

# **AirLink Critical Care Transport**

## **Multiple Patient Incidents**

### **Section A – Objectives**

1. To rapidly treat and transport all patients assigned to ALCC during a multiple patient incident.

### **Section B – Protocol**

#### **1. Responding:**

- a. When activated respond to the scene and take blood.
- b. Contact the Staging Area Manager to locate the LZ.
  - i. The first responding agency's main operational frequency will be the primary command channel.
  - ii. Responding mutual aid units will be given the appropriate incident radio frequency from their dispatch.
  - iii. Units responding should contact the Staging Area Manager on the primary command channel.
  - iv. If the flight crew is not assigned a radio frequency they may attempt to contact the staging area manager via HEAR system.
- c. If a Staging Area Manager hasn't been assigned contact the Incident Commander.
- d. Staging may direct communication to be directly with the EMS Branch Director and Transport Group Supervisor.

#### **2. Arrival:**

- a. The pilot must stay with the aircraft at all times.
- b. None of the crew should get involved in the treatment area during their patient loading.
- c. Discuss assignment and/or destination with the Transport Officer.
  - i. If you have a reason to question the patient assignment or destination be diplomatic, show respect, and remain professional.

- ii. As long as the patient assignment does not jeopardize safety of flight, the Transport Officer has the final word.
- d. Ask the Transport Officer if ALCC:
  - i. Will be needed for additional patient transports.
  - ii. Will need to bring additional supplies to the scene.
  - iii. Will need to bring any personnel to the scene.

### **3. Transport:**

- a. Treat patients in-flight.
- b. DO NOT communicate with the receiving hospital unless absolutely necessary. (Patient information and an ETA is given to the receiving hospital by the Transport Group Supervisor and the Transfer Center)
- c. The patients Triage Tag is considered a sufficient pre-hospital care report form until a follow up report can be written.
- d. After delivering the patient(s), the aircraft should return to the MPI's LZ in serviceable condition until released from the scene by the IC or designee.

### **4. Additional Information:**

- a. Direct any media questions to the IC or the assigned Public Information Officer.
- b. Document lessons learned for future education/events.

### **5. Radio Call Names:**

- |                               |           |
|-------------------------------|-----------|
| a. INCIDENT COMMANDER         | Command   |
| b. STAGING AREA MANAGER       | Staging   |
| c. EMS BRANCH DIRECTOR        | EMS       |
| d. TRIAGE GROUP SUPERVISOR    | Triage    |
| e. TREATMENT GROUP SUPERVISOR | Treatment |
| f. TRANSPORT GROUP SUPERVISOR | Transport |

### **6. References**

- a. Central Oregon Mass Casualty Incident Plan. ATAB 7, ECEMS, COFOG. Updated 5/26/2011.
- b. Crisis and Emergency Risk Communication. 2012 Edition. US Department of Health and Human Services, Centers for Disease Control and Prevention.
- c. [www.fema.gov](http://www.fema.gov). National Incident Management System.