddenly or gradually?
 - Provokes/Palliates – Illness? Accident? What makes it better or worse?
 - Quality – Describe the pain: Burning? Dull? Sharp? Cramping?
 - Radiation/Referred – Where is pain? Does it radiate?
 - Severity – On scale of 1-10, with 10 being worst pain ever?
 - Time/Trend – When did it start? How frequent? Deteriorating? Stable? Improving?
- b. Symptoms?
- c. Allergies?
- d. Medications?
- e. Past medical history?
- f. Last intake/output?
- g. Events recently?

4. Mental/psychological state? (calm, agitated, despair, scared?)

5. Overall Assessment

- a. Severity (life threatening, severe, moderate, low)?
- b. Trend (deteriorating, stable, improving)?

6. Determine significant injuries in order of severity. What treatment and/or actions should be/were taken.

7. Evacuation Decision

- a. Immediate? If not immediate, when?
- b. Resources requested (litter, helicopter, special meds)?

8. Patient Information

- a. Name? Age? Gender? Weight?
- b. Emergency contact? Emergency phone?
- c. Emergency contact location? Relationship?
- d. Permission to call emergency contact?

9. Retake and Document Vital Signs

- a. Every 20 minutes if responsive.
- b. Every 5 minutes if unresponsive.

- Is the walk-out route terrain easy or rough?
- Is nightfall approaching?
- Does the group have adequate bivvy resources for patient/group?

4. Monitor the priority and focus for the different roles:

- Incident Manager:** You are the focal point between teams. Solicit suggestions. Monitor teams' plans. Make decisions.
- First Aid Team:** Treat/monitor patient. Document vitals.
- Bivy Team:** Identify resources. Build shelters and heat water if needed. Promote group self-care: add layers, stay dry, eat, hydrate.
- Get Help Team:** Assess options for getting help. Understand the patient's condition and what sort of help may be needed. If no wireless communication can be made and going for help is needed, mark route for SAR.

Best Practice: For injured patient or lost hiker:
 If SAR support *may* be needed, proactively initiate contact by call/text to county sheriff or 911.
 If no connectivity, initiate Get Help Team activities.

5. To optimize composition of the Get Help Team, consider who is best prepared and can be self-sufficient while going?

- Important factors are conditioning, experience traveling at night or over difficult terrain, emotional status, and apparent skill set.
- The objective is to NOT increase the risk of a second incident or impede the Get Help Team's ability to make progress.
- Once the Get Help Team leaves there is little the IM can then do to assist.

6. When time permits:

- For a serious incident contact the CMC emergency phone number 269-384-1056. Refer to the **CMC Emergency Contact Information for Trip Leaders** card for guidance. Communication to family and media is only to be done through the CMC CEO.
- For an incident requiring medical treatment complete **CMC Incident/Injury/Illness Report Form** on the CMC website: <https://CMC.org/Members/LeaderResources> Member password needed.



BIVY GUIDE

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Role: Patient and trip participants MAY need to spend the night or prepare for an extended wait while patient is being treated.

1. Begin the process to establish a bivy:

a. Determine suitability of incident site:

- Is this site naturally protected from weather?
- Should the group relocate to a more suitable location?
- Is there an available water source?
- Determine a best guess for anticipated weather. (Phone app?)

b. Assess group resources:

- Tarps? Sleeping bags? Pads? Water purification?
- Utility cord? Signaling devices or signaling methods?
- Fire starter available or stove with fuel?
- Availability of fuel for fire?

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GET HELP GUIDE

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Role: Prepare to call/go for SAR support, if needed.

1. Consider proactively notifying 911/SAR just in case.

- 1 a. Determine most **effective** means: Cell? Text? PLB? Satellite Messenger? Hike-out?
- 1.b. If electronic communication is not possible:
 - Assess resources for hike-out (min. 2 hikers).
 - Consider abilities, fitness, navigational skills, terrain difficulties, and expected weather.

In any case, develop a plan based on:

- SAR Report Record and/or First Aid Verbal Report

2. Review findings and recommendations with Incident Manager. Incident Manager makes decision.

3. If a hike-out is needed:

- Select and plot out route to trailhead.
- Determine incident coordinates (ex. GPS lat/long).
- Record track and waypoints on the way out.
- Mark track to consider route finding challenges if SAR returns after dark (ex. bright color flagging tape).
- Consider if the least prepared or most unsettled individuals should accompany the Get Help Team.

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4. Checklist before departing:

- Review hike-out plan with Incident Manager.
- Review Medical Report Record with Incident Manager and First Aid Team.
- Take photo of Medical Report Record (both sides).
- Take photo of trip participant roster/emerg. Contacts.
- Bring navigational equipment (e.g., map & compass, GPS, smart phone).
- Bring car keys and money.
- Have phone number, radio channel number, or satellite messenger address for all devices at incident site.
- Test communication methods and agree on a check-in timeline to provide updates to Incident Manager.

5. How to choose a helicopter landing zone guideline (HOTSAW):

- Hazards within anticipated landing area (Trees? Cliffs? Flying debris?)
- Obstacles (Power lines? Boulders? Stumps?)
- Terrain (Dirt, firm snow, and grass all ok)
- Slope (Less than 10 degrees for hillside)
- Animals, which includes people (Livestock can be unpredictable with the loud noise?)
- Wind and weather (At least 3 miles visibility?) Wind less than 40 mph with no significant gusting?

c. Assess the bivy capability of each individual:

- Appropriate clothing for anticipated weather?
- Extra food? Protect extra water from freezing?
- Bivy sacks, pads, and insulating materials available?

2. Review findings and recommendations with the Incident Manager.

- Incident Manager makes the decisions.
- If necessary, provide the Get Help Team with additional materials.

3. Manage the process of establishing the bivy:

- For short term bivy, encourage participants to add extra layers, eat food, rest, and drink water.
- For longer term bivy establish or coordinate shelter availability for all participants, patient, and first aid team.

4. Establish / be prepared to implement whatever signaling methods are available to the group:

- Whistles? Mirrors? Campfire smoke? Flagging tape? Team yell?



MISSING PERSON SEARCH PROCEDURES GUIDE

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1. Once it is suspected a trip participant may be missing:

- Within the group, recall the last seen point?
- Confirm on the map/GPS where is that point is?
- Between that point and where you are now, are there forks in the trail the hiker may have taken?
- If your trip was off trail, what options might have been available to the missing hiker?

2. Considerations prior to launching a search:

- The first step is to use your whistles and/or a team yell.
- Time spent organizing search process may give missing hiker a chance to arrive.
- Consider **proactively** notifying 911/SAR of the situation, especially if is late in the day.
- Organize search team(s) of at least two. Each search participant:
 - ✓ must clearly understand the search plan
 - ✓ is equipped with navigation skills and gear (map + compass, amply charged phone with map app, etc.)?
 - ✓ is confident about their current location/orientation?
 - ✓ will avoid hazards in their zeal to find the lost hiker?
- The present location of the group is designated "basecamp," and should be manned at all times.

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Personal Information Form

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CMC'er: Complete Card and Place in Your First-Aid Kit

Name _____ Date ___/___/___

DOB ___/___/___ Gender _____ Blood Type _____

Weight _____ Age _____

Home Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

E-mail _____

PERSON TO NOTIFY Name _____

Relationship _____ Phone _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

E-mail _____

RELEVANT MEDICAL HISTORY (injuries, illnesses) _____

Implants or medical devices _____

Medic alert tag: Y N (specify) _____

Allergies _____

Medicines currently used _____

Primary care doctor _____ Phone: _____

CMC Emergency Contact Information for Trip Leaders

Procedures for Incidents/Accidents when 911 or emergency assistance is needed. If you call 911, also contact the CMC as soon as possible.

Emergencies: 911 / CMC Emergency Call Service: (269) 384-1056 24/7

CMC office: (303) 279-3080 X 1 *Collect calls accepted

Provide the following information:

1. Your name
 2. Location you are calling from
 3. Location of the patient/accident
 4. Phone number & time to call you back
 5. Patient's name, age, chief complaint
 6. Time/date of accident
 7. Trip name/trip leader name (or senior instructor)
 8. Brief description of what happened
- ▶ The CMC representative will be transferred through to you, or will call you back as soon as possible.
- ▶ Wait by the phone until you hear from the representative, if possible.

Media Response

Do not speculate or answer questions from the press.

Please tell the media to call the CMC office to talk to the appropriate designated media spokesperson.

CMC's Executive Director will communicate with the family in case of life-threatening injury or fatality.



Incident Management & First Aid Cards

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Notes

Handwriting lines for notes.

- The Incident Manager should remain at basecamp. Don't end up with more missing hikers. Will one search team be adequate or should use multiple teams?

3. A search should consist of two phases:

PHASE ONE (short duration):

- Decide how far the searchers will go before returning to basecamp (e.g., 20 minutes). Discuss what to do if the search team(s) finds a potential fork in the trail? Everyone returns to basecamp at the set time.

PHASE TWO (longer duration):

- If not done already, notify 911/SAR of your situation. While waiting for SAR to arrive consider a Phase Two search. Set a turnaround time for all search parties (e.g., 60 mins). Everyone returns to basecamp at the set time.

- Consider organizing the Get Help Team based on the Get Help Guide. If requested, the Get Help Team can guide SAR to basecamp. Consider organizing the Bivy Team based on the Bivy Guide.

Emergency Procedures for CMC Trip Leaders

*Leaders- carry this card with you on all CMC trips

- Secure/Size up the scene. Is danger present? Are people in harm's way?
2. Provide first aid care for the injured. The volunteer with the highest level of first aid certification should take the lead.
3. Call 911 for emergency help. If needed, send two runners with critical written information...
4. If 911 is activated, also contact the CMC emergency service at (269) 384-1056 24hrs/any day
5. Manage uninjured participants.
6. Plan evacuation, if necessary.
7. Document the accident/incident.

Colorado County Sheriffs (for emergencies first call/text 911)

Table with 4 columns: Sheriff Name, County Name, Phone Number 1, Phone Number 2.

Medical Report Record (Retain at site)

For the First Aid Scribe to record the primary First Aider's findings.
The Get Help Team needs to snap a photo of this card!

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1. Secondary Assessment -- Head-to-Toe Exam

- a. Scalp? Ears? Nose? Eyes? Mouth? Neck? _____
- b. Shoulders? Arms? Fingers? Spine? Chest? _____
- c. Abdomen? Pelvis? Legs? Feet? Toes? CSMs? _____

2. Vital Signs – Record this item #2 findings in the chart on page 2

- a. Level of Responsiveness (Alert + Oriented x _____):
----- A+Ox4 if conscious: (i.e., Alert+ Oriented to Person, Place, Time, Event)
----- AVPU if not conscious: Alert to? Voice? Pain? Unresponsive?
- b. Pulse (50-100 normal. Note rate, rhythm, strength)? _____
- c. Respirations (12-20 normal. Note rate, rhythm, effort)? _____
- d. Skin signs (Note color, temperature, moisture)? _____
- e. Blood pressure (At radial or pedal. Note weak or strong)? _____
- f. Pupils (Note size, shape, reactivity to light)? _____
- g. CSM's (Check extremities. Circulation/Sensitivity/Motion) _____

3. Medical History

- a. Chief complaint? _____
- b. Symptoms? _____
- c. Allergies? _____
- d. Medications? _____
- e. Pertinent medical history? _____
- f. Last intake/output? _____
- g. Events recently? _____

4. Mental/psychological state? calm agitated despair scared other

5. Overall Assessment

- a. Severity (life threatening, severe, moderate, low)? _____
- b. Trend (deteriorating, stable, improving)? _____

6. List significant injuries in order of severity. Indicate treatment and/or actions taken: _____

7. Evacuation Decision

- a. Immediate? If not immediate, when? _____
- b. Resources requested (litter, helicopter, special meds)? _____



Injury – SAR REPORT RECORD

(CARRIED OUT OR REPORTED BY PHONE)

The Get Help Team needs to snap a photo of this card!

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This form contains information that is to be reported to Sheriff / SAR

Reporting Party: First _____ Last: _____
Relationship to subject(s): _____ Yrs. known: _____ Phone: _____
Organized Trip? Y N Org Name: CMC (Emergency no. 269-384-1056)

Incident Description / What Happened? _____

Patient Information Name: First _____ Last _____
Age _____ Gender: _____ Weight _____ lbs.
Emergency Contact Name _____ Relationship _____
Phone/address/email: _____

Incident Day/Time: Day _____ Time _____ : _____ No. Sick/Injured: _____

Severity: Life Threatening Severe Moderate Low

Mobility: Immobilized Cannot walk Cannot walk long distance Can hike out

Treatment Given: _____

Location/Navigation: Trail/Trailhead/Park/Site/Coordinates/Elevation/Directions: _____

Terrain at Site: Open Treed Rocky High Angle

Return Route Flagged? Y N **Annotated Map Attached or Sent?** _____

Plan:

- Patient to remain on site? Y N
- Total # of people remaining at site? _____ Includes _____ children?
- Send Get Help Team
- Move to another site? (describe): _____
- Bivy Team activated?
- Attempt self-evacuation?

Resources on Site:

Trip Leader Experience: High Moderate Low
 Medical Training on Site: High Moderate Low
 Able to spend the night safely? Y N _____

Communication:

- Cell (____) _____
- Reception: none weak strong
- Battery Status: low medium high
- Satellite Communicator/PLB address/#: _____

Reception: none weak strong
 Battery Status: low medium high

Radio? Channel: _____

Reception: none weak strong
 Battery Status: low medium high

Other? _____

Shelter: (e.g., bivy sacks/tarps/tents) _____

Signaling: mirror whistle bright tarp/fabric other

Food: _____ days' worth

Water: _____ days' worth Safe access to water source Y N

Warmth/Clothing: _____

Other? _____

8. Patient Information

- Name? _____
- Age? _____ Gender? _____ Weight? _____
- Emergency contact name? _____
- Phone? _____ email? _____
- Emergency contact address/location? _____
- Relationship? _____ Permission to call? Y? N? Unknown?

9. Vital Signs Record (20 minutes if responsive; every 5 minutes if not)

| TIME | Initial | _____ | _____ | _____ | _____ |
|---|---------|-------|-------|-------|-------|
| Level of Responsiveness -Alert? -Oriented? | | | | | |
| Pulse/min -Regular? -Strong? | | | | | |
| Respirations /min | | | | | |
| Skin (SCTM) -Regular? -Easy? | | | | | |
| Blood Pressure (radial/pedal) -weak -strong | | | | | |
| Pupils (PERRL) -Size? -Equal? -Round? -React to Light? | | | | | |
| CSM's (arms/legs) -Circulation? -Sensitivity? -Motion? | | | | | |



Missing Person – SAR REPORT RECORD

(CARRIED OUT OR REPORTED BY PHONE)

The Get Help Team needs to snap a photo of this card!

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This form contains information that is to be reported to Sheriff / SAR

Reporting Party: First _____ Last: _____
 Relationship to subject(s): _____ Yrs. known: _____ Phone: _____
 Organized Trip? Y N Org Name: CMC (Emergency no. 269-384-1056)

Missing Person Information

Name: First _____ Last _____
 Age _____ Gender: _____ Weight _____ lbs. Hair Color? _____ Eyeglasses? Y N
 Emergency Contact Name _____ Relationship _____
 Emergency Contact Phone/address/email: _____
 Language spoken _____ Distinguishing Features _____
 Medical Issues? _____
 Mental Attitude/Psychological issues? _____
 Vehicle Description? _____ Location? _____
Clothing/Equipment
 Clothing Color: Upper _____ Lower _____ Pack? Y N Color _____
 Shoe Type? _____ Size _____ Sole Pattern _____ Mode of Travel _____



Medical Report Record (Retain at site)

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 ----- AVPU if not conscious: Alert to? Voice? Pain? Unresponsive?
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- c. Respirations (12-20 normal. Note rate, rhythm, effort)? _____
- d. Skin signs (Note color, temperature, moisture)? _____
- e. Blood pressure (At radial or pedal. Note weak or strong)? _____
- f. Pupils (Note size, shape, reactivity to light)? _____
- g. CSM's (Check extremities. Circulation/Sensitivity/Motion) _____

3. Medical History

- a. Chief complaint? _____
- b. Symptoms? _____
- c. Allergies? _____
- d. Medications? _____
- e. Pertinent medical history? _____
- f. Last intake/output? _____
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4. Mental/psychological state? calm agitated despair scared other

5. Overall Assessment

- a. Severity (life threatening, severe, moderate, low)? _____
- b. Trend (deteriorating, stable, improving)? _____

6. List significant injuries in order of severity. Indicate treatment and/or actions taken: _____

7. Evacuation Decision

- a. Immediate? If not immediate, when? _____
- b. Resources requested (litter, helicopter, special meds)? _____

8. Patient Information

- a. Name? _____
- b. Age? _____ Gender? _____ Weight? _____
- c. Emergency contact name? _____ email? _____
- d. Phone? _____
- e. Emergency contact address/location? _____
- f. Relationship? _____ Permission to call? Y? N? Unknown?

9. Vital Signs Record (20 minutes if responsive; every 5 minutes if not)

| TIME | Initial | _____ | _____ | _____ | _____ |
|---|---------|-------|-------|-------|-------|
| Level of Responsiveness -Alert? -Oriented? | | | | | |
| Pulse/min -Regular? -Strong? | | | | | |
| Respirations /min -Regular? -Easy? | | | | | |
| Skin (SCTM) -Color? -Temp? -Moisture? | | | | | |
| Blood Pressure (radial/pedal) -weak -strong | | | | | |
| Pupils (PERRL) -Size? -Equal? -Round? -React to Light? | | | | | |
| CSM's (arms/legs) -Circulation? -Sensitivity? -Motion? | | | | | |

Missing Person's Resources for overnight stay?

- shelter ground insulation clothing
- water flashlight fire starter weapon
- Communications: cell # (_____) _____ - _____
- Navigation equipment: map compass GPS PLB Radio

Satellite messenger/PLB address/#: _____
Radio? Channel _____

Probable Knowledge of this area? Y N Generally stays on route? Y N

- Backcountry experience? high medium low
- Fitness Level? high medium low
- Navigation skills: High Medium Low

Last Contact Day/Time: Day _____ Time _____

Last seen geographic point: _____

Trail/Trailhead/Park/Site/Coordinates/Elevation/Directions: _____

Terrain at last contact point: Open Treed Rocky High Angle

Trip Destination/Route: _____

Planned Exit Date _____ **Planned Exit Time:** _____

Annotated Map Attached or Sent? _____