



# Emergency Medical Training Services

Emergency Medical Technician – Basic Program Outlines

Outline Topic: ICS and MCI Management

Revised: 11/2013

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## LANDING A CHOPPER

- Fixed-wing aircraft – Airplane.
- Rotor-wing aircraft – Helicopter.
- DO NOT SLAM DOORS. THEY ARE FRAGILE AND LIGHT. THEY LATCH SHUT.
- Call for chopper depends on; number of patients, traffic, weather, severity of patient, higher level of care needed, distance to hospital.
- Try not to call a chopper for pediatric patient and CPR patients. But it is ultimately up to the highest level of caregiver at the scene.
- Tail Rotor is the rotor at the back of the helicopter.
- Main Rotor is the front of the helicopter.
- Safety Zone is so the pilot can see you at all times. Keep in the area that the pilot can pivot his head without moving his body. Front and lateral sides towards the front of the craft.
- Enter and leave in the same manner.
- Landing zone is known as LZ.
- 100 feet by 100 feet LZ. No power lines, flares, traffic problems, etc...
- No slope greater than 8 degrees.

- If dirt have fire dept water down the LZ if time permits.
- Designate a LZ coordinator to talk to incident command, dispatch and the chopper.
- Never point headlights or spot beams into LZ.
- Remember – CareFlight will land it when they are ready, not you. They might land elsewhere.
- It is hard to see white fire trucks from even 50 feet in the air. Have a better color or landmark for the pilot.
- Do not approach until the flight crew has instructed you to.
- Hot Load – running. Load and Go. Not as safe. Depends on pilot.
- Cold Load – extrication needed, the pilot often turns off aircraft.

## DEFINITIONS

- MCI – local resources cannot handle the situation.
- Incident Commander (IC)– First and highest level of training on scene becomes incident commander on medical call.

## RUNNING AN MCI (Multiple-Casualty Incident)

- Highest trained becomes IC.
- IC should not have direct patient care.
- IC is the go between dispatch, hospital, and incoming personnel and on scene personnel.

- IC should be the only one on the radio unless requesting information. Do not tie up the radios.
- The second medical person on scene is TRIAGE SECTOR. They go to each person look them over and report back to IC. TRIAGE SECTOR doesn't do a lot of direct patient care.
- As more medical people arrive you start a TREATMENT SECTOR for treatment.
- As more ambulances are called in you set up a STAGING SECTOR so not to congest the scene.
- As more people arrive you set up a SUPPLY SECTOR.
- When ready to transport to avoid all patients going to the same facility you set up a TRANSPORTATION SECTOR

#### TAG TRIAGE SYSTEM

- Just go down the ABC list to see who is hurt first.
- RED about to die and need to go. ABC problems.
- YELLOW could die but not yet. Could develop into problems.
- GREEN walking wounded. They will live.
- BLACK (optional) Dead upon arrival.

#### EMERGENCY RESPONSE HANDBOOK

- This book list hazardous material using placards as well as other means.

- Hazardous material doesn't have to be listed. If the container is small you may not have to label it. So someone can buy 1000 small containers instead of 100 larger containers and not have to list it.
- One a placard is identified using binoculars stay away. Do not enter. If people run to you run from them. Safety.
- Locate up hill and up wind.
- "w" with a line through it means do not add water.
- No one leaves from the scene unless decontaminated first.
- EMT's ARE NOT TRAINED IN THIS AREA – STAY OUT.