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# The Massachusetts Emergency Medical Services (EMS) Mass Casualty Incident (MCI) Plan



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## **Contact for Questions**

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## **Acknowledgements**

Emergency Medical Advisory Board (EMCAB) MCI Committee

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## **1. EXECUTIVE SUMMARY**

In accordance with Massachusetts General Laws c. 111C, section 3, the Massachusetts Department of Public Health (MDPH) is designated the lead agency for emergency medical services in the state, and is authorized to establish minimum standards and criteria for all elements of the EMS system. One of the MDPH's charges under the M.G.L. c. 111C, section 2 is to provide planning and coordination, and implement planning and coordination, "to ensure that the EMS system in each region will be capable of providing coordinated EMS in that region during mass casualty incidents, natural disaster, mass meetings and other large scale events and declared states of emergency."

The MDPH carries out its duties and responsibilities under M.G.L. c.111C primarily through its Office of Emergency Medical Services (MDPH/OEMS). The MDPH/OEMS has issued The Massachusetts EMS MCI Plan (state MCI plan) to implement statewide standards with regard to MCI response. The MDPH's OEMS and Office of Preparedness and Emergency Management (MDPH/OPEM) worked closely together to develop the MCI plan, based on recommendations of the MCI Committee of the Emergency Care Advisory Board (EMCAB).

The MCI plan describes the following:

- A. MCI Management General Provisions
- B. MCI Activation and Operational Procedures, including use of Regional Mass Casualty Support Units, Ambulance Task Forces and Air Ambulance Services.
- C. Critical Incident Stress Management and Demobilization

## **2. PURPOSE**

The state MCI plan provides a framework for execution, of a unified coordinated and immediate EMS mutual aid response, and the effective emergency medical management of any type of MCI or emergency evacuation of any health care facility in Massachusetts.

1. Provide a standardized action plan that will assist in the coordination and management of any regional EMS mutual aid response to an MCI within the Commonwealth.
2. Ensure an effective utilization of the various human and material resources from various communities involved in a regional mutual aid EMS response to a disaster or MCI that affects a part or the entire Commonwealth.
3. Assist in the evacuation and care of a significant number of patients from any health care facility when the care and transportation of those patients exceeds the EMS capabilities of the facility, locality, jurisdiction and/or region.
4. Ultimately, to ensure the largest number of survivors in mass casualty situations or health care facility evacuations.

## **3. LEGAL STATUS and SCOPE**

A. Consistent with MDPH's charge under the M.G.L. c. 111C, section 2 to provide planning and coordination, and implement planning and coordination, "to ensure that the EMS system in each region will be capable of providing coordinated EMS in that region during mass casualty incidents, natural disaster, mass meetings and other large scale events and declared states of emergency", the Department through regulation, requires that each ambulance service whose regular operating area includes all or part of the service zone in which a mass casualty incident occurs must immediately dispatch available EMS resources upon request of the service zone's primary ambulance service. 105 CMR 170.355(E). Such response shall be in accordance with this plan and applicable Regional EMS plans.

B. Consistent with MDPH's charge under the M.G.L. c. 111C, section 2 to provide for a medical communications subsystem within the statewide EMS communications system that provides mass casualty incident resource management, the state MCI plan shall be consistent with and supplement MCI coordination components of the state EMS Communications plan.

C. The state MCI plan addresses the mutual aid response, of EMS, to an MCI or health care facility evacuation.

D. Public safety authorities with overlapping jurisdiction: Handling of fatalities during MCIs must be coordinated in cooperation with, and under the direction of, the Massachusetts Office of the Chief Medical Examiner, local law enforcement officials and/or Massachusetts State Police.

E. This plan is intended to serve as a framework containing minimum elements from which regional and local MCI plans should be developed. In addition to the state MCI plan, there will also be MDPH-approved regional MCI plans developed, which are compliant with the state plan but provide greater detail specific to the ambulance services and hospitals in the region. All ambulance services must also follow any MDPH-approved regional MCI plans applicable to them.

#### **4. GENERAL PROVISIONS of STATE MCI PLAN**

The state MCI plan calls for the following general provisions:

1. Predetermined guidelines and the proximity and capabilities of appropriate health care facilities will be the primary considerations by Central Medical Emergency Direction ("CMED") when determining the health care facilities to which patients are sent during any local or regional emergency situation that results in the activation of the state MCI plan.

2. Communities and/or individual EMS services will respond to mutual aid requests from the jurisdiction in which the MCI is located with appropriate personnel and equipment as available when the state MCI plan is activated.

3. When considering their responses to activation of the state MCI plan, communities and/or EMS services will be expected to maintain their own emergency medical response capabilities to meet local needs.

4. Each local jurisdiction should have its own emergency operations plan. Regional EMS mutual aid response should conform to the local emergency operations plan for the jurisdiction in which the incident occurred.

5. Personnel affiliated with all participating EMS services and/or jurisdictions shall operate during an Incident or Evacuation under the National Incident Management System (NIMS) and a standard Incident Command System (ICS).

6. It is highly recommended that all EMS services participate in annual training exercises of the state EMS MCI plan, with exercise support provided by the MDPH/OPEM and the Regional EMS Councils. The training exercises should be held in various locations throughout the Commonwealth and be coordinated with the local jurisdiction in which the exercise is held.

7. Regional EMS response planning will be conducted by the Regional Councils in cooperation with local agencies, and support local Community Emergency Preparedness Plans.

## **5. LEVELS AND CATEGORIES**

A. MCIs within the Commonwealth assessed by EMS will be classified by levels. Response to an MCI is based on the number of potential victims generated by the incident. The following levels indicate the number of potential MCI casualties, should regional EMS providers require a mutual aid response:

- Level 1: 1-10 potential victims
- Level 2: 11-30 potential victims
- Level 3: 31-50 potential victims
- Level 4: 51-200 potential victims
- Level 5: Greater than 200 victims
- Level 6: Long-Term Operational period(s)

## **6. MCI MEDICAL MANAGEMENT**

A. The overall operations on scene shall be managed by the NIMS Incident Command System and shall be under the direction and control of the Incident Commander (IC) normally from the agency with primary jurisdiction over the incident.

B. The on-scene medical operations shall be directed by an EMS Branch Director

C. Coordination of hospital emergency departments and direction of the flow of patients to hospitals shall be done in conjunction with the CMED in the EMS region in which the event has occurred. If patient direction and flow involves more than one EMS region, the CMED in which the event has occurred shall remain the primary point of contact for patient distribution, direction and flow from the incident and shall coordinate with CMEDs from other EMS regions.

D. Regional Medical Coordinating Centers (RMCCs), where available, provide coordination during emergency situations which cause patient surge. The primary goal of the creation of this entity and associated processes and plans is to provide coordination for and movement of patients when it appears the needs exceed the present available resources. The Regional Medical Coordination Center is a multi-discipline organization that will meet in emergency situations to:

- Coordinate in conjunction with CMED the non-emergent patient movement throughout a disaster area and neighboring regions
- Facilitate the coordination of hospital resources

## **7. EMS RESPONSIBILITY**

A. Transportation of patients under the state MCI plan during an incident or evacuation will be overseen by EMS Branch Director or IC for the incident.

B. Ambulance services, first responder units and EMS personnel involved in mutual aid response to a regional MCI or evacuation will be dispatched through the responding services' or agencies' applicable communications center according to the established regional policy. These units will be dispatched only upon IC request. **Services not requested will not be allowed access to the site.**

C. Individual EMS personnel shall report to their respective agencies and shall not self-dispatch to the scene of the incident. In the interest of safety, efficiency and accountability, response to the MCI scene by individual EMS personnel in their privately owned vehicles is prohibited unless directed by the IC. EMS personnel who respond will be directed to their respective agencies or, at the discretion of the IC and if they have appropriate EMS identification, may be directed to the incident Staging Area. They will not be allowed direct access to the MCI site.

- D. All EMS services and/or first responder agencies responding to an MCI site in the Commonwealth must operate in accordance with the Statewide Treatment Protocols including Section 8.2 Multiple casualty Incidents (MCI Triage).
- E. A jurisdiction(s) in which the MCI occurs will be responsible for activating mutual aid in the region through its own Emergency Communications Center(s). If local resources and mutual aid are exhausted, a jurisdiction's Emergency Communication Center shall request additional EMS resources through its region's EMS mutual aid plan and if needed, follow appropriate protocol for requesting activation of Statewide Fire and EMS Mobilization Plan ambulance task forces.
- F. EMS services and/or communities will respond with personnel and equipment when the state MCI plan is activated. When considering their level of response to requests for assistance under the state MCI plan, communities and/or individual EMS services are required to maintain their emergency response capabilities to meet local needs.
- G. The crews of EMS services responding to an MCI or evacuation will be required to carry identification and proof of affiliation with their agency.
- H. EMS personnel responding to an MCI or evacuation will be responsible for maintaining the appropriate medical documentation and appropriate ICS documentation, and for making said documentation available to IC or support staff.
- I. EMS services and their EMS personnel shall use a formal nationally accepted triage system consistent with Statewide Treatment Protocol Section on Multiple casualty Incidents (MCI Triage) and that is compatible with the use of Massachusetts SMART Tags.
- J. EMS services should participate in at least annual training exercises of the state and regional MCI plans.
- K. EMS services shall require their EMS personnel to participate in on-going regional training in the Incident Command System, Triage System, hazard awareness programs and other related MCI skills.

## **8. ACTIVATION**

### **EMS MCI Activation**

A. Declaration of an MCI: Each of the following individuals or organizations shall have authority for the initiation of declaring an MCI upon making the determination that the conditions warranting an MCI exist:

1. The public safety agency having jurisdiction for overall incident scene management.
2. First arriving EMT on site with an emergency response vehicle.
3. CMED
4. Hospitals
5. Regional Council Staff

B. An MCI declaration signifies that an incident has occurred in which the number of casualties is expected to overwhelm the EMS system.

C. Request sufficient ambulances within that area to be dispatched to the scene on initial assignment, for triage and other purposes as needed.

D. Notify the appropriate CMED center to notify the hospitals of type of incident and expected number of patients.

### **MCI Operational Procedure**

A. Incident size-up method for the first responding EMS unit using the acronym METHANE:

**M**=major incident declaration

**E**=exact location; the precise location of the incident, staging area, if applicable

**T**=type of incident; the nature of the incident, including how many vehicles, buildings etc. are involved

**H**=hazards; both present and potential

**A**=access; best route for emergency services to access the site, or obstructions and bottlenecks to avoid

**N**=numbers; of casualties, dead and injured on scene

**E**=emergency services; which services are already on scene and which are still required (MCI trailer, Regional EMS Council staff, Task Force, etc.)

B. Contact the local CMED by radio. The EMS component is responsible for notifying and verifying that an MCI has been declared and providing the preceding information via **M E T H A N E** size up.

C. When arriving at the scene of a potential MCI, certain additional steps are necessary to evaluate the situation. Make careful observations of the scene: the safety of the responders, bystanders on the scene, objects or people that caused the injury, injured parties, mechanisms of the injury, any hostile parties involved and their location, weapons, hazardous materials, etc. and make sure such information is passed on to responding units and IC.

## **9. MEDICAL DIRECTION, STATEWIDE TREATMENT PROTOCOLS, TRIAGE**

A. In the absence of on-line or on-scene medical direction, EMS will provide patient care in accordance with the MDPH/OEMS Statewide Treatment Protocols, not limited to standing orders. Initial medical documentation will be done on the Massachusetts designated SMART Tag.

B. Field triage of patients will conform to Section 8.2 of the Statewide Treatment Protocols: Multiple Casualty Incidents Triage, which is compatible with the use of Massachusetts SMART Tags.



## **10. CMED FUNCTIONS**

- Assist in coordinating deployment of mutual aid ambulances and EMS assets to the scene upon exhaustion of local jurisdictions primary and mutual aid EMS assets.
- Contact hospitals to determine bed status
- Assign patients to be transported to the medical facilities which can provide the appropriate levels of emergency care.
- Notify appropriate Regional Directors to respond to any declared MCI or potential MCI incident.
- Notify local fire district control center of MCI
- Place MCI Trailers on standby
- Place regional communication mobile assets on standby, where available
- Activate RMCC where available
- Notify OEMS / DPH or after hours duty officer using the 800 number if not already done
- Notify MEMA Operations of an incident if not already done

## **11. REGIONAL MASS CASUALTY SUPPORT UNIT (RMCSU)**

A. This decision to deploy these units shall be made in concurrence with the Incident Commander and or designated staff.

B. All 14 trailers are stocked with MCI equipment and supplies for up to 100 patients.

C. To request the trailers use the following CMED numbers or via MED 4 or assigned MED channel:

Region I CMED	800-544-1170
Region II CMED	508-854-0100
Region III CMED	978-946-8130
Region IV CMED	617 343-1400
Region V CMED	508-747-1779 Plymouth
	800-352-7141 Barnstable
	508-995-0520 Bristol

## **12. MCI AMBULANCE TASK FORCES**

A. Ambulance Task Forces are part of the Massachusetts Fire and EMS Mobilization Plan and are made up of five ambulances and a task force leader. Task Force type may be ALS or BLS with preferred staffing of three qualified people per ambulance. Task Forces may be all ALS or BLS or mixed ALS and BLS.

B. Ambulance Task Forces will be ordered from one or more of the 15 geographical Fire Districts using the closest forces concept. Pre-established running cards shall list the designated Task Forces. Each Fire District establishes incoming response cards by closest forces for the district. Different listings may apply to various sections of the District based on closest Task Force and what individual resources may already have been used.

C. Once determined that Ambulance Task Forces are needed, the District Mutual Aid Center shall use the appropriate State Mobilization Run Card to request assistance from listed Districts. Ambulance Task Forces will be requested through the District Mutual Aid Centers or CMED providing the response in accordance with the Massachusetts State Fire and Emergency Medical Services Mobilization Plan and coordinated by the District Fire Coordinators and MEMA.

- D. Ambulance Task Forces will remain the responsibility of their Task Force Leader.
- E. For extended operations Ambulance Task Forces, Task Force Leaders should advise individual task force members of the expected operational period, See Appendix
- F. Regional CMED will be notified by District Mutual Aid Center when one of the regions task forces is deployed.
- G. Detailed information on the Statewide Fire and EMS Mobilization Plan and Ambulance Task Forces can be found at: <http://www.mass.gov/eopss/agencies/mema/mutual-aid.html#FireMobilizationPlan>

### **13. SPECIAL CONSIDERATIONS FOR HEALTH CARE FACILITY EVACUATION**

- A. When a health care facility must evacuate any number of patients, the following shall apply:
  - 1. The administrative staff of the evacuating health care facility will work in conjunction with the IC and his or her EMS Branch Director in directing the evacuation and transfer of patients to the appropriate facility in coordination with CMED
  - 2. Each evacuated patient should be accompanied by his/her medical records.
  - 3. If available, an RMCC will be activated to assist.
- B. Health care facilities may have a non-emergent evacuation plan and local EMS, first responder agencies and public safety personnel need to be aware of those plans.

### **14. AIR MEDICAL OPERATIONS AND RESOURCES**

The IC or designee shall in accordance with current air-medical plans contact the most appropriate air ambulance service and allow them to coordinate additional air resources as requested by the IC or in accordance with local or regional air operations plan.

### **15. REGIONAL EMS COUNCILS**

Regional EMS Councils shall provide staff to respond to declared MCIs or large scale incidents within their EMS Region to make an assessment, assist in the overall operation of the EMS Branch, and to serve as a liason between DPH/OEMS and the EMS Branch. Regional EMS Councils may also provide staff to other regions to augment their staff as needed.

The EMS Branch Director or designee would request the response of Regional EMS Council staff through the appropriate CMED center.

### **16. FATALITY/MASS CASUALTIES**

By Massachusetts law, the Chief Medical Examiner is responsible for the medical investigation of sudden, unexpected and violent deaths throughout the Commonwealth. Persons who die under those circumstances require the expeditious and skilled attention of the Office of the Medical Examiner.

- A. In a disaster situation, identification of the dead is a critical issue. Therefore, security of the area in which the dead are located is critical. Removal of the deceased will only occur through the Medical Examiner ("M.E.") and by those in consultation with the M.E. Close cooperation with the M.E. and police

authorities, both in MCI pre-planning and during the incident, is essential to prevent evidence destruction and any impedance to the rescue.

B. The Chief M.E. must be notified as early as possible in a mass casualty incident which involves, or which may involve fatalities in accordance with the Massachusetts Mass Fatality Plan. See <http://www.mass.gov/eopss/docs/ocme/mfm-plan.pdf>

## **17. CRITICAL INCIDENT STRESS MANAGEMENT**

Critical Incident Stress Management (CISM) has been determined to be an integral part of any emergency medical response to an MCI or Evacuation. Regional and local teams of mental health and peer debriefers have been trained and are available throughout the Commonwealth.

Regional teams can be activated through the CMED Centers or Regional EMS Council offices or Fire District Control Centers.

## **18. DEMOBILIZATION**

A. NIMS demobilization procedure will be followed as required.

B. A declared MCI shall be terminated upon coordinating with the appropriate people, the IC may terminate the incident.

B. The on-scene EMS Branch Director should confer with the appropriate official to determine any additional patient care needs for EMS prior to contacting CMED.

C. The Transport Group Supervisor will be responsible for notifying CMED that all patients have been assigned to transport units and that all on-scene patient care activities have been completed and ended at the MCI or Evacuation site or sites.

D. The EMS Branch Director contacts CMED via radio to follow up that the EMS components of the MCI are demobilized.

## **APPENDIX A - Definitions**

### **BASIC DEFINITIONS**

For purposes of the State MCI Plan, the following definitions will apply:

**AMBULANCE SERVICE** -- an entity licensed by the MDPH to carry out the business or regular activity, whether for profit or not, of providing emergency medical services, emergency response, primary ambulance response, pre-hospital emergency care, with or without transportation, to sick or injured individuals by ambulance.

**EMS PERSONNEL** – Emergency medical technicians, at all levels of certification, and EMS first responders (EFRs). For this document only, it also includes first responders (FR).

**HEALTH CARE FACILITY** -- Any hospital, clinic, infirmary or other healthcare provider that offers emergency services or acute care services.

**HEALTH CARE FACILITY EVACUATION (Evacuation)** – An event resulting in the need to evacuate any number of patients from a health care facility on a temporary basis when the movement of those patients exceeds the EMS capabilities of the facility, locality, jurisdiction and/or region.

**INCIDENT COMMAND SYSTEM (ICS)** -- A written plan, adopted and utilized by all participating emergency response agencies, that helps control, direct and coordinate emergency personnel, equipment and other resources, from the scene of an MCI or Evacuation, to the transportation of patients to definitive care, to the conclusion of the incident.

**INCIDENT COMMANDER (IC)** - The incident commander is the person responsible for all aspects of an emergency response; including quickly developing incident objectives, managing all incident operations, application of resources as well as responsibility for all persons involved.

**MASS CASUALTY INCIDENT (MCI)** -- Sometimes called a Multiple-Casualty Incident, an MCI is an event resulting from man made or natural causes which results in illness and/or injuries which exceed the EMS capabilities of a hospital, locality, jurisdiction and/or region.

**S.T.A.R.T. TRIAGE** -- The Simple Triage and Rapid Treatment method whereby patients in an MCI are assessed and evaluated on the basis of the severity of injuries and assigned the following emergency treatment priorities.

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### **EMS BRANCH**

The EMS Branch Structure is designed to provide the Incident Commander with a basic expandable system for handling any number of patients in a multi-casualty incident. One or more additional Medical Group(s) may be established under the EMS Branch Director, if geographical or incident conditions warrant. The degree of implementation will depend upon the complexity of the incident.

#### **Modular Development**

A series of examples of modular development are included to illustrate one possible method of expanding the incident organization.

#### **Initial Response Organization**

The Incident Commander, who will handle all Command and General Staff responsibilities, manages initial response resources. The first arriving resource with the appropriate communications capability should establish communications with the appropriate CMED and become the Medical Communications Coordinator. Other first arriving resources would become Triage Crew.

### **Reinforced Response Organization**

In addition to the initial response, the Incident Commander designates a Triage Unit Leader, a Treatment Unit Leader, Treatment Teams, and a Air/Ground Transport Coordinator.

### **Multi-Leader Response Organization**

The Incident Commander has now established an Operations Section Chief, who has in turn established a Medical Supply Coordinator, a Manager for each treatment category, and a Patient Transportation Group Supervisor. The Patient Transportation Group Supervisor is needed in order for the Operations Section Chief to maintain a manageable span of control, based on the assumption that other operations are concurrently happening in the Operations Section.

### **Multi-Group Response**

All positions within the Medical Group and Patient Transportation Group are now filled. Air Operations Branch is shown to illustrate the coordination between the Air Transportation Coordinator and the Air Operations Branch. Extrication Group is freeing trapped victims.

### **Multi-Branch Organization**

The complete incident organization shows the EMS Branch and other Branches with which there might be interaction. The EMS Branch now has three (3) Medical Groups (geographically separate) but only one Patient Transportation Group. This is because all patient transportation must be coordinated through one point to avoid overloading hospitals or other medical facilities.

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## **POSITIONS**

### **EMS BRANCH DIRECTOR**

The EMS Branch Director is responsible for the implementation of the Incident Action Plan within the Branch. This includes the direction and execution of Branch planning for the assignment of resources within the Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group and Patient Transportation Group Supervisors.

### **MEDICAL GROUP SUPERVISOR**

The Medical Group Supervisor reports to the EMS Branch Director and supervises the Triage Unit Leader, Treatment Unit Leader, and Medical Supply Coordinator. The Medical Group Supervisor establishes command and controls the activities within a Medical Group, in order to assure the best possible emergency medical care to patients during a multi-casualty incident.

### **TRIAGE UNIT LEADER**

The Triage Unit Leader reports to the Medical Group Supervisor and supervises Triage Crew/Litter Bearers and the Morgue Manager. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the Triage Area. When triage has been completed, the Unit Leader may be reassigned as needed.

## **TRIAGE CREW**

Triage Crew report to the Triage Unit Leader and triage patients' on-scene and assign them to appropriate Treatment Areas.

## **TREATMENT UNIT LEADER**

The Treatment Unit Leader reports to the Medical Group Supervisor and supervises the Treatment Managers and the Treatment Dispatch Manager. The Treatment Unit Leader assumes responsibility for treatment, preparation for transport, and coordination of patient treatment in the Treatment Areas and directs movement of patients to loading locations.

## **TREATMENT DISPATCH MANAGER**

The Treatment Dispatch Manager reports to the Treatment Unit Leader and is responsible for coordinating, with the Patient Transportation Group, the transportation of patients out of the Treatment Area.

## **IMMEDIATE (RED) TREATMENT MANAGER**

The Immediate Treatment Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to the Immediate Treatment Area.

## **DELAYED (YELLOW) TREATMENT MANAGER**

The Delayed Treatment Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to the Delayed Treatment Area.

## **MINOR (GREEN) TREATMENT MANAGER**

The Minor Treatment Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Minor Treatment Area.

## **PATIENT TRANSPORTATION GROUP SUPERVISOR**

The Patient Transportation Group Supervisor reports to the EMS Branch Director and supervises the Medical Communications Coordinator and the Air and Ground Ambulance Coordinators and is responsible for the coordination of patient transportation and maintenance of records relating to patient identification, injuries, and mode of off-incident transportation and destination.

## **MEDICAL COMMUNICATIONS COORDINATOR**

The Medical Communications Coordinator reports to the Patient Transportation Group Supervisor and supervises the Transportation Recorder, and maintains communications with CMED to ensure proper patient transportation and destination, and coordinates information through the Patient Transportation Group Supervisor and the Transportation Recorder.

## **PATIENT TRANSPORTATION RECORDER(S)**

Position is established when demands of the incident require and the transport function is needed. Work in patient transportation loading area with Treatment Dispatch Manager.

## **AIR/GROUND AMBULANCE COORDINATOR(S)**

The Air/Ground Ambulance Coordinator(s) report to the Patient Transportation Group Supervisor and manage the Air/Ground Ambulance Staging Areas and dispatch ambulances as requested.

## **TRANSPORT LOADER(S)**

Transport Loader(s) report to the Ground Ambulance Coordinator or Air Ambulance Coordinator as directed. Position is established when demands of the incident require and the transport functions are needed. Work in transportation loading area with Treatment Dispatch Manager.

### **MEDICAL SUPPLY COORDINATOR**

The Medical Supply Coordinator reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group.

### **MORGUE MANAGER**

The Morgue Manager reports to the Triage Unit Leader and assumes responsibility for Morgue Area activities until relieved of that responsibility by the appropriate Coroner's Office.

## APPENDIX B – Position Checklists

### MEDICAL BRANCH DIRECTOR APPENDIX

The Incident Medical Branch Director shall be designated by the IC or EMTs on first arriving ambulance.

#### CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS

- Obtain briefing from the Incident Commander
- Identify yourself by putting on the vest with your title
- Read this entire checklist
- Establish, or have established by medical section staff, in consultation with the IC, a patient treatment area and an ambulance staging area
- Maintain continuous presence or representation at the IC post
- Provide the CMED with the estimate of the numbers and types of casualties needing transport
- Advise the Section Chief (if activated) or IC of fatalities. The IC will notify the Coroner. The Coroner will advise the IC of his requirements.  
Bodies shall not be moved unless:
  - A. It is necessary because of rescue work
  - B. Public Health is at stake
  - C The safety of others is involved
  - D It is necessary to remove from the public view
- The IC will request additional ambulance units and/or other transportation modalities
- In consultation with CMED determine the need for additional medical response
- Appoint and brief additional medical staff as needed:
  - A. Triage Group Supervisor
  - B. Treatment Group Supervisor
  - C. Transport Group Supervisor
  - D. Ambulance Staging Manager
  - E. Additional personnel as deemed necessary**Note:** the Medical Branch Director performs these functions if staff is not appointed to the designated positions
- Use your designated position as our radio identifier (i.e. "Medical Branch")
- Law enforcement will provide security to the incident scene. Law enforcement will ensure security for the transportation staging area and will maintain open routes for ambulance entry and exit
- Law enforcement also provides crowd control, traffic control and protective actions (evacuation or sheltering in place)
- WITH CONCURRENCE OF IC, ORDER THE TERMINATION OF THE MCI



## **TRIAGE GROUP SUPERVISOR APPENDIX CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS**

- Obtain briefing from the Medical Branch Director
- Identify yourself by putting on the vest with your title
- Read this entire checklist
- Under direction of Medical Branch Director, assume overall responsibility for establishing priorities for field treatment and transport of patients
- Initiate and supervise sorting and tagging of patients in non-hazardous triage areas and the movement of patients to the patient treatment area
- Coordinate all activities within the patient triage area
- Advise Medical Branch Director of numbers of victims of each triage category
- Brief triage personnel and advise Medical Branch Director of the need for additional triage personnel
- As additional triage personnel allow, consider re-evaluation of non-salvageable patients
- Use your designated position as your radio identifier (i.e. "Triage Group")

**TREATMENT GROUP SUPERVISOR APPENDIX  
CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS**

- Obtain briefing from the Medical Branch Director
- Identify yourself by putting on the vest with your title
- Read this entire checklist
- Establish and identify treatment areas of immediate, delayed and minor victims
- Brief treatment personnel
- Supervise the medical treatment of victims awaiting ambulance transportation
- In consultation with the Triage Group Supervisor, establish priorities and plan for field treatment of victims
- Advise Medical Branch Director of need for additional treatment personnel or medical supplies
- Make triage level changes in patient status, affecting transport priorities
- Use your designated position as your radio identifier (i.e. "Treatment Group")

## **TRANSPORT GROUP SUPERVISOR APPENDIX CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS**

The Transportation Group Supervisor will be responsible for completing the patient transport tracking record and assuring its delivery to the coordinating hospital after the last patient has been transported from the scene. The patient tracking form should be forwarded to the coordinating hospital as soon as practical following the incident. The patient tracking form may be forwarded to the coordinating hospital in any manner, i.e. fax, radio, etc.

- Obtain briefing from the Medical Branch Director
- Identify yourself by putting on the vest with your title
- Read this entire checklist
- Under the supervision of Medical Branch Director, supervise patient loading of ambulances and/or other transportation modalities and the dispatching of same to the receiving hospitals
- Establish ambulance and/or other transportation modality loading area and traffic pattern for vehicles arriving and departing the loading area
- Utilize patient tracking record
- Assure safety of vehicle movement in loading area
- Call additional vehicles up from staging area as needed
- Use your designated position as your radio identifier (i.e. "Transport Group")
- The Transport Group Supervisor shall obtain hospital bed availability from the CMED. The Transport Group Supervisor will then direct ambulances to hospitals according to direction from CMED
- The Transport Group Supervisor shall give hospital destination to vehicle read to transport
- The transport unit will notify the receiving hospital of the number of patients, triage status and ETA

**AMBULANCE STAGING MANAGER APPENDIX  
CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS**

- Obtain briefing from the Medical Branch Director
- Identify yourself by putting on the vest with your title
- Read this entire checklist
- Establish an ambulance staging area
- Under the direction of the Medical Branch Director, brief ambulance personnel arriving at the staging area and move units up as requested by the Transport Group Supervisor
- Maintain log of ambulance or other medical units reporting to or leaving the ambulance staging area
- Brief ambulance personnel as they arrive at the staging area
- Direct units to the loading area as requested by the Transport Group Supervisor
- Use your designated position as your radio identifier (i.e. "AmbulLast saved by adminance Staging")

**FIRST RESPONDER APPENDIX  
CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS**

- Assess number and nature of casualties, general nature of emergency and relay information to appropriate dispatch center
- Initiate the Simple Triage and Rapid Transport System (START)
- Establish contact with the Medical Branch Director and determine the areas to be used for triage and for ambulance staging
- Move victims to patient treatment area
- Upon completion of START triaging, assist with first aid in the patient treatment area
- Assist with rescue, stabilization, fire control, hazard reduction, treatment and litter bearing as requested
- Assist with loading of ambulances
- Assist with establishment of morgue, if directed by Coroner

**APPENDIX C – Task Force Equipment List**  
**MOBILIZATION NATURAL DISASTER**  
**TASK FORCE MANNING & EQUIPMENT REQUIREMENTS**

**Ambulance**            Two (2) EMTs minimum

**Task Force Leader**

- I.        These manning requirements are MANDATORY.
  
- II.      Transportation of manpower to the assembly point may be by private vehicle but use of official vehicles is preferred. Transportation in convoy to the scene must be by official vehicles.
  
- III.     Units shall travel in convoy from the assembly point to the Staging Area

## **PROLONGED OPERATION**

### **ITEMS TO TAKE:**

1. Extra food that will not spoil.
2. Sleeping bag or blankets and pillows.
3. Extra uniform, underwear, socks and gloves
4. Extra flashlights, handlights and batteries.
5. Chain Saw fuel and oil, as well as chains and parts.
6. Canteens and fresh drinking water.
7. Extra portables and pagers with chargers.
8. Credit cards
9. Take extra saws, if available.

All Task Force Leaders should be prepared to arrange full camping equipment should the area where the group is being dispatched lack housing and feeding facilities. Full use should be made of travel trailers, campers and tents where needed.

## **PERSONAL GEAR**

Any Task Force or Strike Team situation where commitment may be twenty-four (24) hours or more:

1. T-shirts
2. Socks (several changes)
3. Underclothing
4. Jacket (dependent on season)
5. Sweatshirt
6. Towel/facecloth
7. Poncho/rain gear
8. Shorts
9. Sunglasses
10. Sneakers
11. Notepad, pen, book
12. Extra pair of pants

### **Toiletry needs:**

1. Toothbrush/toothpaste
2. Shampoo, soap, razor
3. Brush, comb
4. Nail clippers, file
5. Kleenex, handy-wipes, toilet paper
6. Sewing kit
7. Deodorant
8. Chapstick

### **Bedding:**

1. Pillow/case
2. Sleeping Bag or

3. Blankets made into bedroll.

**Miscellaneous:**

1. Small flashlight
2. Extra batteries
3. Small camp-style knife
4. Canteen & belt, if not supplied
5. Extra pair of gloves.

**MARK EVERYTHING WITH NAME and DEPARTMENT**

Absolute quantities would be determined by estimated length of stay, one change minimum. Some toiletry items could be group supplied but ensure that these items are accounted for by someone.

In extreme weather situations extra warm clothing should be considered. Use a duffle or pack to carry items. It would be a good idea to line your pack with a garbage bag first, and then pack items individually in plastic bags. This will ensure that articles will remain dry.



## **APPENDIX D – Tactical Worksheets**

The following forms are tools designed to assist MCI managers in carrying out their response duties. These worksheets provide visual reminders of key tasks and an organized way to record and display information needed for on-scene decision-making. Their use will enhance response to a mass casualty incident by making you more effective in managing data, resources and processes.

Each worksheet is provided with a set of directions that should be reproduced on the back of the worksheet. With experienced personnel, these directions can be omitted and the sheets reproduced double-sided with those of other positions within the same unit. The worksheet is designed for reproduction in an 8½ by 11 inch format and to use on a standard clipboard. Worksheets may be laminated for use with a grease pencil. If you use this option, remember to photocopy the marked up sheet to create a permanent record before erasing.

The workbook is available to enhance your current incident command system. Parts of the book can be used as needed. Forms may be enlarged.



MA Department of Public Health  
Office of Emergency Medical Services  
Mass Casualty Incident Management  
**Tactical Worksheet**

MCI-1

Incident					Date	Time				
<b>Time</b>	<b>Task</b>		<b>Scene Sketch:</b>							
	Scene Safe									
	Survey/Size-Up									
	Send Help									
	Contact IC									
	Set-Up Medical									
	Staging									
	Extrication									
	Porter Teams									
	Treatment	Unit	Assignment	Unit	Assignment					
	Medical Supply									
	Brief Hospital									
	Transportation									
	Landing Zone									
	REDs First									
	Move GREENs									
	Manage BLACKs									
	Release Units									
<b>Casualties</b>						<b>Hospital Capabilities</b>				
Time	RD	YE	GN	BK	Trans	Facility	RD	YE	GN	Trans
<b>Totals</b>										

## Tactical Worksheet

### MCI-

**Incident** - The name or number of the Incident as currently being used. This may be a facility name, a location, a sequential number or other identifier.

**Date** - Today's date.

**Time** - The time in 24-hour clock time that this particular worksheet page was initiated.

**Scene Sketch** - Make a rough sketch of the scene, indicating major elements. Draw and label areas of responsibility assigned to the teams, locations of command, staging, treatment, landing zone, other key areas, and other information that will help you manage the incident.

**Time and Task** - Record times key tasks are started.

**Unit** - List all responding EMS units.

**Assignment** - Note current assignment of each unit.

#### **Casualties -**

**Time** - Note the time of the report.

**RD, YE, GN, BK** - Record number of red, yellow, green and black patients.

**Trans** - Record total number transported so far.

#### **Hospital Capabilities –**

**Facility** - Note the names of operational hospitals.

**RD, YE, GN** - Record the totals of the red, yellow, and green patients that each can accept.

**Trans** - Note the current number transported to each hospital.



MA Department of Public Health  
 Office of Emergency Medical Services  
 Mass Casualty Incident Management  
**EMS Incident Action Plan**

MCI-10

<b>Incident:</b>		<b>Date:</b>	<b>Time:</b>
<b>Operational Period:</b>		From:	To:
<b>Incident Commander Goals:</b>			
<b>Incident Commander Strategy:</b>			
<b>Scene Sketch:</b>			
<b>Tactical Priorities:</b>	(1)		By:
	(2)		By:
	(3)		By:
	(4)		By:
	(5)		By:
<b>Hazards and LIMFACS:</b>			
<b>Assignments:</b>	(1)		(4)
	(2)		(5)
	(3)		Other:

**MCI-10**

**Incident** – The name or number of the Incident as currently being used. This may be a facility name, a location, a sequential number or other identifier.

**Date** – Today’s date.

**Time** – The time in 24-hour clock time that this particular worksheet page was initiated.

**Operational Period** – Write in the start and end time of the period covered by the Plan. These may be time, day and time or specific events that serve as response benchmarks.

**Incident Commander Goals** – Note the goals established by the Incident Commander.

**Incident Commander Strategy** – Note the strategy set by the Incident Commander as it applies to the EMS response.

**Scene Sketch** – Make a simple scene sketch noting the key elements. Use this sketch to note tactical priorities, hazards and assignments.

**Tactical Priorities** – Write down the key events that must happen to meet the goals and strategy. List in priority order or in the order in which they must be done (if different from priority). Examples are: “extricate patients from railroad car 2,” “do a scene perimeter check for patients,” or as simple as “initial triage.”

**By** – Set a measure to define success for each priority. It may be a specific time (most common) or some other measure of effectiveness (for example, “all alive” for “extricate patients” if we know some patients are in very poor condition).

**Hazards and LIMFACS** – Note specific hazards (either normal to the site, resulting from the emergency, or resulting from the response) that effect operations. Note any limiting factors that will make the response more difficult (for example, “radio repeater down – use simplex”).

**Assignments** – Assign EMS resources to each Tactical Priority.



MA Department of Public Health  
Office of Emergency Medical Services  
Mass Casualty Incident Management  
**Staffing Worksheet**

MCI-11

Incident	Date	Time
Position	Agency	Person
<b>Incident Command</b>		
<b>Operations Section Chief</b>		
<b>Medical Group Supervisor</b>		
<b>Extrication Unit Leader</b>		
Extrication Team Leader		
Extrication Team Leader		
<b>Triage Unit Leaders</b>		
Triage Team Leader		
Triage Team Leader		
Triage Team Leader		
Fatality Manager		
<b>Treatment Unit Leader</b>		
Red Area Manager		
Yellow Area Manager		
Green Area Manager		
Medical Supply Manager		
<b>Transportation Unit Leader</b>		
Ambulance Staging Manager		
Medical Communications		
Transport Recorder		
Transport Loader		
Air Ambulance Coordinator		



MA Department of Public Health  
Office of Emergency Medical Services  
Mass Casualty Incident Management  
**Accountability Worksheet**

MCI-12

Incident			Date		Time			
Unit	Assignment	Released	Accountability Checks					
			1	2	3	4	5	6
<b>Action Taken:</b>   								

## **Accountability Worksheet**

### **MCI-12**

**Incident** – The name or number of the Incident as currently being used. This may be a facility name, a location, a sequential number or other identifier.

**Date** – Today's date.

**Time** – The time in 24-hour clock time that this particular worksheet page was initiated.

**Unit** – List each EMS response unit on-scene by agency and unit number.

**Assignment** – List first assignment on the first line. If reassigned, note the new assignment on the second line or third line, as needed.

**Released** – Enter the time the unit is released for return to quarters or normal service.

**Accountability Checks** – Blocks are provided for up to six accountability checks. Based on your standard operating procedures, you may either enter the number of personnel reported or the time of the check in the block. If time is not entered here, the time each check process is completed for all units should be noted in the **action taken** section.

**Action Taken** – Note any action taken to account for units that do not reply or in the event of persons identified as missing with the time the action is taken.





MA Department of Public Health  
 Office of Emergency Medical Services  
 Mass Casualty Incident Management  
**Extrication Worksheet**

MCI-2

<b>Incident</b>	<b>Date</b>	<b>Time</b>
-----------------	-------------	-------------

**Scene Sketch:**

No.	Patients	Problem	Unit	Start	Complete

<b>Notes:</b>	<b>Special Resources Used</b>	
	Time	Unit Identification

Time	Task	Time	Task		
	Set Up		Treatment		
	Assign Resources		Monitor Personnel		
	Locate Victims		Account for personnel		
	Triage		Complete		

## Extrication Worksheet

### MCI-2

**Incident** – The name or number of the Incident as currently being used. This may be a facility name, a location, a sequential number or other identifier.

**Date** – Today's date.

**Time** – The time in 24-hour clock time that this particular worksheet page was initiated.

**Scene Sketch** – Make a rough sketch of the scene, indicating major elements. Draw and label areas of responsibility assigned to teams for extrication and the locations of ongoing operations. Note any special hazards that affect the extrication operations. Key each operation location with a number.

**No.** – Enter the operation number from the scene sketch.

**Patients** – Note the number of patients and triage category, if available.

**Problem** – Note a brief description of the extrication problem.

**Unit** – Note the unit assigned to the problem.

**Start** – Record the time of start of extrication.

**Complete** – Record time the extrication is complete.

**Notes** – Use to record any additional information.

**Time and Task** – Record times key tasks are started.

**Special Resources** – Record the time in and the identification of any special units called.



## **Triage Worksheet**

### **MCI-3**

**Incident** – The name or number of the Incident as currently being used. This may be a facility name, a location, a sequential number, or other identifier.

**Date** – Today's date.

**Time** – The time in 24-hour clock time that this particular worksheet page was initiated.

**Scene Sketch** – Make a rough sketch of the scene, indicating major elements. Draw and label areas of responsibility assigned to the Triage Teams or individuals.

**Team** – Identify the units assigned to triage. If individuals are assigned to areas, identify individuals.

**Red, Yellow, Green, Black** – Record the number of patients reported in each category by each Team.

**Total** – Total up the number of patients reported by each Team and by color code. Cross check your arithmetic.

**Notes** – Note additional information as needed.

**Time and Task** – Record the times key tasks are started.



MA Department of Public Health  
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Mass Casualty Incident Management  
**Fatality Worksheet**

MCI-31

**Incident**

**Date**

**Time**

**Scene Sketch:**

<b>Number</b>	<b>Sex</b>	<b>Description</b>	<b>Condition</b>

Individual Completing Form:

Agency:

**Special Instructions** – Do not move the remains unless it is necessary to preserve them from destruction. All observations on this sheet should be made as the remains lie in place. **Remember: the Office of the Chief Medical Examiner is responsible for the dead. Assistance from the Chief Medical Examiner may be requested.**

**Incident** – The name or number of the Incident as currently being used. This may be a facility name, a location, a sequential number or other identifier.

**Date** – Today’s date.

**Time** – The time in 24-hour clock time this particular worksheet page was initiated.

**Scene Sketch** – Make a rough sketch of the scene indicating the major elements. Label **clearly** identifying elements (such as roads, buildings, runaway number, etc). For each set of remains located, place a circled number on the worksheet with the approximate distance and direction from a feature that will be there when the Medical Examiner arrives (such as a large piece of wreckage, a building, etc.).

**Number** – Enter each remains number placed on the sketch.

**Sex** – If the sex of the remains is obvious, note M for male, F for female. If unknown, write in UNK. Do not guess – if there any doubt, mark as UNK.

**Description** – Write in a description of the remains as you see them, such as severed hand, torso, missing one leg, head, and both arms.” Do not guess about the status of the parts of the remains that are not visible.

**Condition** – Note other information that would help the Medical Examiner’s staff account for the remains, such as “badly charred” or “no obvious wounds, wearing a brown suit.” Use general descriptions and avoid valuation. For example, a wedding band is a “yellow metal band” not “gold”, stones are “clear stones” not “diamonds”.

**Individual Completing Form** – Enter your name.

**Agency** – Enter your agency.



## **Treatment Worksheet**

### **MCI-4**

**Incident** – The name or number of the Incident as currently being used. This may be a facility name, a location, a sequential number or other identifier.

**Date** – Today's date.

**Time** – The time in 24-hour clock time that this particular worksheet page was initiated.

**Red Team, Yellow Team, Green Team** - Write in the number of patients and time when reported to you by the Team Leaders or as needed to monitor flow of patients for each patient treatment team. Set-up a regular schedule of making these checks so you will know what the current patient loading is – every 15 minutes is a starting point. Report these figures to the Medical Group.

Write in the number of staff and the time at the same time you check the patient flow.

**Medical Supply** – Record key supply needs reported by the Medical supply Manager. As they are ordered, check them off.

**Notes** – Use this area to record any other information needed to help manage your unit.

**Time and Task** – Record the times key tasks are started.





MA Department of Public Health  
Office of Emergency Medical Services  
Mass Casualty Incident Management  
**Treatment Log**

MCI-41

<b>Incident</b>		<b>Date</b>	<b>Time</b>	
<b>Unit (Optional Use):</b>				
Patient	Status	Priority	Notes	To Transport
Name:				
Bar Code:				
Name:				
Bar Code:				
Name:				
Bar Code:				
Name:				
Bar Code:				
Name:				
Bar Code:				
Name:				
Bar Code:				
Name:				
Bar Code:				
Name:				
Bar Code:				

**Treatment Log**  
**MCI-41**

**Incident** – The name or number of the Incident as currently being used. This may be a facility name, a location, a sequential number or other identifier.

**Date** – Today's date.

**Time** – The time in 24-hour clock time that this particular worksheet pages was initiated.

**Unit** – This worksheet can be used in the individual treatment teams within the Treatment Unit. If used this way, enter the color code of the Treatment Team in this block (Red Team, Yellow Team, or Green Team).

**Patient** – Enter the patient triage tag number. If a tag with a numbered pull-off is used, peel and stick the numbered pull-off here.

**Status** – Enter the patient triage color code (Red, Yellow, Green). If the Unit block was used to identify a Treatment Team, the color code does not need to be entered unless it represents a color change and a transfer to another team.

**Priority** – Use this block to further rank patients within a triage color code.

**Notes** – Enter additional information when needed.

**To Transport** – Enter the time in 24-hour clock time when the patient is transferred to the Transportation Unit.



MA Department of Public Health  
Office of Emergency Medical Services  
Mass Casualty Incident Management  
**Transportation Worksheet**

MCI-5

<b>Incident</b>	<b>Date</b>	<b>Time</b>
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**Hospital (Optional Use):**

<b>Patient Triage Tag Number</b>	<b>Status</b>	<b>Hospital</b>	<b>Unit</b>	<b>Time</b>
Patient Name:				
Patient Name:				
Patient Name:				
Patient Name:				

**MCI-5**

**Incident** – The name or number of the Incident as currently being used. This may be a facility name, a location, a sequential number or other identifier.

**Date** – Today's date.

**Time** – The time in 24-hour clock time that this particular worksheet page was initiated.

**Hospital** – This is an optional line. If there are a large number of patients going to several hospitals, a separate page can be used for each hospital. In this case, write in the name of the hospital on this line and use the sheet for all patients going to this facility. **Do not use the hospital block below.**

**Patient** – Enter the patient triage tag number. If a tag with a numbered pull-off is used, peel and stick the numbered pull-off here.

**Name** – Space is provided in the patient block to write in the name of the patient if you track names in the field.

**Status** – Enter the patient color code.

**Hospital** – Enter the hospital to which the patient is being dispatched.

**Unit** – Enter the number and agency identifier for the ambulance on which the patient is loaded.

**Time** – Enter the time the ambulance departs in 24-hour clock time.



**Communications Log****MCI-51**

**Incident** – The name or number of the Incident as currently being used. This may be a facility name, a location, a sequential number or other identifier.

**Date** – Today's date.

**Frequencies or Means** – Enter either the actual radio frequency or standard designator for each frequency, one to a lettered block (for example, A: MED 10). This form can also be used to make a record of telephone conversations, faxes sent, etc. In this case, enter either "phone" or "fax" as appropriate in a lettered block.

**Time** – Enter the time in 24-hour clock time for each communication.


**Station Called** – Enter the designator of the station that was called.

Note that this section is set up for a transmission protocol that leads with the station called and ends with the station doing the calling (for example, "Medical Group this is Community Hospital").

**Station Calling** – Enter the designator of the station making the call.

**Freq** – Enter the frequency letter from the bar above. If only one frequency is in use, this column can be left blank.

**Message** – In general, make a record of every set of radio transmissions or phone conversation that involves the Medical Communicator and gives directions, reports resource or situation status, or otherwise passes information of value in resolving the incident. Do not attempt to run a log of every transmission. Make a brief note of the information passed in the transmission. Include the key data, but do not try to use complete sentences or standard punctuation. Normally record only messages that are for your station or that you originate. However, if key information that you need (such as hospital loadings) is passed on the frequency by other stations, use the log to note this.

	MA Department of Public Health Office of Emergency Medical Services Mass Casualty Incident Management <b>Landing Zone Worksheet</b>	MCI-52			
<b>Incident</b>		<b>Date</b>	<b>Time</b>		
<b>LZ Sketch:</b>          		Aircrew Briefing:			
		LZ Lat:			
		LZ Lon:			
		Landmark:			
		Approach From:			
		Size:			
		Hazards:			
		Lighting:			
		Aircraft		Winds:	
		Type	Patients	Visibility:	
Operational	Precip:				
	Other:				
	Airspace Restriction				
Hospitals Receiving Patients by Air		Time From:			
Facility	From Scene:	Time To:			
		By:			
		Contact:			
		Altitudes:			
		Area:			
<b>Notes:</b>					

○ **Landing Zone Worksheet**

**MCI-52**

**Incident** – The name or number of the Incident as currently being used. This may be a facility name, a location, a sequential number or other identifier.

**Date** – Today's date.

**Time** – The time in 24-hour clock time that this worksheet page was initiated.

**LZ Sketch** – Make a simple sketch of the location of the landing zone, relation to the incident area, and the location of key landmarks (from the air) and hazards.

**Aircraft** – Enter the aircraft identification of each available helicopter.

**Type** – Enter the aircraft model.

**Patients** – Enter the number of patients the helicopter can normally carry.

**Operational** – Enter the time the aircraft became available. Note any limitations on performance (altitude, number of lifts, range, etc.).

**Hospitals Receiving Patients by Air** – Note the name of the **Facility** and the distance and direction the facility is **From Scene**.

**Aircrew Briefing** – Note the information to brief inbound helicopters on radio contact. Include the **LZ Latitude** and **LZ Longitude** and distance and direction from an easily recognized **Landmark**. Determine best direction to **Approach From** and the **Size** of the LZ. **Hazards** (type and height) can be briefed from the LZ sketch. At night, brief what type of **Lighting** is in use. Provide current weather information, **Winds** (direction from), **Visibility**, and **Precipitation**.

**Airspace Restriction** – If airspace has been restricted, note the **Time From, Time To** and **By** which air traffic control facility restriction was issued. Note the phone number of the contact to release the airspace or negotiate problems. Record the **Altitudes** and **Area** covered by restriction.

**Notes** – Enter any additional information needed.





○ **Staging Worksheet**

**MCI-53**

**Incident** – The name or number of the Incident as currently being used. This may be a facility name, a location, a sequential number or other identifier.

**Date** – Today's date.

**Time** – The time in 24-hour clock time that this particular worksheet page was initiated.

**In** – Enter the time the resource arrives in Staging in 24-hour time.

**Agency/Unit** – Enter the agency and unit number of the resource.

**Crew** – Enter the number of personnel in the resource crew.

**Class** – Enter the classification of the resource (i.e., ALS, BLS, HR, etc.).

**Assignment** – Enter the assignment given the unit while in Staging.

**Out** – Enter the time the resource leaves Staging in 24-hour time.

**Notes and Special Instructions** – Record any special instructions received from the Medical Group Supervisor.

**Supplies to Scene** – Circle the supplies that needed to be carried forward to the Medical Supply Manager. Add items not listed.