

2025

Medical Risk Management Pocket Guide



Intent

The Pocket MRMG supports TREX participants by providing checklists and reference tools in the event of a medical incident/ emergency.

Print as a standalone pocket guide, as stickers, or pocket cards for quick field reference. Formatted to be printed with the same dimensions as the IRPG.

Disclaimer

The Pocket MRMG is not intended to be used as a substitute for medical training or medical advice. Please do not distribute/ reference in an abbreviated format without prior written permission. ©

Nondiscrimination Statement

This institution is an equal opportunity provider.

Acknowledgment

The TREX Medical Risk Management Guide (MRMG) and Pocket MRMG are supported by Promoting Ecosystem Resilience and Fire Adapted Communities Together, a cooperative agreement between The Nature Conservancy, USDA Forest Service and agencies of the Department of the Interior.

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Module Leader Daily Checklist

Planning/ Prior to briefing

- ☐ Use TRES Medical Resource Assessment Tool (p. 2)
- ☐ Complete Site-specific Medical Plan (Appendix F MRMG*)
- ☐ Ensure (confidential) access to Medical History Forms/ Emergency Contacts (Appendix G MRMG*)

During briefing

- ☐ Identify medically trained personnel, level, currency
 - ☐ Primary/ secondary (contingency) responders
 - ☐ Primary should not have additional primary duties
- ☐ Make known all medical equipment & location
- ☐ Review transport options/ contingency plans
- ☐ Determine direct point of contact for immediate notification of medical issues/ emergencies
- ☐ Identify medical emergency radio frequency
- ☐ Ask resources to *voluntarily* share significant medical conditions and medication location
- ☐ Review Medical IC Delegation of Non-Medical Tasks & Medical Emergency Response Field Protocol (p. 9-10)
- ☐ Review medical briefing from morning operational briefing/ relevant sections of IAP

TREX Medical Resource Assessment Tool



*Examples include common situations at TREX. Planners must use their best judgment to determine level of risk based on local factors and specific activities

**Definitive Care is defined as the level of care needed to conclusively manage a patient's condition. Level 1 or 2 Trauma Center is definitive care for all injured patients

Activity Risk Level
*Examples**

Transport Time to
*Definitive** Care*

Suggested Resources:
Minimum Medical
Personnel, Equipment,
Transport

LOW
PPE not required
Classroom
Task Book evaluations

Less than 60 minutes

CPR/First-Aid
Trauma FAK
Ground Transport

Greater than 60 minutes

CPR/First-Aid
Trauma FAK
Ambulance

MODERATE
Scouting
Field Trip
Working with handtools

Less than 60 minutes

CPR/First-Aid, WFR
Trauma & Truck FAKs
Ambulance

Greater than 60 minutes

WFR, EMT, or WEMT
Trauma & Truck FAKs
Ambulance + Air Ambulance

HIGH
Chainsaw Ops
RX fire/suppression
Ops
Difficult terrain/access

Less than 60 minutes

WFR, EMT, or WEMT
Trauma & Truck FAKs
Ambulance + Air Ambulance

Greater than 60 minutes

WFR, EMT, or WEMT
Trauma & Truck FAKs
Ambulance + Air Ambulance

Tourniquets - *2" above injury, Keep Them Warm!*

1. WRAP

- ✓ Apply 2-3" above the wound (towards the body)
- ✗ Do not apply over joints
- ✓ Mid-thigh or higher for upper leg



2. WIND

- ✓ Pull as **tight** as you can
- ✓ Turn windlass until bleeding stops and patient has NO pulse in injured arm/leg



3. SECURE

- ✓ Secure with Velcro tab
- ✓ Leave it on. The hospital will remove



4. TIME

- ✓ Note time, send with patient

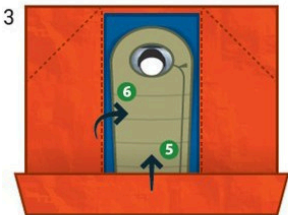
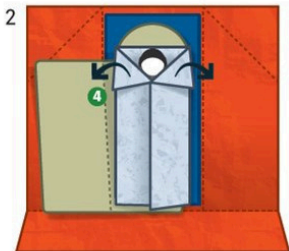
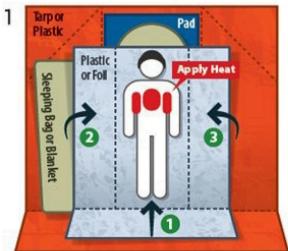


5. REASSESS

- ✓ Bleeding uncontrolled? Immediately apply second tourniquet above first tourniquet (closer to body)
- ✓ Patient uncomfortable? Good, you did your job!
- ✓ Keep patient warm (hypowrap)

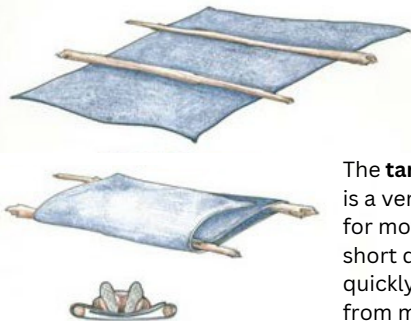
Hypowrap Contents and Directions

- Ground Tarp (\$20-30, 8x12 ft is a good size)
- Insulated ground foam pad (cheap camping pad ~\$20;)
- Sleeping Bag (warm weather and compact)
- Emergency blanket (one is in the Trauma FAK)



Copyright © 2018. Baby It's Cold Outside. All rights reserved. BICOrescue.com
Sources: BICOrescue.com; Zafren, Giesbrecht, Danzi et al. *Wilderness Environ Med.* 2014, 25:S66-85.

Improvised Tarp or Blanket Litter

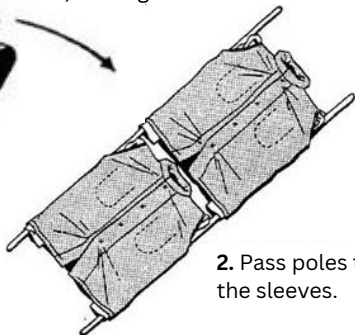


The **tarp or blanket litter** is a very effective device for moving patients short distances. It is quickly and easily made from materials on-hand

Improvised Jacket or Shirt Litter



1. Button two or three shirts or jackets and turn them inside out, leaving sleeves inside



2. Pass poles through the sleeves.

Short Haul Checklist

Transport short distance on fixed line beneath helicopter, from inaccessible location to safe landing area.

☐ Relay patient information

- ☐ Check channel
- ☐ If Red: "Standby for emergency medical traffic"
- ☐ # individuals involved (no names)
- ☐ Describe injury/mechanism (how)
- ☐ Current location and access
- ☐ Patient Priority (p. 110 and 116 IRPG)

☐ Relay additional key information

- ☐ Air to Ground Frequencies
- ☐ Hazards
- ☐ Wind speed/direction

☐ Confirm:

- ☐ Aircraft type and call sign
- ☐ Estimated time of arrival
- ☐ Frequency

☐ Create 15'x15' canopy opening

- ☐ Avoid: slopes, dead trees, burning material, loose debris, powerlines

☐ Package Patient

- ☐ Quik, Vacuum, Stokes, or SKED litters, if available
- ☐ Establish communications with aircraft during reconnaissance flight

- ☐ Continue with contingency transport plan
- ☐ Prepare for significant wait time (>75 min)
- ☐ Clear area of personnel during insertion/extraction

Aerie Backcountry Medicine

Wilderness Incident SOAP Notes

SUBJECTIVE

Patient's Name:	Age:	Weight (lbs):	DOB:
Location: Lat: Long:	Mechanism of Injury:		
Environment:	Fall?	Distance?	Helmet?
	Motor Vehicle Collision?	Speed?	Seat Belt?
Other Patients:	Y / N	How Many?	

SUBJECTIVE: Patient History

Chief Complaint (S/S):	
Onset:	Allergies:
Palliates/Provokes:	Medications:
Quality:	Past Pertinent Medical History:
Radiates:	Last Oral Intake/Output:
Severity:	Events Leading up to the Complaint:
Time:	

OBJECTIVE: Patient Physical Exam

Airway: Clear____ Obstructed____	Abdomen: Pain____ Soft____	
Breathing: Labored____ Non-Labored____	Tender____ Rigid____	
Circulation: Radial____ Carotid____	Back: Pain____ Deformity____	
Pulse Strong____ Weak____	Tender____	
Major Bleeds____ Bruising____	Pelvis: Stable____ Unstable____	
Deficit (Neurological):	Tender____ Rigid____	
Environmental Problems:	Extremities (Circulation, Sensation, & Movement):	
Head:	Right Arm: Left Arm:	
Neck/Spine: Tender____ Pain____ Deformity____	Right Leg: Left Leg:	
Chest: Tender____ Pain____		
Crepitus____ Equal Expansion____		

VITAL SIGNS:

Time	Level of Responsiveness	Respiratory Rate	Heart Rate	Skin Color, Temperature, Moisture	Blood Pressure	Pupils

Aerie Backcountry Medicine

Wilderness Incident SOAP Notes

ASSESSMENT of Situation and Plan of Treatment

Injury List	Potential Problems

PLAN of Action

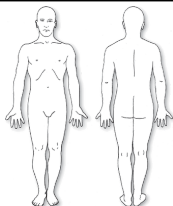
Urgency: Critical____ Stable____ Minor____

Patient: Ambulatory____ Litter Carry____ Spinal Motion Restriction____

Injury/Illness:	Action Taken:	Planned Treatment:

Evacuation Plan (including back-up plan):

Notes



Medical IC Delegation of Non-Medical Tasks

Immediate

☐ Manage Radio communications

- ☐ Check frequency before speaking
- ☐ If Red: "Standby for emergency medical traffic"
- ☐ Describe injury/mechanism (how)
- ☐ Current location and access
- ☐ Patient Priority (p. 110 and 116 IRPG)

☐ Document (assign scribe)

- ☐ Important Actions / time stamps
- ☐ Fill out SOAP note (p. 7-8)

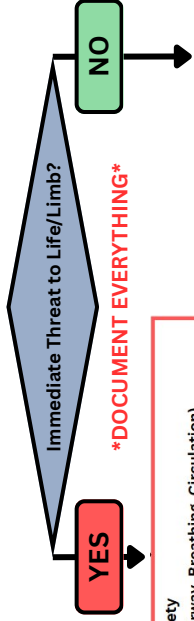
As Needed

- ☐ Assist medical providers (when asked)
- ☐ Prepare for/get transport
 - ☐ Flag access
 - ☐ Construct litter (p. 5), clear path
- ☐ Look for hazards
- ☐ Provide water/food/supplies to care providers
- ☐ Protect patient privacy (no photos/videos)

Secondary

- ☐ Set up hypowrap for trauma patient (p. 4)
- ☐ Make transport plan + contingency
 - ☐ For short hauls see Short Haul Checklist (p. 6)

TREX Medical Response Field Protocol



DOCUMENT EVERYTHING

1. Scene/Personal Safety
2. Stabilize Patient (Airway, Breathing, Circulation)
3. Delegate someone to call 911:
 - a. # individuals involved
 - b. Describe injury and mechanism (How)
 - c. Current location and access
4. Assign on-scene Medical Incident Commander (see Medical IC Delegation of Non-Medical Tasks p. 9)
5. Contact on-site supervisor with info in #3 above & Patient Priority (p. 110 and 116 IRPG)
 - a. No patient names on radio
6. Continue providing care, fill out MIR (p. 120-121 IRPG)
7. Make transport plan + contingency to closest Emergency Room. For helicopters, see Helicopter Extraction Operations (p. 118-119 IRPG) and Short Haul Checklist (p. 6)

1. Scene/Personal Safety
2. Assess Patient
3. Alert on-site supervisor:
 - a. # individuals involved (no patient names on radio)
 - b. Patient Priority (p. 116 IRPG)
 - c. Describe injury and mechanism (how)
 - d. Current location
4. Continue providing care, fill out MIR (p. 120-121 IRPG)
5. Assign on-scene Medical Incident Commander (see Medical IC Delegation of Non-Medical tasks p. 9)
6. Transport patient

Individual Mental Health Readiness Assessment Tool

How Am I Coping?

Operationally Ready:
Thriving
"I got this"

Calm/ Steady with minor mood changes. Flexible. Focused. Consistent performance. Healthy sleeping and eating patterns. Basic needs met.

Maintain Proactive Stance on Whole Health and Self Care

Initial Attack:
Surviving
"Something is not right"

Increased mood changes. Easily overwhelmed/irritable. Loss of pleasure. Increased need for control. Trouble sleeping. Eating patterns change. Muscle tension/fatigue.

Identify Needs
Seek Support
Implement Changes in Care

Extended Attack:
Struggling
"I can't keep this up"

Persistent anxiety, sadness, and anger. Exhaustion. Social avoidance. Fatigue, aches, pains. Disturbed sleep/ restlessness. Self-medicating. Poor performance. Inattentive. Overwhelmed. Difficulty with choices.

Access Resources


Stand Down:
Crisis
"I can't survive this"

Disabling distress/ loss of function. Panic attacks. Nightmares/ flashbacks. Lack of orientation. Dissociation. Hopeless. Intrusive thoughts. Insomnia. Self-harm. Thoughts of homicide/ suicide. Easily enraged. Social withdrawal. Erratic behavior. Dependence on substance/ numbing agent. Cognitive disruptions.

Immediate Interventions

Columbia-Suicide Severity Rating Scale (C-SSRS)


Always ask questions 1 and 2.		Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 1 or 2, ask questions 3, 4, 5, and 6. If NO to 1 and 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?		High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		High Risk
Always Ask Question 6		Life-time Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc.</i> If yes, was this within the past 3 months?		High Risk



If **YES** to 1, 2 or 3, seek behavioral healthcare for further evaluation.

If the answer to **4, 5 or 6** is **YES**, get **immediate help: Call or text 988, call 911 or go to the emergency room.**

STAY WITH THEM until they can be evaluated.



Download Columbia Protocol app