

INCIDENT MANAGER GUIDE

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Ro	le:	Direct/oversee entire IM process
		Stand apart and see the big picture.
		Avoid immersion in activities.
Αt	th	e 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.
lm	m	ediately after the Incident:
1.	Та	ke charge of the situation. Declare an incident.
2.	De	evelop a general impression of the scene and attend to
	im	imediate 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.	Co	nduct 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.
	Ц	If SAR help is required, initiate the Bivy Team activities.
**	*D	ecision Criteria***:
		Is the medical condition urgent? getting better? worse? stable?
		Is the weather outlook looking good or getting worse?
	П	Is distance to the trailhead long or short?

ŀ.	Mon	itor the priority and focus for the different roles:
		ncident Manager: You are the focal point between teams. Solicit
	S	uggestions. Monitor teams' plans. Make decisions.
	□ F	irst Aid Team: Treat/monitor patient. Document vitals.
		Bivy Team: Identify resources. Build shelters and heat water if
	r	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
		vireless communication can be made and going for help is needed,
	r	nark route for SAR.
		Best Practice: For injured patient or lost hiker:
		If SAR support <i>may</i> be needed, proactively initiate
		contact by call/text to county sheriff or 911.
	I	f no connectivity, initiate Get Help Team activities.
		ino connectivity, initiate Get Heip Team activities.
5.	Тоо	ptimize composition of the Get Help Team, consider who is
	bes	t 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.
j.	Whe	n 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.

□ Does the group have adequate bivy resources for patient/group?

☐ Is the walk-out route terrain easy or rough?

☐ Is nightfall approaching?

For an incident requiring medical treatment complete CMC

https://CMC.org/members/LeaderResources Member password needed.

Incident/Injury/Illness Report Form on the CMC website: