MCI Guidelines
Rev. 7/2009

NorthStar EMS World Headquarters:
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Bases in:
Livermore
Farmington
Phillips
Rangeley
Carrabassett Valley

NorthStar EMS
MCI Response Guideline

General

Letter of Promulgation 4

Quick Reference Checklist 5

Definitions / Roles 6

Implementing the Mass Casualty Incident Guideline

First Unit on Scene 7

Criteria for Implementing the MCI Guidelines 8

Identification of Functional Areas & Personnel 9

Standing Orders for EMS Operations 9

Roles

Role of Dispatch 9

Role of Fire Department 10

Role of Helicopters 10

Role of Law Enforcement 10

Triage Treatment and Transport Procedures

Triage 12

Treatment Area 13

Transport 14

Emergency Communications

Radio Identification 15

Radio Frequencies 16

NorthStar "All Call" Internal Response 17

Training & Education Statement 18
Critical Incident Stress Management (CISM) 18
Review of Mass Casualty Incidents 18
Documentation 18

Authorization 19

Resource List 20

Mutual Aid Call-In Guidelines 22

Protocol Gray 7-10 (MCI) 25

Protocol Green 1-2 (LZ) 27

Record of Changes 29

Letter of Promulgation

To All Agencies and Readers:

NorthStar has adapted this Mass Casualty Incident (MCI) Plan. The purpose of this plan is to describe the procedures necessary to ensure an effective and coordinated response to an incident involving mass casualties in the NorthStar EMS coverage area. This plan has been endorsed by our Medical Director and our Management Team.

This plan will be reviewed and updated periodically to reflect changes in policies, technology or operational procedures that affect the emergency response capabilities of NorthStar.

If you should have questions regarding the following material, please contact:

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Quick Reference Checklist

If you are first on the scene…

- Assure scene safety and review these Guidelines.
- Quickly assess scene for number of patients and their criticality.
- Is it an MCI (more than you/your crew can handle)? If so, declare it as such to Dispatch ("This is a Mass Casualty Incident".)
- Assume Incident Command and EMS Command roles (relinquish Incident Command to first FD officer on scene, keep EMS Command.)
- Alert Operations Manager on call.
- Alert primary destination hospitals either by phone or through Dispatch. Have primary hospital alert potential secondary hospitals.
- Call for mutual aid per Mutual Aid Call In Protocol (see page 21).
- Alert/call for LifeFlight of Maine through Dispatch if appropriate (they can be cancelled later.)
- Identify scene staging area for a "supply" ambulance.
- Identify staging location for arriving mutual aid – tell Dispatch and/or Incident Command.
- Use MEMS Tac (or as a last resort, State Fire) frequency on scene and scan other channels – identify frequency to all.
- Triage.
- Consider using resources available (other EMS crews, FD, bystanders) for holding pressure on bleeds, getting equipment, etc.)
- Delegate either 1) the EMS Commander Role and/or 2) the other EMS Roles.
- Reassess need for mutual aid (increase or cancel if necessary), update hospitals.
- Treat patients.

Definitions/Roles

Dispatch Center (for NorthStar areas)– Generally refers to Franklin County Sheriff's Department Dispatch Unit on Fairbanks Road, Farmington ("Franklin" 778-2680). May also include Livermore Falls PD Dispatch ("Falls" 897-3424) or Carrabassett Communications ("Carrabassett Comm" 237-3200) depending on the unit and/or location. See Resources on Page 19 for other locations' Dispatch contacts.

Maine EMS Protocols – The standing orders promulgated by Maine EMS. – See Appendix
- MCI Protocol is Gray 7-10 , (See Appendix in this document)
- Landing Zone Protocol is Green 1-2 (See Appendix in this document)
- Trauma Triage Protocol is Green 3-5, (See Protocol Book)

Mass Casualty Incident (MCI) - An incident that generates a number of patients that overwhelms, or has the potential to overwhelm, normal local EMS response or because of special circumstances surrounding the event.

Titles – To avoid confusion and assure coordinated disposition of patients, the following titles are used to designate leadership positions

> Note: These positions are fluid and multiple titles may be held by a single individual. Individuals may also change titles over the course of the event. For instance, the first on the scene may be an EMT. This person must declare him/herself Incident Command and EMS Command and Triage Officer. When FD arrives, the EMT may transfer Incident Command to the FD officer. Appropriate notification to Dispatch and local personnel of who is who is critical as is the wearing of identification vests or armbands. The EMS Officers may also be combined into a single individual as the circumstances require.

1. **Incident Commander** – Overall manager of the scene. Usually the highest ranking Fire Department officer. Coordinates all aspects of scene including logistics, communications, directions. EMS related activities are usually delegated to the EMS Commander with frequent communion between the two entities
2. **EMS Commander**- The person in charge of all EMS personnel and EMS related activities. Reports to the Incident Commander.
3. **EMS Triage Officer**- Responsible to make sure that all patients receive a primary and secondary triage.
4. **EMS Treatment Officer**- Responsible for the Treatment Area. They will treat all patients under MCI protocols.
5. **EMS Transport/Loading Officer**- Responsible for ensuring that all patient requiring transport is provided and keeping track of which patients went where. Communicates scene status and ETAs with destination hospitals
6. **EMS Staging Officer**- Is an optional position if the Incident commander and/or EMS Commander want to have one person as the Point Of Contact (POC) at a Staging Area to hand out incoming crews assignments. This person is to be a liaison between the dispatch and the scene. This person shall assure that there is appropriate coverage for emergency calls and will also keep track of personnel responding either to local bases or to the scene.

Implementing the Mass Casualty Incident Guidelines
(Follows NIMS Guidelines)

A. First Unit on the Scene

Regardless of the location, nature or extent of the disaster, the first police officer, fire officer, or EMS unit to arrive on the scene shall have initial command and control authority, and shall:

1. Assess the scene and check for unusual hazards.

2. Advise the Dispatch Center of the situation, including patient count, if any.

3. Assume role of Incident Command. Establish a Preliminary Command Post, give exact location of the Preliminary Command Post to the Dispatch Center and maintain command and control of the disaster location until relieved of Command responsibilities.

4. Use vehicles and personnel present for triage and other appropriate roles.

5. First arriving EMS Provider will assume EMS command responsibility and advise the local Dispatch Center of such action, including locations of Command Post, triage and vehicle holding areas.

6. The Incident Commander shall determine if the situation is a MCI and, if so, implement the MCI Guidelines and request mutual aid as needed through the Dispatch Center.

7. NorthStar has established a *Mutual Aid Call-In Guidelines* (see Page 21) showing the order to call mutual-aid ambulances. The Guideline is organized in *Levels* based on the number of "critical" patients.

8. Designate a staging area and locate a non-transporting ambulance there to supply equipment and supplies to the general scene

9. The Fire Department officer on scene will be designated as Incident Command and an EMS Provider will be designated as EMS Command. Both will work collaboratively to manage scene activities effectively.

B. Criteria for Implementing the NorthStar MCI Guidelines

This *NorthStar Mass Casualty Incident (MCI) Guideline* will be implemented when the following circumstances occur:

1. An emergency that meets the definition of an MCI or disaster has occurred or appears imminent.

2. NorthStar has committed all of its immediately available resources and determines additional resources are needed to ensure quality pre-hospital patient care.

3. When it is determined by the EMS Commander, or his/her designee, that EMS assistance is required, he/she shall communicate this through the appropriate Dispatch Centers. Requests for assistance shall include:

    a. The nature and location of the emergency.

    b. The level of aid needed (number of NorthStar ambulances, mutual aid ambulances, medical air support).

    c. The number of personnel requested and type of specialized personnel or equipment needed.

    d. The location where assisting units should report.

    e. EMS Commander or their designee will notify area hospitals of the MCI, giving the status of the scene, number of patients, and possible ETA

4. Contact for mutual aid may be made in one of the following ways:

    a. EMS Commander requests Dispatch Center to request mutual aid.

    b. If attempts via radio and/or cell phone are unavailable the EMS Incident Commander or their designee can request mutual aid directly from appropriate local agencies. If this occurs, the EMS Commander should notify their Dispatch Center of the requested resources as soon as possible.

5. The EMS Incident Commander can call upon local First Responder units to assist on scene with EMS duties. These duties can include treatment and other support.

6. If requested, the MCI Trailer that is located at Kingfield Fire will respond and be positioned by the Incident Commander and the EMS Commander. Arrange for the MCI Trailer through Dispatch.

C. Identification of Functional Areas and Personnel

1. The following functional areas may be set up to accomplish management of the incident. These areas may be identified by color-coded lights and/or flags:

   a. Command Post
   b. Scene Staging Area (with stationary/non-transport ambulance for scene supplies and equipment)
   c. Triage Area
   d. Treatment Area
   e. Loading
   f. Staging Area for responding aid
   g. Public Information Area

2. All emergency responders on the scene of the mass casualty incident, including EMS personnel, should wear identification designating their jurisdiction/ agency. Incident Command officials should be identified by arm bands or vests. All incident leadership should wear identifying vests (Triage Officer, Secondary Triage Officer, Treatment Officer, Loading Officer)

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D. Standing Orders for EMS Operations

1. In the event of an MCI, *Maine EMS Protocols* are to be considered Standing Orders for the duration of the incident.

2. These standing orders will allow ALS and BLS units providing mutual aid outside of their jurisdiction to administer all medications and perform all procedures as contained in their own jurisdictional written protocols.

E. Roles

1. Role of Dispatch Center During the MCI Incident:

A. Once the EMS Command calls for mutual-aid ambulances, the Dispatcher should use the *Mutual Aid Call-In Protocol* as a guide.

B. The dispatcher will call the next level higher than requested by EMS Command, and will have those Mutual-Aid ambulances report to closest NorthStar base to the incident for EMS coverage for other emergencies.

C. Dispatch Centers will give all mutual-aid ambulances an assigned staging area to report too.

D. In any MCI, ask the Dispatcher to contact the NorthStar Operations Manager on call and Director to make them aware of the incident.

E. EMS Commander should assure that all Dispatch Centers are aware of the MCI and are monitoring the State Fire and local NorthStar channels.

2. Role of Fire Department (FD)

A. Fire Department personnel may be the first responders to the scene of a mass casualty incident. The staff should be trained to report the nature of the incident to their Dispatch Centers, which would contact the appropriate law enforcement and/or Emergency Medical Services agency.

B. In a mass casualty situation, the roles of FD may include:

1. Assume Incident Command functions
2. Secure the scene of the incident to prevent additional casualties, control ingress and egress and allow emergency responders to treat casualties.
3. Provide for traffic control to facilitate movement of emergency vehicles and to restrict other traffic.
4. Extrication
5. Landing Zone coordination
6. Haz-Mat remediation

3. Role of Helicopters (LifeFlight / MediVac)

A. Helicopter support may be a valuable and effective resource in providing timely patient care and transportation, depending on weather conditions, the location of the incident and other factors.

B. When the EMS Commander determines that conditions exist for the use of air evacuation services, the Dispatch Centers will request the appropriate response.

C. In consultation with the EMS Commander, an appropriate landing site will be identified and cleared. Fire Department personnel will assume responsibility for clearing and holding the landing area.

D. After landing, helicopter medical crews will report to and accept direction from EMS Commander for operational purposes.

4. Role of Law Enforcement

A. Law enforcement officials may be the first responders to the scene of a mass casualty incident. `The officers should be trained to report the nature of the incident to their Dispatch Centers, which would contact the appropriate Fire Department and/or Emergency Medical Services agency.

B. In a mass casualty situation, the roles of law enforcement may include:

a. Secure the scene of the incident to prevent additional casualties, control ingress and egress and allow emergency responders to treat casualties.

b. Provide for traffic control to facilitate movement of emergency vehicles and to restrict other traffic.

c. Preserve the crime scene.

d. Begin investigation to ascertain cause of incident and responsible party.

Triage, Treatment and Transport Procedures

The purpose of the Triage, Treatment and Transport Procedures is to establish standard procedures in the event of an MCI. The primary objective is to evaluate, treat and transport patients in an orderly and expedient manner. See Page 22 for special guidelines for Aircraft Accidents.

The first arriving EMS person becomes EMS Commander. The EMS Commander must identify him/herself as such to the Incident Commander. The EMS Commander must consider:

a. Arriving vehicles are assigned and positioned/staged appropriately
b. The vehicles have a clear escape path at all times
c. They point toward their ultimate destination
d. They do not block any other equipment or apparatus
e. Consider protecting EMTs from traffic if on a roadway
f. As close to the scene as possible and safe as appropriate

The EMS Commander shall either assign/delegate the following roles and tasks or assume them in the following order.

A. **Triage ("Horizontal")**

1. The first arriving unit will survey the incident area to make a quick evaluation of all injured persons, stopping only to treat airway casualties and severe, copious uncontrolled bleeding. (Bleeding, Airway and Shock or BAS).

2. The EMS Incident Commander will notify the Dispatch Center of the nature of problem, exact location, approximate number of injured persons and additional resources needed.

3. The first arriving unit should conduct triage after the initial evaluation to the extent possible. On extremely large incidents, such as large buildings, the triaging should be subdivided into smaller areas (geographic sectors).

4. Secondary Triage will be done immediately after the Primary Triage is done. If the incident requires a treatment area then the patients will have the Secondary Triage done when they are brought to the Treatment Area.

5. When conducting secondary triage, patients should be divided into four categories, Red, Yellow, Green and Black. Color-coded triage tags should be used. <u>Keep accurate counts of triage tags.</u> The four categories include:

    a. **<u>Red</u>** - First priority in patient care, these are victims in critical condition whose survival depends upon immediate care.

Treatment of the Red victims should begin as soon as possible. (May be further divided into Red A or Red B)

b. **Yellow** - Victims that need urgent medical attention and are likely to survive if simple care is given as soon as possible.

c. **Green** - Victims who require only simple care or observation. Even though victims in this category may appear non-injured and emotionally stable, they must be evacuated to a medical facility for evaluation by trained medical personnel.

d**.** **Black** - These victims are dead or whose injuries make them unlikely to survive and/or extensive or complicated care is needed within minutes.

6. Yellow and Red patients should b backboarded for ease of movement.

7. Assure that the destination hospitals are kept abreast of the status of the MCI

8. If patients are dead, they should be tagged and left where they are until the appropriate federal authorities arrive.

9. If a dead patient must be moved (eg to get to another patient), a tag should be placed at the site where found.

10. The crash scene should be sealed off from the public and debris should not be moved unless absolutely necessary.

C. Treatment Area

1. A “Treatment Area” may be needed for a large incident when many people are injured and this should be suited for the environmental conditions with tarp or tent and appropriate supplies from the staging area ambulance

2. All patients not immediately transported are to be sent from the triage area to the “Treatment Area”.

3. The EMS Commander will decide if a treatment area is needed. If so, a Treatment Officer will be designated. The Treatment Officer will be responsible for:

   a. Re-evaluating the patient’s condition.

   b. Directing definitive care such as medications, IV, etc.

c. Notifying the Logistics Section Chief of needs for personnel, medical supplies and equipment.

d. Recording treatments, status, vitals on all patients passing through the Treatment Area

e. Coordinate transport priorities with the Transport Officer

f. Coordinating the actions of physicians and/or other medical personnel.

D. Transport

1. Coordinate patient disposition, including transportation to hospitals.

2. Assure that a log is kept of MCI tag numbers, patient names, age & sex, injury and status at transport, destination location and type of transport used. Also record time of departure.

3. Red patients should always go singly, Yellow can go by pairs,. However, this is subject to judgment, distance, crew, patient status and ambulance resources.

4. Attempt to distribute patients proportionately to area hospitals. Consider injury, capabilities of hospital and proximity to patient's home if know.

5. Contact destination hospital with patient information and ETA (see log in step #2 above)

Communications

Only essential radio communications should be made during a mass casualty incident in order to keep radio traffic to a minimum. MEMS Tac channel should be the frequency of choice.

A. **Radio Identification**

1. When communicating during response to a mass casualty incident, all responding units will identify themselves on radio with "Service Name/Number" to the unit that you are calling, e.g., *"NorthStar 31 to EMS Command."* Or *"NorthStar 400 to Staging"*

3. All communications shall be made in plain language (no "10 codes" should be used). Jargon (such as using "bus" for ambulance) should be avoided.

4. Units using radio communications should first make sure that the receiving unit is ready to copy before sending the body of message. The receiving unit should then repeat (in summary) the body of the message or order.

5. Generic radio channel names will be used instead of numeric nomenclature.

6. In order to provide for maximum safety and clarity of operation, certain key words must be understood to mean the same to all involved:

   a. **Withdraw** - In an orderly manner, back out of the area taking all equipment with you as you go.

   b. **Evacuate** - Immediately leave area, dropping in place any equipment that would slow down retreat.

   c. **All Clear** - It has been determined that the hazard to civilians has been eliminated or does not exist. If involvement precludes search of involved/threatened areas, an announcement from Command that "No all clear will be given" will be issued. Either announcement signifies that objectives are switching primarily to exposure/confinement operations.

   d. **Incident Under Control** - Signifies all casualties are triaged, treated and have been assigned transportation and there is no risk of the incident escalating anymore.

B. **Radio Frequencies to be used during the MCI**

1. Radio Communication ON SCENE will be through the MEMS Tac 155.385 [~~**State Fire** channel (154.310)~~]. Communication with Dispatch Centers will be through the services' normal radio channels *(eg, NorthStar Farmington/Livermore/Phillips, Rangeley, and Sugarloaf or Fire Departments on County Fire)

2. All radios on scene should be set to transmit on MEMS Tac but "scan" all channels especially NorthStar and County/Local Fire channels

3. All outside agencies responding to the MCI scene will contact Incident Command and/or EMS Commander for further instructions and/or placement directions prior to arriving on scene. Contact should be made on NorthStar channels or County/Local Fire channels as appropriate

4. As an option, NorthStar can use the "NorthStar OPS" channel (155.280) (formerly the AMPS Channel) for radio communications during the MCI. Triage, treatment, transport and non-essential radio traffic as determined by EMS Command.

NorthStar Ambulance "All Call" Response for the MCI

A. NorthStar Ambulance Providers may be called in to assist in MCI.

1. If EMS Command calls for off-duty personal to assist in the MCI, the Dispatch will tone out an "all call" for available staff/units. (Operations Manager may utilize the employee lists or pager to call-in employees.) All EMS Providers will report to the NorthStar base designated for the incident. The first NorthStar Employee will become the Point of Contact (POC) for NorthStar Dispatchers and EMS command. The POC will account for all employees reporting back to aid in the MCI. The POC will setup operations in the appropriate NorthStar base.

2. All personnel meeting at the closest NorthStar base and follow assignments given by the POC or their designee.

3. The POC must ensure that there are an adequate number of crew members to staff ambulances other than those assigned to assist with the MCI. These additional vehicles will be utilized to cover other calls that occur during an MCI response.

4. All non-NorthStar ambulances that are being used for *station coverage* will report to appropriate NorthStar Base to receive local *Street Directories* and portable radios. Where available, GPS units should also be used. These crews will operate on that NorthStar base Primary Channel.

NorthStar also has the capability to utilize Optimal Phone Interpreters (OPI) in the event that language barriers exist between EMS Providers and their patients. Call **800-752-6096** to get a translator on the phone. Just identify yourself as NorthStar/FMH.

Training and Education Exercises

The Director and Operations Managers with the assistance of the NorthStar Education Coordinator will review the MCI Plan annually, determine training needs and schedule appropriate training. At a minimum, the plan will be exercised annually in conjunction with area hospital disaster drills.

Critical Incident Stress Management (CISM)

In the event that CISM is needed after an MCI, this service will be coordinated by Operations personnel. CISM services are offered through Tri-County EMS and are available 24 hours a day including weekends and holidays. Contact TriCounty on 795-2881.

Review of Mass Casualty Incidents

Within two weeks after an incident, each participating agency will submit a report to the NorthStar Operations Manager in charge. Within three weeks, a "critique session" scheduled by the Operations Manager will be held with the participating agencies. After the session, Operations Manager should issue a report for review by the participating agencies as well as a thank you.

Documentation

The transporting crew is responsible for the run report on all patients transported in their ambulance. Use the information from the triage tags when appropriate. In every case, make sure the tag number is recorded on the run sheet.

Each officer should write a summary of the event and transmit this to the NorthStar Director.

If possible, it is helpful to find someone who will "scribe" notes, actions and times during the event. This individual would likely remain close to the EMS Commander.

MCI Guideline
Authorization:

______________________________	______________________________
Steven Zanella D.O. **Medical Director**	**David Robie** **Director**

Resources

1. **Haz-Mat Resources**
   A. Franklin County Haz-Mat 207-778-2680

   B. Verso Paper 207-897-6766

2. **Local Dispatches**
   A. Franklin Sheriff's Office 207-778-2680
   (Sheriff, NorthStar, Fire, Farmington/Wilton PD)

   B. Carrabassett Valley 207-237-3200
   (CV PD, Fire, NorthStar Sugarloaf)

   C. Livermore Falls 207-897-3424
   (LF PD, Fire, NorthStar Livermore)

   B. Androscoggin Sheriff's Office 207-784-7361

   C. Oxford Sheriff's Office 207-743-2419

   D. State Police **Augusta** 800-452-4664 **Gray** 800-482-0730

2. **Lifeflight** – 888-421-4228

3. **Local EMS agencies** *(Refer to "Mutual Aid Call-In")*

   A. Franklin County Sheriff's Office 207-778-2680
   (NorthStar and MCI Trailer)

   B. United Ambulance 207-777-6000

   C. Oxford County Sheriff's Office 207-743-2419
   (Med-Care Ambulance)

   D. Kennebec Valley EMS Somerset County Comm. 207-474-6386

4. **Warden Service** **Augusta** 800-452-4664 **Gray** 800-228-0857

5. **MediVac** 207-735-1100

6. **Dhart Air Services** – 800-650-3222

7. **Salvation Army** – 207-580-3973 (Pager)

8. **American Red Cross-** 207-795-4004

9. **EMA - Franklin County** 207-778-5892
Tim Hardy Cell 491-4763

10. **MEMA** 800-452-8735

11. **TriCounty EMS** 207-795-2881

Mutual Aid Call In Guideline

LEVEL	# Critical Patient Equivalents*	NorthStar Ambulances	Mutual Aid (Scene)	Mutual Aid (Local Base)
1	1-2	1	--	
2	3-4	2 - 3	--	
3	5-6	3 - 4	--	1 on Alert
4	7-8	4	--	2 on Alert
5**	9-10	4 - 5	1	1 @ Base
6	11-15	5 - 6	3	2 @ Bases
7	16-20	5 - 6	5	3 @ Bases
8	21-25	5 - 6	7	3 @ Bases
9	25-30	5 - 6	9	3 @ Bases
10	31+	6	11	3 @ Bases

* Critical Equivalents: Each Red and Yellow is a critical patient, 2 Greens together count as a single critical equivalent

** All call to all NorthStar Units and personnel to scene; contact EMA for communications vehicle & support

Order of Calling for Mutual Aid

If incident is in:	Call for (in order):
Farmington and South	1. Turner 2. Winthrop 3. United 4. MedCare
New Vineyard, New Sharon and up Rte. 27	1. Anson Madison 2. Reddington 3. Winthrop 4. United
Weld and up Rte 4	1. MedCare 2. Pace 3. United

MASS CASUALTY / DISASTERS / HAZMAT (MEMS Protocol Gray 7-10)

GENERAL RESPONSIBILITY FOR DECEASED PERSONS: The Office of Chief Medical Examiner is responsible for deceased victims of mass disasters including identification and removal from the scene. The Office of Chief Medical Examiner (1-800-870-8744, restricted emergency call number) should be informed immediately of any multiple fatality situations.

1. **BODIES SHOULD BE LEFT IN PLACE AT SCENE** except when they must be moved to preserve them from destruction or when they block access. The resting place of the victim may be critical for identification of the body and/or reconstruction of the incident. They can be tagged as fatalities to prevent other medical personnel from repeating examination.

2. **IF DEATH OCCURS EN ROUTE TO THE HOSPITAL,** the body need not be returned to the scene but can be brought to the hospital or other suitable storage place as determined by distances and needs of other patients in the ambulance. If the body is left anywhere other than the hospital or designated temporary morgue, the body should be tagged and the Office of Chief Medical Examiner should be advised.

3. **THE SITE A VICTIM IS REMOVED FROM SHOULD BE NOTED** on a tag along with the name and agency of the person who removed it whenever removal is needed and in cases of death after removal. Such information may be critical for identification of the body and/or reconstruction of the accident.

4. **IF AN IDENTIFICATION OF A PATIENT IS MADE,** a tag with at least the name and date of birth of the patient/deceased along with the identifier's name, relationship, address and where he/she can be located should be put on the body.

5. **PERSONAL PROPERTY SHOULD BE LEFT WITH THE BODY** including clothing removed from a patient if the victim dies. Nothing should be removed from those already deceased.

Gray 7

Consistent with New England EMS Council MCI Management the action priorities for the first medical crews arriving on the scene are:

1. Assess and avoid exposure to existing dangers
2. Notify dispatch of type of MCI and estimate of number and type of patients
    a. Request EMS, fire, police assistance
    b. Request hospital notification
3. First ambulance or other vehicle with medical frequencies becomes EMS command vehicle – locate near fire and police command vehicles. Strip equipment/supplies – place in equipment area (near planned patient collection/treatment area).
4. Designate, in the following order, the following positions as qualified personnel become available:

EMS CONTROL OFFICER – Reports to Incident Commander. Responsible for overall patient triage, treatment, and transportation. Procures EMS back-up, supplies, equipment, transport vehicles as needed, supervises and assigns all other medical personnel.

PRIMARY TRIAGE OFFICER – Rapidly assesses all patients then assigns personnel to provide treatment to those patients in most need of immediate treatment, who will most benefit from immediate care with the resources available. Treatment is limited to:

- Bleeding – rapid pressure dressing if severe
- Airway – reposition patient
- Shock – elevate extremities

SECONDARY TRIAGE OFFICER – Rapidly tags all patients, or assigns personnel to do tagging with METTAGS, supervises immobilization after classification, and oversees transfer to collection/treatment area.

Tag categories are:

RED (I): Conditions requiring immediate transport by ambulance to prevent jeopardy to life or limb and which will not unduly deplete personnel/equipment resources (examples: progressive shock, major blood loss, major multiple injuries, severe respiratory distress. Cardiac arrest – only if personnel can be spared).

Gray 8

YELLOW (II): Not requiring immediate transport to prevent jeopardy to life or limb, but eventually will require ambulance transport to hospital for attention.

GREEN (III): Minor conditions probably not requiring ambulance transport to hospital.

BLACK (O): Are obviously dead, or dying from lethal injuries, or requiring CPR when no personnel available to do so without compromising other patients.

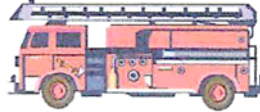
TREATMENT OFFICER – Sets up / supervises patient collection / treatment area. Reassesses and retags (if necessary) patients, assigns patients and personnel to treatment areas. Prioritizes for transport. Coordinates with Loading/Transport officer to make single radio transmission to receiving facility (pt. ID#, METTAG priority, nature of injury, ambulance, and ETA ONLY).

LOADING OFFICER – Stages ambulances in holding area. Instructs crews to put all available equipment in equipment area. Assigns patients to vehicles. Directs drivers to hospital(s). Instructs not to contact hospital unless OLMC required for condition change. Notifies hospital, or coordinates communication to hospital notification times, patient ID#'s and destination of all transporting vehicles.

Gray 9

Gray 10

INCIDENT COMMAND POST



EMS CONTROL OFFICER

EQUIPMENT

AMBULANCE LOADING

INCIDENT SCENE

RED

PRIMARY TRIAGE OFFICER

LOADING OFFICER

TREATMENT OFFICER

YELLOW

SECONDARY TRIAGE OFFICER

GREEN

TRIAGE / HOLDING AREA

ESTABLISHING A LANDING ZONE (MEMS Protocol Green 1-2)

MINIMUM LANDING ZONE (LZ) AREA = ***100' x 100'***
Mark wind direction at night

Aircraft Arrival

- Identify Scene and LZ Incident Command
- Establish radio communications prior to landing
- State Fire or State EMS are the default frequencies
- Advise pilot of terrain conditions, vertical obstructions, and wind direction
- Secure LZ and identify personnel to guard tail rotor guards
- Notify pilot if patient is packaged and ready for hot load

Operating Around Helicopter

- Approach aircraft with crew escort only
- Approach aircraft 90 degrees to door only
- Avoid tail boom and rotor at all times
- Eye and ear protection should be worn
- Do not carry anything above shoulder height
- Secure all loose medical and personnel equipment
- Spotlights, headlights, and/or handheld lights should not be pointed directly at the helicopter

Terrain:

- Flat, firm, free of debris
- Consider dust and snow
- LZ should be down wind of accident scene
- Free of vehicles and people
- Any markers must be able to withstand 60 mph winds
- Approach path only from down slope of aircraft

Wires:

- Electrical and utility wires are greatest single hazard to helicopters
- Search LZ area for wires
- Mark all wires, high-tension lines, guide wires with vehicles
- Notify pilot of all wires in proximity to landing zone

Vertical Obstructions:

- Mark towers, antennas, poles, tall trees with vehicle
- Check the wind, helicopter must land and take off into the wind
- Ideal = clear approach and departure angle 8:1 (200' to 25' vertical obstruction)

Lighting:

- Never shine light directly at aircraft
- All emergency lights on until aircraft overhead
- Shut down vehicle strobes and white lights when aircraft on approach
- Keep working lights on minimum

Aircraft Departure

- Keep LZ clear for at least 5 minutes after helicopter departure
- In case of emergency the helicopter may have to return to LZ
- Keep communications open with pilot

REMEMBER – EVERYONE IS RESPONSIBLE FOR SAFETY

NorthStar MCI Guideline Record of Changes			
CHANGE NUMBER:	**DATE OF CHANGE:**	**COMPLETED BY:**	**DATE COMPLETED:**
1	**10/26/08**	Jason Decker	**10/26/08**
2	4/8/2009	David Robie	
3	4/16/09	David Robie	
4	**7/27/09**	**David Robie**	