

INCIDENT COMMAND SYSTEM

MULTI-CASUALTY

MEDICAL SUPPLY COORDINATOR

I-MC-235

COURSE ADMINISTRATOR'S GUIDE  
AND TRAINEE WORKBOOK  
Self-Paced Instruction

AUGUST 1990  
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This document contains information relative to the Incident Command System (ICS) component of the National Incident Management System (NIMS). This is the same Incident Command System developed by FIRESCOPE.

Additional information and documentation can be obtained from the following sources:

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MEDICAL SUPPLY COORDINATOR

CONTENTS

COURSE ADMINISTRATOR’S GUIDE:

Introduction..... 1

Course Instructions.....2

    1. Prerequisites .....2

    2. Course Objectives.....2

    3. Course Administrator’s Guide .....2

Final Examination .....4

Final Examination Keyed Answers ..... 11

TRAINEE WORKBOOK:

Introduction and Course Instructions ..... 1

Objectives: Course, Performance and Instructional .....2

Unit 1: Incident Organization and Responsibilities .....3

Unit 1: Progress Check.....8

Unit 2: Incident Check-in, Briefing Information ..... 10

Unit 2: Progress Check..... 11

Unit 3: Location of Medical Unit Supply Area ..... 13

Unit 3: Progress Check..... 14

Unit 4: Inventory and Distribution of Medical Supplies ..... 16

Unit 4: Progress Check..... 17

Unit 5: Security and Demobilization of Unit ..... 19

Unit 5: Progress Check.....20

Unit 6: Preparatory Work and Field Kit .....22

Appendix A: Medical Supply Resource Cache, example..... A-1

Appendix B: Medical Supply Receipt and Inventory Form..... B-1

Appendix C: Intensive Care Ambulance Unit Inventory ..... C-1

## MEDICAL SUPPLY COORDINATOR

### INTRODUCTION:

The Medical Supply Coordinator, I-MC-235, Self-Paced Instruction is a course designed to train individuals at a local level and at their own pace to be able to perform as an effective Medical Supply Coordinator. The instruction level is targeted toward trainees who have had little or no exposure to the functioning of this position.

This course is presented entirely by a self-paced written text. Organization charts, forms and example inventories are used to supplement the text. Progress checks test the trainee's understanding as they proceed through each unit. The final examination, a formal, closed book examination, is given by the proctor and should measure the trainee's comprehension level of the entire course material.

Some external research work is required of the trainee. This preparatory work should be reviewed and evaluated, by the Course Administrator, toward meeting the trainee's requirements as outlined in Unit 6 of the text.

The Course Administrator has the responsibility to administer this course to meet their agency's training needs.

COURSE INSTRUCTIONS:

1. Prerequisites - The trainee must have successfully completed the following courses:
  - a. Basic ICS, I-220
  - b. Medical First Responder Training
  - c. Finally, current certification as an EMT-1 is strongly recommended
2. Course Objectives - Course objectives are stated in broad terms that define what the Medical Supply Coordinator trainee will be able to do upon completion of this course. Specific unit objectives are listed at the beginning of each unit.

Performance objectives are stated in more specific terms. These objectives are:

- a. Given course instruction, describe how to select and organize a medical supply coordination/distribution area.
- b. Given course instruction, describe sources from which to procure then distribute and maintain an inventory status of all medical supplies.
- c. Given course instruction, describe the security needs for controlled substances and the manner of reporting lost and damaged supplies.

Instructional objectives are as listed:

Unit 1: Describe the incident organization, line of communications with other pertinent functions and the responsibilities of the Medical Supply Coordinator.

Unit 2: Describe the information needed from a briefing and how such information regarding incident status influences the position function.

Unit 3: Describe factors involved in the selection and location of the medical supply area. Describe an example of a medical inventory guide for an incident.

Unit 4: Describe several sources from which medical material may be obtained and the coordination required to distribute these supplies.

Unit 5: Describe the need for maintaining security of specific medical supplies and manner of reporting lost or damaged supplies.

Unit 6: Trainee preparatory work.

3. Course Administrator's Guide – This text is designed to provide the Course administrator the information needed to administer the course. Access to this guide must be limited to those involved in administering the course:
  1. Time element – Trainees will progress at different rates through this course. As mentioned earlier, trainee preparatory work must be completed prior to accessing the final examination.

2. Equipment and Materials – Because of the design of this course, equipment and materials needed are minimal. The Trainee Self-Paced Workbook, paper, and pencils are all that are required. The Course Administrator should write their name and telephone number in the space provided in the Workbook Introduction.
3. Evaluation – Progress checks have been included at the end of each unit. These progress checks measure whether the trainee has successfully mastered the unit objectives. Trainees should attain 100% on each progress check before proceeding to the next unit.

Once the Trainee has completed all of the Unit Progress Checks and the required preparatory work, as outlined in Unit 6, the Course administrator should be contacted. The Trainee should feel satisfied with their comprehension of the text prior to contacting the Course Administrator. If the Trainee has not contacted the Course Administrator within a reasonable period of time, the Trainee should be contacted and their progress monitored.

The Course administrator should schedule a convenient time and location in which to present the final examination. The final examination is a formal, proctored, closed book examination.

4. Administration – The Course Administrator is responsible for identifying the equipment, materials, and time period to meet both the needs of the agency and the Trainee's involved. The Course Administrator is responsible for taking appropriate action in case of trainee failure and to properly record successful completion on agency training records. Finally, the Course Administrator should issue the certificate of successful course completion.

## MEDICAL SUPPLY COORDINATOR FINAL EXAMINATION

This Final Examination covers the material presented in all Units. Complete the following examination and turn in your completed examination to your Course Administrator. An 80% score on this test is the minimum passing grade.

1. The Medical Supply Coordinator is directly subordinate to the \_\_\_\_\_  
\_\_\_\_\_ Supervisor.
2. Logistical support on Multi-Casualty incidents is only necessary
  - a. during large, extended incidents where many casualties are involved.
  - b. on all multi-casualty incidents to insure the appropriate amount and availability of medical supplies.
  - c. during smaller incidents when the speed of acquiring appropriate supplies is critical.
  - d. is dependent only on the type of incident and the predominance of injuries.
3. Based upon the Multi-Casualty Modular Development organizations' charts, the Medical Supply Coordinator position should be established
  - a. during an initial response level.
  - b. during a reinforced response level.
  - c. during a multi-leader response level.
  - d. whenever the ICS System is used.
4. The Medical Supply Coordinator
  - a. identifies and collects medical equipment and supplies from established Casualty Collection Points (CCP's).
  - b. identifies and collects medical equipment and supplies only from remote, off-incident sources.
  - c. identifies and collects medical equipment and supplies from resources on the incident scene.
  - d. identifies and collects medical equipment and supplies from the Logistics Section.
5. To obtain initial medical supplies, the Medical Supply Coordinator establishes communication and coordination with the
  1. Ground Ambulance Coordinator.
  2. Air Ambulance Coordinator.
  3. Logistics Section Chief.
  4. Local Base Hospital.
6. The Medical Supply Coordinator coordinates and distributes medical supplies to the
  - a. Treatment and Triage Unit Leaders.
  - b. Ground Ambulance Coordinator.
  - c. Patient Transportation Group Supervisor.
  - d. Air Ambulance Coordinator.

7. The Medical Supply Coordinator transmits required records and reports to the
  - a. Logistics Section Chief.
  - b. Documentation Unit Leader.
  - c. Resources Unit Leader.
  - d. Planning Section Chief.
  
8. A responsibility of the Medical Supply Coordinator position is to provide a receipt for any supplies obtained.
  - a. T
  - b. F
  
9. The Medical Supply Coordinator may request additional supplies from pre-established medical caches by placing a request through
  - a. the Documentation Unit Leader.
  - b. the Staging Area Manager.
  - c. the Medical Group Supervisor.
  - d. the Logistics Section Chief.
  
10. The Medical Supply Coordinator is responsible to directly coordinate with the Patient Transportation Group Supervisor.
  - a. T
  - b. F
  
11. Incident briefings would be important to the Medical Supply Coordinator because they would indicate
  - a. the number of professional personnel currently assigned to the incident.
  - b. the overall scope and complexity of the incident.
  - c. nothing more than the number of ground or air ambulance units on the incident.
  - d. the number of incident related injuries.
  
12. A Medical Supply Coordinator, upon arrival at an incident, should check in at
  - a. the Incident Medical Unit.
  - b. the Ground Ambulance Unit.
  - c. the Incident Command Post.
  - d. the Air Ambulance Unit.
  
13. Important and pertinent information presented, during an incident briefing, may be the
  - a. availability of local Hospital Emergency Response Teams.
  - b. availability of state-wide emergency response teams.
  - c. availability of military resources.
  - d. only a and b above
  - e. a, b, c and d of the above

14. Regarding incident check-in locations, which location is not an approved check-in location?
- incident staging areas
  - incident treatment areas
  - incident helibases
  - incident base or camps
15. Incident briefings would reveal the established organization for the incident. According to the text, critical positions to establish on a multi-casualty incident are the \_\_\_\_\_ Unit Leader and the \_\_\_\_\_ Unit Leader.
16. If an incident organization has a Logistics Section in place, the Medical Supply Coordinator may place requests for supplies through this position.
- T
  - F
17. According to the text, the Incident Action Plan (IAP) will indicate whether
- medical supplies have already been ordered.
  - other ICS positions are filled and functioning.
  - more medical supplies are required and the type needed.
  - the type of supplies ordered.
18. A multi-casualty incident may create a predominance of injury types, such as burn injuries or toxic atmosphere related injuries. This information would be important for the Medical Supply Coordinator to know and would best be learned by
- an on-site review of the entire incident area prior to assuming the position.
  - asking those personnel already on the incident.
  - attending the incident briefings.
  - talking to the victims of the incident.
19. A helibase is not a recognized or approved incident check-in location.
- T
  - F
20. According to the text, medical supplies must be dispersed to
- the Ground Ambulance Coordinator.
  - the Patient Transportation Group Supervisor.
  - the appropriate base hospital location.
  - the Treatment and Triage Unit Leaders.
21. Medical supplies will primarily be used by field personnel working in the
- incident Treatment Unit.
  - incident Triage Unit.
  - incident Air Ambulance Unit.
  - only a and b above
  - only a and c above
22. In selecting an appropriate area for the medical supply unit, it would be important to consider protection from the \_\_\_\_\_ and a possible need for \_\_\_\_\_.

23. The Medical Supply Coordinator may need a dependable means of communication. According to the text, this may best be accomplished by the use of a \_\_\_\_\_ or field \_\_\_\_\_.
24. Logistical needs for the Medical Supply Coordinator may be provided by the
- a. incident Resource Status Unit.
  - b. incident Liaison Officer.
  - c. incident Facilities and Ground Support Unit.
  - d. incident Situation Status Unit.
25. The Medical Supply Coordinator is responsible to acquire all medical supplies for the multi-casualty incident.
- a. T
  - b. F
26. The Medical Supply Coordinator must establish and maintain documentation on
- a. primarily on all controlled substances received and used.
  - b. only the amount of medical supplies received.
  - c. only on any medical supplies that were actually used on the incident.
  - d. the source, type and quantity of medical supplies received.
27. To assist in the documentation of supplies and equipment obtained, the Medical Supply Coordinator may need the assistance of a \_\_\_\_\_.
28. The most likely "first available" source of medical supplies on an incident would be
- a. the pre-established local area caches already on the incident.
  - b. statewide disaster medical equipment caches enroute to the incident scene.
  - c. emergency response vehicles arriving on the incident scene.
  - d. pre-established military caches.
29. According to the text, which is not listed as a possible source of medical supplies?
- a. local area hospitals
  - b. American Red Cross centers
  - c. local disaster preparedness centers
  - d. local medical supply vendors
30. All supplies are dispersed as per the direction from the \_\_\_\_\_ Supervisor.
31. The text lists two types of ambulance units which would be a source of medical supplies. They are:
- a. ALS and BLS units
  - b. ALS and EMT-D units
  - c. BLS and EMT-1A units
  - d. EMT-D and EMT-P units

32. The Medical Supply Coordinator should establish direct contact with the primary user's of these supplies. These user's are primarily the
- Helispot Manager.
  - Multi-Casualty Branch Director.
  - Air Ambulance Coordinator.
  - Treatment and Triage Unit Leaders.
33. The Medical Supply Receipt and Inventory Form should be distributed as follows
- one copy given to the Triage Unit Leader.
  - one copy given to the source of supply.
  - one copy given to the Treatment Unit Leader.
  - one copy given to the base hospital pharmacy.
34. The Medical Supply Coordinator may need a vehicle to dispense supplies; such transportation can be obtained by contact with the incident \_\_\_\_\_  
\_\_\_\_\_ Unit.
35. According to the example "Medical Supply Receipt and Inventory Form", the original page is kept by the
- Planning Section Chief.
  - Logistics Section Chief.
  - Ground Support Unit Leader.
  - Medical Supply Coordinator.
36. According to the text, all unused supplies such as medications and drugs must be returned to
- the Treatment Unit Leader.
  - the Triage Unit Leader.
  - the original source of supply.
  - the nearest receiving hospital or EMS agency.
37. All unit activity records must be submitted to the \_\_\_\_\_ Supervisor.
38. Any contaminated supplies or equipment should be transported on an appropriate location for
- decontamination or disposal.
  - re-issuance to the original source of supply.
  - proper disposal only.
  - inventory by the local EMS agency representative.
39. The local Health Care Agency is responsible to establish regulations concerning controlled substances such as medications and drugs.
- T
  - F

40. Specific State regulations regarding controlled substances are developed by that State's
- a. Board of Ethics and Practices.
  - b. Board of Pharmacy Business and Professional Code.
  - c. Board of Emergency Medical Services.
  - d. Board of Physicians.
41. To assist the Medical Supply Coordinator in identifying controlled substances, it would be extremely helpful to obtain a representative from the local
- a. disaster preparedness officer.
  - b. physicians' advisory group council.
  - c. hospital emergency room staff.
  - d. health care agency.
42. The text describes the need to establish a proper inventory and security for specific medical supplies such as controlled substances as
- a. something that should be considered.
  - b. a mandatory requirement.
  - c. a needed item if time permits.
  - d. needed if certain types of substances are used.
43. Because of the large amount and type of medical supplies accumulated, the Medical Supply Coordinator need not be concerned about nor document any lost or destroyed medications or drugs.
- a. T
  - b. F
44. The primary reason to adequately protect any contaminated supplies or equipment is
- a. no reason, all supplies are needed on the incident.
  - b. to ensure they are not re-used for patient contact.
  - c. to protect them from any damage.
  - d. to prevent any further exposure to personnel handling them.
45. The Medical Supply Coordinator Unit may be closed
- a. only after incident demobilization takes place.
  - b. before incident demobilization takes place.
  - c. only after all medical supplies have been used.
  - d. before all medical supplies have been used.
46. A Medical Supply Coordinator should prepare a "position \_\_\_\_\_"  
to assist with materials needed to fulfill the position.

47. Whenever medical equipment is received from different sources, these sources should be advised to

- a. re-claim their equipment after the incident is demobilized.
- b. replace such equipment at their own cost.
- c. receive new equipment from the Health Care Agency.
- d. mark and identify all equipment given to the Medical Supply Coordinator.

48. According to the instructions on the "Medical Supply Receipt and Inventory Form"

- a. only lost equipment may be reimbursed by the incident.
- b. only supplies/equipment listed on the original form are subject to reimbursement.
- c. only supplies/equipment listed on the copy are subject to reimbursement.
- d. only damaged equipment may be reimbursed by the incident.

49. To become eligible for the Medical Supply Coordinator position, the following pre-requisites are required

- a. Basic ICS (I-220) and Supply Officer self-study course.
- b. Basic ICS (I-220) and Logistics section training.
- c. Basic ICS (I-220) and EMT-1 certification.
- d. Basic ICS (I-220) and Medical First Responder training.

## MEDICAL SUPPLY COORDINATOR FINAL EXAMINATION KEYED ANSWERS

1. The Medical Supply Coordinator is directly subordinate to the **Medical Group** Supervisor.
2. Logistical support on Multi-Casualty incidents is only necessary
  - a. during large, extended incidents where many casualties are involved.
  - b. on all multi-casualty incidents to insure the appropriate amount and availability of medical supplies.**
  - c. during smaller incidents when the speed of acquiring appropriate supplies is critical.
  - d. is dependent only on the type of incident and the predominance of injuries.
3. Based upon the Multi-Casualty Modular Development organizations' charts, the Medical Supply Coordinator position should be established
  - a. during an initial response level.
  - b. during a reinforced response level.
  - c. during a multi-leader response level.**
  - d. whenever the ICS System is used.
4. The Medical Supply Coordinator
  - a. identifies and collects medical equipment and supplies from established Casualty Collection Points (CCP's).
  - b. identifies and collects medical equipment and supplies only from remote, off-incident sources.
  - c. identifies and collects medical equipment and supplies from resources on the incident scene.**
  - d. identifies and collects medical equipment and supplies from the Logistics Section.
5. To obtain initial medical supplies, the Medical Supply Coordinator establishes communication and coordination with the
  - a. Ground Ambulance Coordinator.**
  - b. Air Ambulance Coordinator.
  - c. Logistics Section Chief.
  - d. Local Base Hospital.
6. The Medical Supply Coordinator coordinates and distributes medical supplies to the
  - a. Treatment and Triage Unit Leaders.**
  - b. Ground Ambulance Coordinator.
  - c. Patient Transportation Group Supervisor.
  - d. Air Ambulance Coordinator.
7. The Medical Supply Coordinator transmits required records and reports to the
  - a. Logistics Section Chief.
  - b. Documentation Unit Leader.**
  - c. Resources Unit Leader.
  - d. Planning Section Chief.

8. A responsibility of the Medical Supply Coordinator position is to provide a receipt for any supplies obtained.
- a. T                      b. F
9. The Medical Supply Coordinator may request additional supplies from pre-established medical caches by placing a request through
- a. the Documentation Unit Leader.  
b. the Staging Area Manager.  
**c. the Medical Group Supervisor.**  
d. the Logistics Section Chief.
10. The Medical Supply Coordinator is responsible to directly coordinate with the Patient Transportation Group Supervisor.
- a. T                      **b. F**
11. Incident briefings would be important to the Medical Supply Coordinator because they would indicate
- a. the number of professional personnel currently assigned to the incident.  
**b. the overall scope and complexity of the incident.**  
c. nothing more than the number of ground or air ambulance units on the incident.  
d. the number of incident related injuries.
12. A Medical Supply Coordinator, upon arrival at an incident, should check in at
- a. the Incident Medical Unit.  
b. the Ground Ambulance Unit.  
**c. the Incident Command Post.**  
d. the Air Ambulance Unit.
13. Important and pertinent information presented, during an incident briefing, may be the
- a. availability of local Hospital Emergency Response Teams.  
b. availability of state-wide emergency response teams.  
c. availability of military resources.  
d. only a and b above  
**e. a, b, c and d of the above**
14. Regarding incident check-in locations, which location is not an approved check-in location?
- a. incident staging areas  
**b. incident treatment areas**  
c. incident helibases  
d. incident base or camps

15. Incident briefings would reveal the established organization for the incident. According to the text, critical positions to establish on a multi-casualty incident are the **Triage** Unit Leader and the **Treatment** Unit Leader.
16. If an incident organization has a Logistics Section in place, the Medical Supply Coordinator may place requests for supplies through this position.
- a. T                      b. F
17. According to the text, the Incident Action Plan (IAP) will indicate whether
- a. medical supplies have already been ordered.  
**b. other ICS positions are filled and functioning.**  
c. more medical supplies are required and the type needed.  
d. the type of supplies ordered.
18. A multi-casualty incident may create a predominance of injury types, such as burn injuries or toxic atmosphere related injuries. This information would be important for the Medical Supply Coordinator to know and would best be learned by
- a. an on-site review of the entire incident area prior to assuming the position.  
b. asking those personnel already on the incident.  
**c. attending the incident briefings.**  
d. talking to the victims of the incident.
19. A helibase is not a recognized or approved incident check-in location.
- b. T                      **b. F**
20. According to the text, medical supplies must be dispersed to
- a. the Ground Ambulance Coordinator.  
b. the Patient Transportation Group Supervisor.  
c. the appropriate base hospital location.  
**d. the Treatment and Triage Unit Leaders.**
21. Medical supplies will primarily be used by field personnel working in the
- a. incident Treatment Unit.  
b. incident Triage Unit.  
c. incident Air Ambulance Unit.  
**d. only a and b above**  
e. only a and c above.
22. In selecting an appropriate area for the medical supply unit, it would be important to consider protection from the **elements** and a possible need for **refrigeration.**
23. The Medical Supply Coordinator may need a dependable means of communication. According to the text, this may best be accomplished by the use of a **telephone** or field **phone.**

24. Logistical needs for the Medical Supply Coordinator may be provided by the
- incident Resource Status Unit.
  - incident Liaison Officer.
  - incident Facilities and Ground Support Unit.**
  - incident Situation Status Unit.
25. The Medical Supply Coordinator is responsible to acquire all medical supplies for the multi-casualty incident.
- T
  - F
26. The Medical Supply Coordinator must establish and maintain documentation on
- primarily on all controlled substances received and used.
  - only the amount of medical supplies received.
  - only on any medical supplies that were actually used on the incident.
  - the source, type and quantity of medical supplies received.**
27. To assist in the documentation of supplies and equipment obtained, the Medical Supply Coordinator may need the assistance of a **recorder**.
28. The most likely “first available” source of medical supplies on an incident would be
- the pre-established local area caches already on the incident.
  - statewide disaster medical equipment caches enroute to the incident scene.
  - emergency response vehicles arriving on the incident scene.**
  - pre-established military caches.
29. According to the text, which is not listed as a possible source of medical supplies?
- local area hospitals
  - American Red Cross centers
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  - local medical supply vendors**
30. All supplies are dispersed as per the direction from the **Medical Group** Supervisor.
31. The text lists two types of ambulance units which would be a source of medical supplies. They are:
- ALS and BLS units**
  - ALS and EMT-D units
  - BLS and EMT-1A units
  - EMT-D and EMT-P units

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  - Multi-Casualty Branch Director.
  - Air Ambulance Coordinator.
  - Treatment and Triage Unit Leaders.**
33. The Medical Supply Receipt and Inventory Form should be distributed as follows
- one copy given to the Triage Unit Leader.
  - one copy given to the source of supply.**
  - one copy given to the Treatment Unit Leader.
  - one copy given to the base hospital pharmacy.
34. The Medical Supply Coordinator may need a vehicle to dispense supplies, such transportation can be obtained by contact with the incident **Ground Support** Unit.
35. According to the example "Medical Supply Receipt and Inventory Form", the original page is kept by the
- Planning Section Chief.
  - Logistics Section Chief.
  - Ground Support Unit Leader.
  - Medical Supply Coordinator.**
36. According to the text, all unused supplies such as medications and drugs must be returned to
- the Treatment Unit Leader.
  - the Triage Unit Leader.
  - the original source of supply.**
  - the nearest receiving hospital or EMS agency.
37. All unit activity records must be submitted to the **Medical Group** Supervisor.
38. Any contaminated supplies or equipment should be transported on an appropriate location for
- decontamination or disposal.**
  - re-issuance to the original source of supply.
  - proper disposal only.
  - inventory by the local EMS agency representative.
39. The local Health Care Agency is responsible to establish regulations concerning controlled substances such as medications and drugs.
- T
  - F**

40. Specific State regulations regarding controlled substances are developed by that State's
- Board of Ethics and Practices.
  - Board of Pharmacy Business and Professional Code.**
  - Board of Emergency Medical Services.
  - Board of Physicians.
41. To assist the Medical Supply Coordinator in identifying controlled substances, it would be extremely helpful to obtain a representative from the local
- disaster preparedness officer.
  - physicians' advisory group council.
  - hospital emergency room staff.
  - health care agency.**
42. The text describes the need to establish a proper inventory and security for specific medical supplies such as controlled substances as
- something that should be considered.
  - a mandatory requirement.**
  - a needed item if time permits.
  - needed if certain types of substances are used.
43. Because of the large amount and type of medical supplies accumulated, the Medical Supply Coordinator need not be concerned about nor document any lost or destroyed medications or drugs.
- T
  - F**
44. The primary reason to adequately protect any contaminated supplies or equipment is
- no reason, all supplies are needed on the incident.
  - to ensure they are not re-used for patient contact.
  - to protect them from any damage.
  - to prevent any further exposure to personnel handling them.**
45. The Medical Supply Coordinator Unit may be closed
- only after incident demobilization takes place.
  - before incident demobilization takes place.**
  - only after all medical supplies have been used.
  - before all medical supplies have been used.
46. A Medical Supply Coordinator should prepare a "position **Field Kit**" to assist with materials needed to fulfill the position.

47. Whenever medical equipment is received from different sources, these sources should be advised to

- a. re-claim their equipment after the incident is demobilized.
- b. replace such equipment at their own cost.
- c. receive new equipment from the Health Care Agency.
- d. **mark and identify all equipment given to the Medical Supply Coordinator.**

48. According to the instructions on the "Medical Supply Receipt and Inventory Form"

- a. only lost equipment may be reimbursed by the incident.
- b. **only supplies/equipment listed on the original form are subject to reimbursement.**
- c. only supplies/equipment listed on the copy are subject to reimbursement.
- d. only damaged equipment may be reimbursed by the incident.

49. To become eligible for the Medical Supply Coordinator position, the following pre-requisites are required

- a. Basic ICS (I-220) and Supply Officer self-study course.
- b. Basic ICS (I-220) and Logistics section training.
- c. Basic ICS (I-220) and EMT-1 certification.
- d. **Basic ICS (I-220) and Medical First Responder training.**

**MEDICAL SUPPLY COORDINATOR  
TRAINEE WORKBOOK  
Self-Paced Instruction**

MEDICAL SUPPLY COORDINATOR  
TRAINEE WORKBOOK

CONTENTS

Introduction and Course Instructions ..... 1

Objectives: Course, Performance and Instructional .....2

Unit 1: Incident Organization and Responsibilities .....3

Unit 1: Progress Check.....8

Unit 2: Incident Check-in, Briefing Information ..... 10

Unit 2: Progress Check..... 11

Unit 3: Location of Medical Unit Supply Area ..... 13

Unit 3: Progress Check..... 14

Unit 4: Inventory and Distribution of Medical Supplies ..... 16

Unit 4: Progress Check..... 17

Unit 5: Security and Demobilization of Unit ..... 19

Unit 5: Progress Check.....20

Unit 6: Preparatory Work and Field Kit .....22

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Appendix C: Intensive Care Ambulance Unit Inventory ..... C-1

INTRODUCTION AND COURSE INSTRUCTIONS

The purpose of this training program is to enable you to perform as an effective Medical Supply Coordinator on a Multi-Casualty Incident. This workbook covers the information and skills needed to perform your tasks.

Before beginning, you must have successfully completed the Basic ICS I-220 Course and Medical First Responder Training. Current certification as an EMT-1 or higher level is recommended. This training guide assumes that you have had this training and some field experience. You must also be able to understand and use the communications system being used at the incident.

In the Table of Contents, the material is presented in units. The last item in each unit is the Progress Check containing questions related to that unit. The purpose of the Progress Check at the end of each unit is to let you know when you are ready to move on. You can compare your Progress Checks with the Progress Check Answer Key. Whenever you answer a question incorrectly, restudy the text to understand why your answer was incorrect and why the answer in the answer key is preferred.

The trainee should become knowledgeable on the entire course material prior to taking the final examination. If you are conscientious in restudying all of your progress checks, you will be confident on succeeding in the final examination.

Your course administrator will choose how the required final test will be administered. An 80% score on this test is the minimum passing grade. If you have any questions about the text or material, feel free to contact the Course Administrator. This information is listed below.

Course Administrator: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### COURSE OBJECTIVES

This self-paced instruction text is designed to enable you to perform as an effective Medical Supply Coordinator. The instruction level is targeted toward trainees that have had little exposure to the functioning of a Medical Supply Coordinator.

Responsibilities, procedures and materials involved with the operation of the position are presented. More specifically, the successful completion of this course means that you will be able to accomplish the following listed objectives.

### PERFORMANCE OBJECTIVES

Upon the completion of course instruction, the trainee shall describe how to select and organize a medical supply coordination/distribution area in accordance with the text.

Upon the completion of course instruction, the trainee shall describe sources from which to acquire then distribute and maintain inventory status of medical equipment and supplies in accordance with the text. Upon the completion of course instruction, the trainee shall describe security needs for controlled drugs/substances and reporting methods for lost and damaged supplies in accordance with local requirements.

Upon the completion of course instruction, the trainee shall attain knowledge from self-research of current local policies and existing procedures of pertinent governmental offices and agencies within their local area.

### INSTRUCTIONAL OBJECTIVES

- UNIT 1: Describe the incident organization, line of communications with other pertinent functions and the responsibilities of the Medical Supply Coordinator.
- UNIT 2: Describe the information needed from a briefing and how such information regarding incident status influences the position function.
- UNIT 3: Describe factors involved in the selection and location of the medical supply area. Describe an example of a required medical inventory guide for the incident.
- UNIT 4: Describe several sources from which medical material may be obtained and the coordination required to distribute these supplies.
- UNIT 5: Describe the need for maintaining security of specific medical supplies and the manner of reporting lost or damaged supplies.
- UNIT 6: Trainee preparatory work and Medical Supply Coordinator Field Kit.

## UNIT 1: INCIDENT ORGANIZATION AND RESPONSIBILITIES

**Objective:** Upon completion of this unit, the trainee will be able to describe the incident organization and position responsibilities.

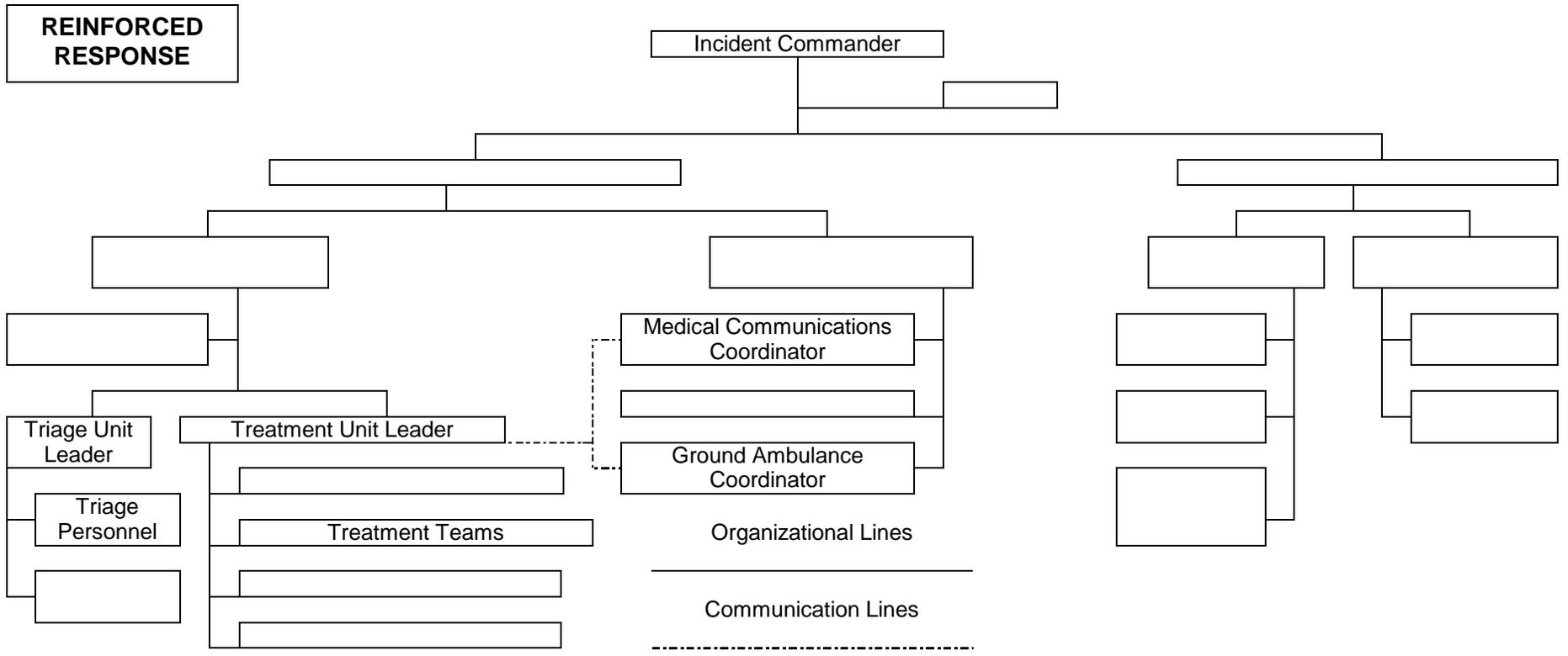
Emergency incidents require varying amounts of resources to adequately handle the incident. The amount and type of resources required is dependent upon the type, extent, and complexity of the incident. A system to provide continuing logistical support is critical in maintaining effective action in continuing to address any incident. For Multi-Casualty incidents, the appropriate amount and availability of medical supplies and material becomes a major factor for successful incident operations. The Medical Supply Coordinator position has been developed to ensure this logistical process.

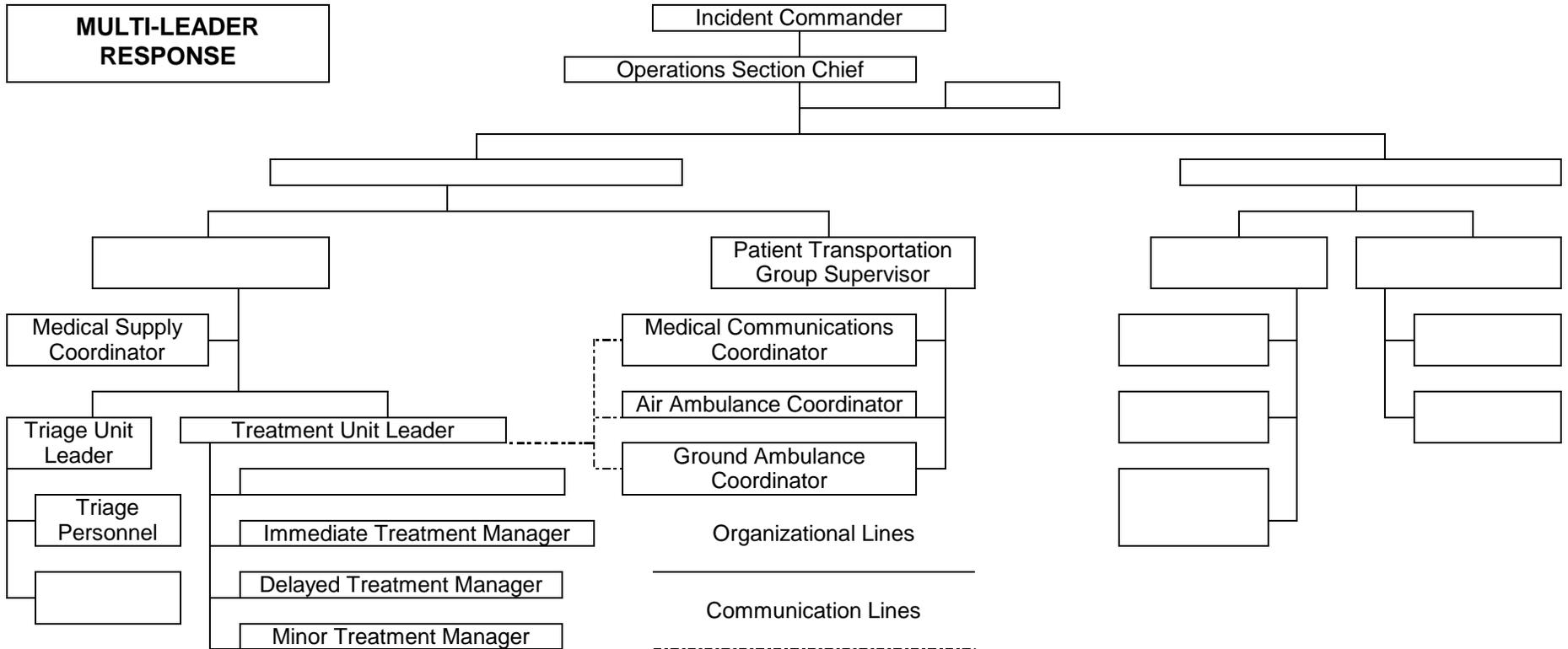
The Medical Supply Coordinator is a position within the Multi-Casualty Branch of the Incident Command System (ICS). This position is directly subordinate to the Medical Group Supervisor and is established during a "Multi-Leader" and "Full Branch" response levels of the ICS Multi-Casualty organization. Refer to the Multi-Casualty Branch Modular Development Organization charts on the following pages. Position responsibilities are listed below:

- a. Checks in and receives briefing.
- b. Identifies and collects, as appropriate, medical equipment and supplies that are available on the incident scene.
- c. Establishes a secure collection point for such material and distributes/allocates these supplies as per need.
- d. Maintains an inventory of the equipment and supplies collected and dispersed. Provides, upon request, a duplicate copy or receipt for such supplies obtained.
- e. Requests personnel to assist in the collection and distribution of supplies and equipment. Considers a need for vehicle(s) for transporting supplies and equipment.
- f. Establishes communication and coordination with the Ground Ambulance Coordinator to obtain initial supplies from ground ambulance units as they arrive at the scene.
- g. Conducts an assessment of needs and initiates the request for established medical caches, through proper channels, from area medical facilities or disaster preparedness organizations.
- h. Coordinates and distributes medical supplies to the Treatment and Triage Unit Leaders.
- i. Transmits required or requested records and reports to the Documentation Unit Leader at the end of each operational period.
- j. Maintains a Unit/Activity Log (ICS Form 214).

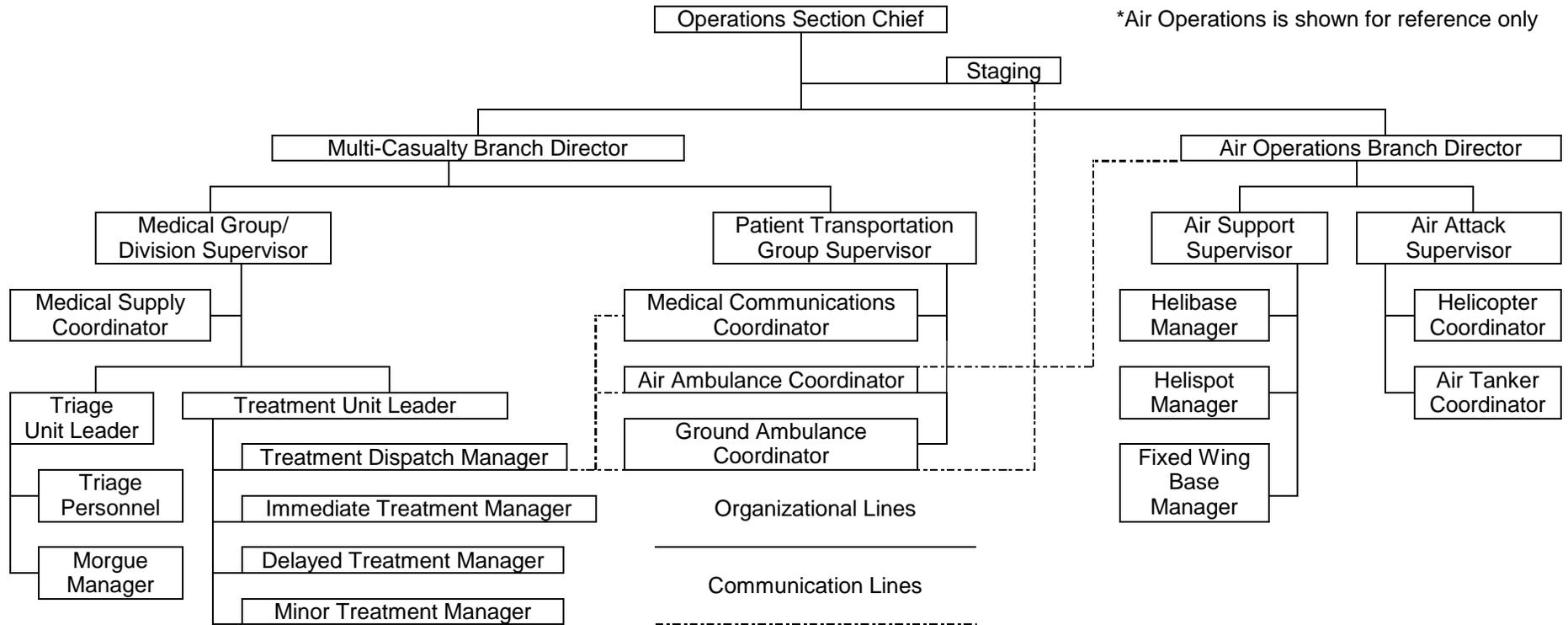
Continue on to the Unit 1 Progress Check.







INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH FULL BRANCH RESPONSE LEVEL



## UNIT 1 PROGRESS CHECK

This progress check covers the material presented in Unit 1. Complete the following progress check and compare your answers to the answer key that immediately follows this progress check. If you answered any questions incorrectly, restudy the unit text and complete the progress check again. A score of 100% is required on this progress check prior to proceeding to the next unit.

1. The Medical Supply Coordinator position was established to insure that Multi-Casualty incident \_\_\_\_\_ needs are met.
2. The Medical Supply Coordinator position is directly subordinate to the \_\_\_\_\_ Supervisor.
3. Which of the following is not a position responsibility of the Medical Supply Coordinator?
  - a. Check in and receive briefing.
  - b. Collects medical supplies available on the incident.
  - c. Communicates with the Incident Commander on medical needs.
  - d. Maintains an inventory of supplies collected and dispersed.
4. The Medical Supply Coordinator position is formally established during the Multi-Casualty Incident
  - a. Multi-Leader Response Level.
  - b. Full Branch Response Level.
  - c. Reinforced Response Level.
  - d. Initial Response Level.
5. According to the Unit 1 text, the Medical Supply Coordinator coordinates and distributes supplies to the \_\_\_\_\_ and \_\_\_\_\_ Unit Leaders.
6. The position submits required or requested records to the Documentation Unit Leader at the conclusion of each \_\_\_\_\_ period.
7. It is important for the Medical Supply Coordinator to maintain an inventory of supplies and equipment collected.
  - a. T
  - b. F
8. The position establishes communication with the \_\_\_\_\_ Coordinator to obtain initial supplies.

## UNIT 1 PROGRESS CHECK ANSWER SHEET

1. The Medical Supply Coordinator position was established to insure that Multi-Casualty incident **logistical** needs are met.
2. The Medical Supply Coordinator position is directly subordinate to the **Medical Group** Supervisor.
3. Which of the following is **not** a position responsibility of the Medical Supply Coordinator?
  - a. Check-in and receive briefing.
  - b. Collects medical supplies available on the incident.
  - c. Communicates with the Incident Commander on medical needs.**
  - d. Maintains an inventory of supplies collected and dispersed.
4. The Medical Supply Coordinator position is formally established during the Multi-Casualty Incident
  - a. Multi-Leader Response Level.**
  - b. Full Branch Response Level.
  - c. Reinforced Response Level.
  - d. Initial Response Level.
5. According to the Unit 1 text, the Medical Supply Coordinator coordinates and distributes supplies to the **Triage** and **Treatment** Unit Leaders.
6. The position submits required or requested records to the Documentation Unit Leader at the conclusion of each **Operational** period.
7. It is important for the Medical Supply Coordinator to maintain an inventory of supplies and equipment collected.
  - a. T**
  - b. F**
8. The position establishes communication with the **Ground Ambulance Coordinator** to obtain initial supplies.

UNIT 2: INCIDENT CHECK-IN, RECEIVING BRIEFING INFORMATION AND INCIDENT STATUS

**Objective:** Upon completion of this unit, the trainee will be able to describe where to properly check in at an incident, receive pertinent information from a briefing relating to the incident status.

In the basic I-220 course, incident check-in procedures and locations were presented. These locations are listed once again for review. Incident check-in locations are:

- a. Incident Command Post
- b. Base or Camps
- c. Staging Areas
- d. Helibases
- e. Division Supervisors

Information from incident briefings, whether they are planned, formal, or immediate in nature are important to the Medical Supply Coordinator. Such briefings will indicate the scope of the incident in terms of the amount and probably the type of medical supplies needed. The briefing may indicate an immediate need for a large amount and type of medical supplies. Or the briefing may indicate that the need for supplies may be for an extended period of time but not immediate.

The briefing should also give some indication as to the type of supplies and equipment needed. An example may be incidents where the predominant injury types are burn injuries, multiple mass trauma, toxic atmosphere exposure, or a combination of the above. This information is key in helping to determine the type and amount of material needed.

The briefing should also disclose other pertinent information that directly influences the Medical Supply Coordinator's function. Information of this type may be the known availability of Hospital Emergency Response Teams, the proximity of local, pre-established medical caches, the access to state wide emergency response teams and equipment caches, or the involvement of the military and their resources.

Finally, the briefing will reveal the established organization for the incident. The Incident Action Plan (IAP) will indicate whether other ICS positions are filled and functioning. Critical positions would be both the Triage Unit Leader and Treatment Unit Leader. The Medical Supply Coordinator must establish communications with and disperse supplies to these positions. Also, contact with the Ground Ambulance Coordinator via the Transportation Group Supervisor may be initiated to receive an inventory of medical supplies available from ground Ambulances. If the incident Logistics Section is in place, requests for supplies and material must be placed through this unit.

Continue on to the Unit 2 Progress Check.

## UNIT 2 PROGRESS CHECK

This progress check covers the material presented in Unit 2. Complete the following progress check and compare your answers to the answer key that immediately follows this progress check. If you answered any questions incorrectly, restudy the unit text and complete the progress check again. A score of 100% is required on this progress check prior to proceeding to the next unit.

1. The Incident Briefing will reveal whether other ICS positions are filled and \_\_\_\_\_.
2. The Incident Briefing would give some indication as to the type of medical \_\_\_\_\_ and \_\_\_\_\_ needed.
3. Which of the following is not an approved ICS Check-in location?
  - a. Incident Command Post
  - b. Helibases
  - c. Medical Triage Area
  - d. Staging Area
4. According to the text, critical positions to establish on a Multi-Casualty Incident are the \_\_\_\_\_ and \_\_\_\_\_ Unit Leaders.
5. If established on the incident, supplies and material can be requested through the \_\_\_\_\_ Section.
6. According to the text, the availability of Hospital Emergency Response Teams may be disclosed at the Incident \_\_\_\_\_.
7. The Incident Action Plan (IAP) will indicate whether other ICS incident positions are \_\_\_\_\_ and functioning.
8. The Medical Group Supervisor would be an appropriate incident check-in location.
  - a. T
  - b. F

## UNIT 2 PROGRESS CHECK ANSWER SHEET

1. The Incident Briefing will reveal whether other ICS positions are filled and **functioning**.
2. The Incident Briefing would give some indication as to the type of medical **supplies** and **equipment** needed.
3. Which of the following is **not** an approved ICS Check-in location?
  - a. Incident Command Post
  - b. Helibases
  - c. Medical Triage Area**
  - d. Staging Area
4. According to the text, critical positions to establish on a Multi-Casualty Incident are the **Triage** and **Treatment** Unit Leaders.
5. If established on the incident, supplies and material can be requested through the **Logistics** Section.
6. According to the text, the availability of Hospital Emergency Response Teams may be disclosed at the Incident **Briefing**.
7. The Incident Action Plan (IAP) will indicate whether other ICS incident positions are **filled** and functioning.
8. The Medical Group Supervisor would be an appropriate incident check-in location.
  - a. T**
  - b. F

UNIT 3: SELECTION AND LOCATION OF AN APPROPRIATE MEDICAL SUPPLY  
COLLECTION AND DISTRIBUTION AREA REVIEW OF MASS CASUALTY  
MEDICAL SUPPLY GUIDE

Objective: Upon completion of the unit the trainee will be able to describe some factors involved in the selection of the incident medical supply area. Also, the trainee should become aware of an example showing the amount and type of medical supplies needed for a particular incident size.

If an incident medical supply collection and distribution area is not already in place, or if an existing location is not sufficient to meet current incident needs, several factors should be considered. Medical supplies will be used primarily by field personnel working within the Triage Unit and/or Treatment Unit. Therefore, the physical proximity leading to convenient distribution and coordination with these field units is important and should be considered. Since medical supplies contain a variety of items, protection from the elements, a possible need for refrigeration, and security also become important considerations. Contact with the Logistics Section, particularly the Ground Support Unit Leader will provide assistance in obtaining these logistical needs.

Because the Medical Supply Coordinator is responsible for the acquisition of needed material, some dependable means of communications, standard telephone or field phone, will be required. Depending on the incident size and current organization, the incident Facilities Unit and Ground Support Unit may already be in place. These Units should be utilized to assist in logistical needs for the Medical Supply Coordinator, such as providing vehicular transportation, telephone installation, field phone installation, lighting and other logistical support.

An example of a medical supply inventory, based upon incident size, is shown in Appendix A.

Continue on to the Unit 3 Progress Check.

## UNIT 3 PROGRESS CHECK

This progress check covers the material presented in Unit 3. Complete the following progress check and compare your answers to the answer key that immediately follows this progress check. If you answered any questions incorrectly, reread the unit text and complete the progress check again. A score of 100% is required on this progress check prior to proceeding to the next unit.

1. According to the text, medical supplies will primarily be used by field personnel working within the \_\_\_\_\_ and/or \_\_\_\_\_ units.
2. There may be a need for medical supplies to be protected from the \_\_\_\_\_ and should be considered whenever selecting a collection and distribution area.
3. According to the text, medical supplies may need to be:
  - a. Identified
  - b. Classified
  - c. Numbered
  - d. Refrigerated
4. Communications would be important to the Medical Supply Coordinator. Communications may best be accomplished by the use of a \_\_\_\_\_ or field phone.
5. The example Medical Supply Inventory, based upon incident size, describes the needs on an incident with:
  - a. 50 casualties per 24 hours
  - b. 100 casualties per 24 hours
  - c. 150 casualties per 24 hours
  - d. 175 casualties per 24 hours
6. Security is an important function regarding medical supplies. This responsibility is charged to the:
  - a. Incident law enforcement branch.
  - b. Planning Section Chief.
  - c. Medical Supply Coordinator.
  - d. Treatment Unit Leader.
7. The \_\_\_\_\_ proximity of available medical supplies to the treatment areas is an important factor to consider.
  - a. T
  - b. F
8. The Ground Support Unit and the \_\_\_\_\_ Unit are important resources to utilize regarding logistical needs of the Medical Supply Coordinator.

## UNIT 3 PROGRESS CHECK ANSWER SHEET

1. According to the text, medical supplies will primarily be used by field personnel working within the **Triage** and/or **Treatment** units.
2. There may be a need for medical supplies to be protected from the **elements** and should be considered whenever selecting a collection and distribution area.
3. According to the text, medical supplies may need to be:
  - a. Identified
  - b. Classified
  - c. Numbered
  - d. **Refrigerated**
4. Communications would be important to the Medical Supply Coordinator. Communications may best be accomplished by the use of a **telephone** or field phone.
5. The example Medical Supply Inventory, based upon incident size, describes the needs on an incident with:
  - a. 50 casualties per 24 hours
  - b. **100 casualties per 24 hours**
  - c. 150 casualties per 24 hours
  - d. 175 casualties per 24 hours
6. Security is an important function regarding medical supplies. This responsibility is charged to the:
  - a. Incident law enforcement branch.
  - b. Planning Section Chief.
  - c. **Medical Supply Coordinator.**
  - d. Treatment Unit Leader.
7. The **physical** proximity of available medical supplies to the treatment areas is an important factor to consider.
  - a. **T**
  - b. F
8. The Ground Support Unit and the **Facilities** Unit are important resources to utilize regarding logistical needs of the Medical Supply Coordinator.

UNIT 4: ACQUIRING INVENTORY AND DISTRIBUTION OF MEDICAL SUPPLIES AND EQUIPMENT

**Objective:** Upon completion of this unit, the trainee will be able to describe several sources from which medical material may be obtained. The trainee should also become familiar with methods of inventory and distribution of these supplies.

Finally, the trainee should understand the coordination required with other incident positions to enable prompt distribution of such supplies as needed.

As determined by the incident, the need for the acquisition of medical supplies and equipment may be immediate. Faced with this possibility, the Medical Supply Coordinator must draw from resources already on the incident scene or from those resources arriving on scene. Ground Ambulance units carry an inventory of medical supplies. This inventory will vary somewhat due to the type of Ambulance unit (e.g., ALS versus BLS). In addition, fire department apparatus and search and rescue vehicles also carry medical supplies. All of the above will most likely be the first available source for acquiring medical material.

It becomes important then that the Medical Supply Coordinator establishes contact with Ambulance Coordinators and other staging locations to obtain medical supplies from such sources. Whatever the source, a means of documenting the type and quantity of supplies obtained is imperative. This record must also identify the unit from which material was procured. To assist the trainee, an example of a ground Ambulance inventory is shown in Appendix C. Also, an example of an inventory form is shown in Appendix B.

The Medical Supply Coordinator may have received incident briefing information regarding the availability of additional medical supplies. Hospitals maintain various amounts of medical material at pre-established caches. Local disaster preparedness centers, national volunteer agencies such as the American Red Cross or other local agencies may also be a source of supply.

In all cases, the source, type and quantity of medical material obtained must be documented. Such records should be kept current and may require the use of a recorder assigned specifically to conduct this task. The Medical Supply Receipt and Inventory Form shown as an example in Appendix B is designed to be used by the Medical Supply Unit Coordinator or their delegate. In reviewing this form, it becomes very helpful when supplies or equipment are received, that they are identified with markers or tape. Sources supplying such equipment should be encouraged to identify their equipment/supplies so as to facilitate the inventory or possible incident reimbursement of such supplies. Incident reimbursement of any supplies will only be based upon supplies or equipment listed on the original form. The original form should be placed in the Medical Supply Unit and will comprise the total unit inventory.

All medical supplies are dispersed as per direction from the Medical Group/Supervisor. This position may allow the Medical Supply Coordinator to establish direct contact with the primary users of such supplies, the Triage Unit and Treatment Unit Leaders. A vehicle may be required to disperse supplies. Vehicles to accomplish this may be obtained from the incident Ground Support Unit.

Continue on to the Unit 4 Progress Check.

## UNIT 4 PROGRESS CHECK

This progress check covers the material presented in Unit 4. Complete the following progress check and compare your answers to the answer key that immediately follows this progress check. If you answered any questions incorrectly, restudy the unit text and complete the progress check again. A score of 100% is required on this progress check prior to proceeding to the next unit.

1. In reviewing the example "Medical Supply Receipt and Inventory Form", the correct distribution for the "copy" is:
  - a. Medical Supply Coordinator
  - b. Logistics Section Chief
  - c. Ground Support Unit Leader
  - d. Source of supply
2. According to the text, \_\_\_\_\_ apparatus and \_\_\_\_\_ and \_\_\_\_\_ vehicles also carry medical supplies and equipment.
3. It is important that the Medical Supply Coordinator establish contact with the \_\_\_\_\_ Coordinator to obtain a primary source of medical supplies.
4. All supplies are dispersed as per direction from the \_\_\_\_\_ Supervisor.
5. Select the most complete answer. The Medical Supply Coordinator must maintain documentation on
  - a. the amount of medical supplies used.
  - b. the type of medical supplies used.
  - c. the source, type and amount of medical supplies received.
  - d. the source of medical supplies received.
6. According to the text, sources supplying medical supplies and/or equipment should be encouraged to
  - a. make available all inventory of supplies.
  - b. carefully mark and identify any supplies/equipment released.
  - c. request reimbursement on all supplies/equipment released.
  - d. withhold the most expensive equipment from use.
7. Because of the documentation required of the position, the Medical Coordinator may need the services of a \_\_\_\_\_ to assist in this documentation process.
8. According to the text, which is not listed as a possible source of medical supplies?
  - a. Local area hospitals
  - b. American Red Cross Centers
  - c. Local disaster preparedness centers
  - d. Local medical supply vendors

## UNIT 4 PROGRESS CHECK ANSWER SHEET

1. In reviewing the example “Medical Supply Receipt and Inventory Form”, the correct distribution for the “copy” is
  - a. Medical Supply Coordinator
  - b. Logistics Section Chief
  - c. Ground Support Unit Leader
  - d. **Source of supply**
2. According to the text, **Fire Department** apparatus and **Search** and **Rescue** vehicles also carry medical supplies and equipment.
3. It is important that the Medical Supply Coordinator establish contact with the **Ground Ambulance** Coordinator to obtain a primary source of medical supplies.
4. All supplies are dispersed as per direction from the **Medical Group** Supervisor.
5. Select the most complete answer. The Medical Supply Coordinator must maintain documentation on
  - a. the amount of medical supplies used.
  - b. the type of medical supplies used.
  - c. **the source, type and amount of medical supplies received.**
  - d. the source of medical supplies received.
6. According to the text, sources supplying medical supplies and/or equipment should be encouraged to
  - a. make available all inventory of supplies.
  - b. **carefully mark and identify any supplies/equipment released.**
  - c. request reimbursement on all supplies/equipment released.
  - d. withhold the most expensive equipment from use.
7. Because of the documentation required of the position, the Medical Coordinator may need the services of a **Recorder** to assist in this documentation process.
8. According to the text, which is not listed as a possible source of medical supplies?
  - a. Local area hospitals
  - b. American Red Cross Centers
  - c. Local disaster preparedness centers
  - d. **Local medical supply vendors**

## UNIT 5: SECURITY REQUIREMENTS FOR SPECIFIC MEDICAL SUPPLIES AND DEMobilizing THE MEDICAL SUPPLY FUNCTION

**Objective:** Upon completion of this unit, the trainee will become aware of the need to maintain security of particular medical supplies and the manner of reporting lost or damaged supplies. Finally, the trainee will understand the process of demobilizing the unit.

The inventory and security of defined controlled substances are regulated by Federal regulations, specifically the Drug Enforcement Administration code of Federal Regulations 1301.22. In addition, individual state Board of Pharmacy Business and Professional codes contain state specific regulations. Therefore, the need to establish an inventory and provide security for specific medical supplies, such as controlled substances, is mandated.

The local Health Care Agency is responsible for the establishment of procedures, in compliance with Federal and State regulations, governing medical supplies within its jurisdiction. It would be extremely helpful to obtain a representative from this local agency for several reasons. First, to assist in correct identification of controlled medications or substances. Second, to ensure compliance with all applicable requirements.

An accurate inventory of all medical supplies is a means of providing one level of security. All unused supplies, particularly medications and drugs, must be returned to the source of issue. The loss or breakage of any medication or controlled substance container must be recorded and reported. All drug dispensing instruments (syringes etc.) and empty controlled drug containers should be collected and brought to the nearest hospital for proper disposal.

At some point during the incident, the Medical Supply Unit will have served its function. Closing the unit may take place before the incident demobilization process takes place. All unit activity records, inventory records, and any supplies or medical material not yet returned to the source of issue must be secured and given to the Medical Division Group Supervisor. All contaminated equipment or material should be adequately protected to minimize contact to personnel. In addition, such contaminated supplies should be transported to an appropriate location for decontamination or disposal. Finally, an effort should be made to restore the area to its pre-incident condition.

Continue on to the Unit 5 Progress Check.

## UNIT 5 PROGRESS CHECK

This progress check covers the material presented in Unit 5. Complete the following progress check and compare your answers to the answer key that immediately follows this progress check. If you answered any questions incorrectly, restudy the unit text and complete the progress check again. A score of 100% is required on this progress check prior to proceeding to the next unit.

1. According to the text, obtaining a representative from the local \_\_\_\_\_ Agency would be extremely helpful in the correct handling of controlled substances.
2. Closing the Medical Supply Unit may take place
  - a. before incident demobilization.
  - b. before all patients are treated.
  - c. after all supplies have been depleted.
  - d. after all equipment has been returned.
3. All contaminated supplies should be transported to an appropriate location for
  - a. inventory and distribution.
  - b. inventory and replacement.
  - c. decontamination and storage.
  - d. decontamination and disposal.
4. According to the text, establishing an inventory and providing security for specific medical supplies is
  - a. desirable.
  - b. not required.
  - c. mandated.
  - d. recommended.
5. All Medical Supply Unit activity records must be made available to the \_\_\_\_\_ Supervisor.
6. Any unused supplies should be:
  - a. returned to the Medical Group Supervisor.
  - b. returned to the source of issue.
  - c. submitted for incident reimbursement.
  - d. returned to the local base hospital.
7. The local Health Care Agency is responsible for establishing procedures governing \_\_\_\_\_ supplies within its area.
8. All contaminated supplies should be protected to minimize further contact to personnel.
  - a. T
  - b. F

UNIT 5 PROGRESS CHECK ANSWER SHEET

1. According to the text, obtaining a representative from the local **Health Care** Agency would be extremely helpful in the correct handling of controlled substances.
2. Closing the Medical Supply Unit may take place
  - a. **before incident demobilization.**
  - b. before all patients are treated.
  - c. after all supplies have been depleted.
  - d. after all equipment has been returned.
3. All contaminated supplies should be transported to an appropriate location for
  - a. inventory and distribution.
  - b. inventory and replacement.
  - c. decontamination and storage.
  - d. **decontamination and disposal.**
4. According to the text, establishing an inventory and providing security for specific medical supplies is:
  - a. Desirable
  - b. Not required
  - c. **Mandated**
  - d. Recommended
5. All Medical Supply Unit activity records must be made available to the **Medical Group** Supervisor.
6. Any unused supplies should be
  - a. returned to the Medical Group Supervisor.
  - b. **returned to the source of issue.**
  - c. submitted for incident reimbursement .
  - d. returned to the local base hospital.
7. The local Health Care Agency is responsible for establishing procedures governing **Medical** supplies within its area.
8. All contaminated supplies should be protected to minimize further contact to personnel.
  - a. **T**
  - b. **F**

**UNIT 6: TRAINEE PREPARATORY WORK AND MEDICAL SUPPLY COORDINATOR FIELD KIT**

**Objective:** Upon completion of this unit, the trainee will become aware of preparatory work that should be accomplished to gain knowledge of the role, responsibilities, function and policies of local regulatory or public service agencies. Also, the trainee will be able to identify materials needed to develop a field kit for the Medical Supply Coordinator position.

This Medical Supply Coordinator Trainee Workbook is primarily a guide to provide orientation to the ICS Multi-Casualty organization and specific functions of this position. Trainees should understand that a need exists to familiarize themselves with pre-established emergency planning in their local area. Obviously, the more knowledgeable and prepared the trainee becomes, the more effective they become in performing the position, particularly on an incident within their local area. The time to conduct this preparatory work is now.

Listed below are suggested areas that the trainee should contact for research. These are only a few ideas and do not comprise a complete list, but it is important that all local area resources be checked.

1. The trainee should ascertain the availability, role, function, policies and pre-established emergency procedures of the following:
  - a. Local Office of Emergency Preparedness or Disaster Management Agency.
  - b. Local Health Care Services Agency or department.
  - c. Local Emergency Medical Services Agency
  - d. Local area consolidated Fire Chiefs Organization.
  - e. Local Hospital Emergency Action Groups.
  - f. Local Municipal or Governmental Multi-Hazard functional plans.
2. The trainee should develop a list of all available pre-established medical disaster supply caches within their local area.

The trainee is advised to prepare a "Position Field Kit". The following items are suggested minimums:.

Item	Amount
1. Lined paper, 8 1/2" x 11	2 pads
2. Assortment of pencils, pens, grease pencils, felt-tipped pens/markers	2 ea. (min)
3. Masking tape, 1/2" or 3/4"	1 roll
4. Transparent tape ("Scotch tape")	1 roll
5. Flagging, plastic	1 roll
6. Carbon paper, 8 1/2" x 11"	50 sheets
7. Plastic ruler, 12"	1
8. Thumbtacks, paper clips	50 each
9. Paper stapler (small) with extra staples	1
10. Unit/Activity Log (ICS Form 214)	2
Copies of the charts, example inventories and Medical Supply Receipt form within this Trainee Workbook.	

APPENDIX A  
EXAMPLE MEDICAL SUPPLY RESOURCE CACHE  
Based On 100 Casualties Per 24 Hours

**Bandage and Dressing Supplies**

<u>Item</u>	<u>Quantity</u>
Gauze Compresses, 4x4	500
Gauze Pad, 5x9 sterile	100
Gauze bandage, 4" roll (stretchable, non-sterile)	30
Petrolatum Gauze, 5x9, sterile	30
Dermicel Tape (cloth) 1"x10 yds.	10
Dermicel Tape (cloth) 3"x10 yds.	10

**Orthopedic Supplies**

Cotton bandage 5"x30", splints	100
Cast underwrap 5"x6 yds.	10
Plaster of Paris, 4"	15
Plaster of Paris, 6"	15
Traction Splint, femur, Adult	5
Traction Splint, femur, Pediatric	5
Cardboard splints, 36", non-padded	10
Cervical collars, hard foam, non- absorbing, velcro closure, Medium	15
Cervical collars, hard foam, non- absorbing, velcro closure, Small	10
Backboards, 18"x72"	15
Triangular bandages, 84", square muslin	10

**Medication Dispensing Supplies**

Needle, disposable hypodermic, 18 ga.	20
Needle, disposable hypodermic, 22 ga.	20
Syringe, disposable hypo. luer-loc, 5 cc.	100
Syringe, disposable hypo. insulin, 100 unit	10
Angiocath-type catheters, 18 ga.x 1 1/4	50
I.V. set, administration, regular drip	50
I.V. start kit, without catheters	50
Alcohol wipes, 1 1/2" x 2"	500
Lactated Ringers, 1000 cc., plastic bag	200

**Instruments**

Bandage scissors, angular, lister 7 1/4"	10
Suture sets, disposable	15
Tubex syringes	5
Scalpel, disposable, #10	10

<b>General Medical Supplies</b>	<u>Item</u>	<u>Quantity</u>
	Tongue depressors, wood, sterile	50
	Betadine solution, non-foaming, quart bottles	10
	Exam. gloves, non-sterile, unisize	100
	Surgical suture, size 00, polyester, braided, 3/8 circle	5
	Sphygmomanometer, aneroid type, Adult	5
	Sphygmomanometer, aneroid type, Child	2
	Sphygmomanometer, aneroid type, Thigh	2
	Stethoscope, dual head	10
	Ottopthalmoscope set	2
	Penrose drains, latex tubing, 1' x 18"	5
	Body bags	20

**Supplies**

	Plastic bags, 30 gal., 8 mil.	20
	Batteries, alkaline, size D	15
	Batteries, alkaline, size C	15
	Batteries, alkaline, size AA	10
	Drop cloths, 2-3 mil., bulk roll	2
	Bar soap, non-astringent, 100% pure	50
	Wash basin, 5 quart, metal or sturdy plastic	10
	Blankets, bed, wool or wool blend machine washable, 62" x 80"	40
	Blankets, disposable, non-sterile, 48" x 72"	40
	Litter, folding, rigid pole	30
	Towels, paper roll	30
	Napkins, sanitary	20
	Toilet paper, rolls	10
	Hot cups, disposable	200
	Radio, portable, AM/FM with batteries	1

<b>Medications</b>	<b>Item</b>	<b>Quantity</b>
Aspirin tabs, 250 mg. blister pak		125/2 pk/box 2
Dextrose, 50%, 50cc preloaded syringe		1/box x 10
Diazepam injectable, 2cc preloaded syringe		10/box x 5
Diazepam tablets, 5 mg. blister pak		10
Diphenoxylate Hydrochloride & Atropine sulfate tabs		100/bottle x 1
Insulin injection USP reg, U-100		10ml vials x 2
Lasix injection, 40 mg, preloaded syringe		5/box x 5
Lidocaine hydrochloride injection, 1%, 50cc		50cc/bottle x 2
Morphine sulfate injection, 15 mg, 22 ga. x 1 1/4" preloaded syringe		10/box x 1
Naxoxone hydrochloride injection, .4mg/ml		10/box x 1
Nitroglycerin tablets, .6mg		100/bottle x 1
Pitocin, 10 units, preloaded syringe		10/box x 1
Potassium chloride injection, 20mg/10ml		5/box x 1
Silver sulfadiazine cream, 400 grams/jar		6/box x 1
Talwin injection, 60mg/2ml cartridge needle		10/box x 1
Talwin 50, tabs		100
Tetanus & diphtheria toxoid, 5ml preloaded syringe		100
Tylenol with codeine, 30mg		500/bottle x 10
Normal saline for injection		10cc/bottle x 10
Benadryl, 50mg/1cc		3
Calcium chloride, 1 gm/10cc		3
Demerol, 50mg/1cc		2
Dextrose, 25 grams/50cc		2
Dopamine, 200mg/5cc		4
Epinephrine, 1mg/1cc		3
Hyper stat, 300mg/20cc		1
Bretylum tosylate, 500mg/10cc		3
Isuprel, 1mg/5cc		3
Lasix, 100mg/10cc		3
Verapamil, 5mg/2cc		3
Lidocaine, 100mg/5cc		3
Lidocaine, 2gm/25cc		1
Morphine, 10mg/1cc		2
Narcan, .4mg/1cc		6
Nitroglycerine tab, 1gm/150cc		1
Methargine, .2mg/1cc		3
Sodium Bicarb., 50 MEQ/50cc		6
Phenergan, 50mg/1cc		2
Phenobarbital, 2 gr.		2
Valium, 10mg/2cc		3
Solu-medrol, 40 mg/1cc		2
Ipecac, 30cc		1
Dextrose in water, 5%, 500cc		1 bottle
Lactated ringers, 1000cc		1 bottle
Lactated ringers, 500cc		1 bottle

**Trauma Kit**

<u>Item</u>	<u>Quantity</u>
Sterile gloves	2 pr
Razors, disposable	2
Tourniquets, 2 thigh, 2 arm, 2 ped.	6
Sponges, sterile, 4x4 and 4x8	24
Syringes, 3cc, 10cc, 30cc, 50cc	1 ea.
Oral thermometer	1
Rectal thermometer	1
Emesis basin	1
Scalp vein needles, 21ga., 23 ga.	1 ea.
Suction catheters, sterile disposable 8, 12, 14, 16, 18	1 ea.
I.V. sets, micro drip, standard	3 ea.
Nasal gastric tubes, #10, #12	1 ea.

**EXAMPLE**

APPENDIX B  
MEDICAL SUPPLY RECEIPT AND INVENTORY FORM

**EXAMPLE**

**INCIDENT NAME:** \_\_\_\_\_ **INCIDENT #:** \_\_\_\_\_

A. Supplies/Equipment received **from:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

Agency: \_\_\_\_\_ Unit ID#: \_\_\_\_\_ Name: \_\_\_\_\_  
(Whenever possible, use masking tape and markers to identify all equipment)

B. Supplies/Equipment Received **by:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **INCIDENT POSITION:** \_\_\_\_\_

No.	Item Description ( <i>Print All Entries</i> )	Unit*	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

\*Unit - list a measurable description of the item (gauge, gm, ml, bag, doz., etc..)

Form distribution: (Use carbon paper)

**Original** - Medical Supply Coordinator

**Copy** - Source of Supply

***INCIDENT REIMBURSEMENT OF ANY SUPPLIES/EQUIPMENT WILL ONLY BE BASED UPON ORIGINAL FORM LISTINGS.***

APPENDIX C  
EXAMPLE MOBILE INTENSIVE CARE AMBULANCE UNIT INVENTORY

<u>Item</u>	<u>Quantity</u>
Oxygen unit, portable, 300 liters	1
Suction unit, 30 liters/min, 300 mm/Hg	1
Suction unit, portable, 20 liters/min	1
Ambubags, adult, child	1 ea
Oropharyngeal airway, adult, child, infant	1 ea
Backboard	1
Spinal board, 72" x 18"	1
Spinal board, 32" x 18"	1
Scoop flat	1
Sand bags	2
Hare traction splint	1
Splints, upper and lower extremities, 3"W x 15" & 36" L	1 ea
Splints, inflatable, arm and leg size	2 ea
Triangular bandage, 40"	6
Cervical collars, adjustable, sm., med., lrg.	2 ea
Gauze pads, sterile, 4" x 4"	1 set
Dressings, universal, 10" x 30", sterile	6
Bandages, "Kling", 3" roll	3
Adhesive tape, Dermicel, 3" roll	2
Adhesive tape, Dermicel, 1" roll	2
Band-Aids, box of 50	1
Burn sheets, sterile with burn kit	2
Eye patches	6
Elastic bandages, assorted sizes	6
Gauze, Vaseline dressing	6
Tongue depressor, wooden, sterile	6
Emergency childbirth kit, sterile	1
Stethoscope	1
Aneroid blood pressure manometer and cuff	1
Ring cutter	1
Penrose drains, 1" x 18"	4
Scissors, bandage, 6"	1
Inhalants, ammonia	1 box
Eye irrigation solution, sterile	1 bottle
Saline, normal, 1000cc	1 bottle
Emsis basin	2
Snake bite kit	1
Surgical lift sheet	1
Sheets, blankets	2 ea
Cardiac radio telemetry unit	1
EKG monitor and defibrillator	1
Laryngoscope, small and medium blades	1
Endotracheal tubes, assorted sized	1
Esophageal obturator airway with mask	1
I.V. holders	3
Aminophyllin, 500mg/20cc	2
Alupent inhalant solution, 6%	2
Atropine, 1mg/10cc	3