HELICOPTER
OPERATING PROCEDURE

MAJOR INCIDENT RESPONSE	**HOP No: C/17**	**Issued:** April 2012
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1. Introduction

Greater Sydney Area Helicopter Emergency Medical Services (GSAHEMS), ASNSW, is staffed by critical care physicians and Special Casualty Access Team / Intensive Care paramedics specifically equipped and trained to operate as a medical team in the pre-hospital environment. The service has a vital role in any major incident occurring within range of dedicated land-based and aeromedical retrieval assets based in Sydney, Wollongong and Orange.

2. Aim

2.1 To ensure patients involved in a major incident receive the highest level of care as early as possible in accordance with the principle of utility "Greatest good for the greatest number".

2.2 To provide operational instructions for aeromedical crew in the event of a major incident.

2.3 To outline the internal responses of GSAHEMS to a major incident.

3. Scope

3.1 Paramedics, Doctors, Managers, Aeromedical and Medical Retrieval Service (AMRS) / Aeromedical Operations Centre (AOC), State Health Services Functional Area Co-ordinator (HSFAC).

3.2 This HOP should be read in conjunction with the following documents:

- NSW State Disaster Plan (Displan)

- NSW Healthplan

- NSW AMPLAN

4. Command and Control

4.1 In the event of a major incident, the Health Services Disaster Control Centre (HSDCC) may be activated by the State HSFAC. The HSDCC will incorporate strategic level management and the NSW Health Controllers (Medical, Mental Health, Public Health, Ambulance, Health Communications and Health System Support).

4.2 The aeromedical response to a major incident will be at the discretion of the AOC in conjunction with the Ambulance Controller, and consultation with the Medical Controller and State HSFAC.

4.3 Depending on the location and nature of the incident, the responding team(s) will usually be the duty crews operating out of Sydney, Orange and Wollongong helicopter bases.

4.4 GSAHEMS staff may be required to fill one of a number of roles at a major incident. This includes:

- **Command** – Medical Commander or Forward Medical Commander, Ambulance Commander

- **Treatment** – Medical Teams, Triage Officer, Medical Triage Officer, Casualty Clearing Station (CCS) officer.

- **Transport** – Patient transport requiring medical team care

4.5 Depending on the time of day and available resources, there is the potential for up to 5 HEMS medical teams to be dispatched immediately to a major incident (3 helicopter crews (from Sydney and Wollongong) and 2 road crews). In addition, the Senior Retrieval Consultant (SRC) and Operations (Ops) Support paramedic may be available to fill Commander or support roles if required.

4.6 If a Medical Commander is required, the person nominated may be either the SRC or another person appointed by the Medical Controller or State HSFAC.

4.7 If an incident is anticipated to require a prolonged response, a Greater Sydney Incident Liaison Officer (GSILO) will be appointed and coordinate the calling in and equipping of further teams for tasking by the State HSFAC.

4.8 Self response to the scene is not to occur (per Ambulance SOPs).

5. Safety

5.1 All staff responding to a major incident must have adequate Personal Protective Equipment (PPE). In addition to one's flight suit, this will include:

-   helmet, tabard identifying the person's role, eye protection, ear protection, gloves (disposable latex gloves as well as heavy duty riggers' gloves if responding to an Urban Search And Rescue (USAR) incident)

5.2 If arriving by helicopter the opportunity should be taken to establish an aerial reconnaissance of the scene and its hazards. Should time allow, an overhead diagram (or photograph) noting important features such as the hot zone, access routes, potential locations for CCS, ambulance loading zones and services present is useful to assist planning.

5.3 Responding staff should approach the scene with caution and should not enter the hot zone without specific advice from the Combat agency through the Ambulance Commander or Ambulance Safety Officer that the scene is safe to enter and that no additional PPE is required.

6. Communications

Communications are one of the most important links in successful major incident management but are a common failure mode. Multiple redundant systems are necessary. Communications need to be "3-dimensional" (up, down and across the command structure)

- Duty helicopter crews carry VHF radios for communication with each other.

- The paramedic is equipped with a GRN (UHF) radio for communication with the AOC and local control centres. Responding teams should switch to the local channel or to the channel allocated to the incident as soon as possible. If communications are unable to be established, the team should switch back to the last channel where communications were obtained.

- Mobile phone coverage may be limited at the scene of major incidents but may be a useful backup if radio communications with the AOC fail.

- Satellite phones are available to helicopter crews.

- Verbal and written information can be conveyed on scene using runners.

- A Medical Commander if appointed will preferably carry a GRN radio which can access the digital Medical Incident channel 17 if this channel is being utilised

7. Access

7.1 Depending on the nature and location of the incident, transportation to the scene may be by road, rotary wing or fixed wing vehicles. Vehicles and teams remain at the disposal of the Ambulance Controller, in consultation with the State HSFAC on the advice of the Ambulance and Medical Commanders present on scene and will be tasked by the AOC.

7.2 Aviation resources may be utilised for the transport of medical teams to the site, for transporting casualties to hospital or for reprovisioning the major incident site with essential equipment or pharmaceuticals.

8. Triage

Primary triage is the responsibility of the initial crews on scene. Medical teams may be asked to perform secondary triage (refer to GL 2010_011 - Medical Services Supporting Plan, page 30 – 34) as well as identify patient clinical requirements, to assist in the appropriate destination of patients.

9. Treatment

It is important for those filling Commander roles at a major incident to avoid involvement in patient care and to ensure regular contact with the Commanders of the other emergency services present. The Medical Commander will work closely with the Ambulance Commander and all health resources arriving at the scene will report to them for allocation of roles (see Appendix 1 – GSAHEMS Major Incident Record Sheet). The Ambulance and Medical Commanders will be located near the Ambulance Control Vehicle.

10. Documentation

Documentation must be performed for any patient receiving clinical treatment. In the event of mass casualty incidents, this will be limited by time and casualty constraints however any treatment administered (in particular the administration of drugs or any medical intervention) must be noted on the patient's triage tag (see Appendix 2 – SmartTag Triage Card) to ensure adequate continuity of care. A log of patients treated must be kept on the appropriate form (see Appendix 3 – GSAHEMS Multiple Patient Record Sheet). Following the recovery phase of a major incident there will be a detailed examination of decision-making and contemporaneous note keeping is essential (see Appendix 4 – GSAHEMS Major Incident Log Sheet). A dictaphone is provided in the Medical Commander Pack and the use of a scribe is recommended if personnel numbers allow.

11. Equipment

Equipment required and brought to the scene of a major incident by aeromedical staff should complement that of standard ambulance crews. Resupply of basic equipment is the responsibility of the Ambulance Service of New South Wales (ASNSW) and will be provided in the form of a Major Incident Supply Unit (MISU) vehicle (see Appendix 5 – Standard Equipment Checklist – Major Incident Support Unit (MISU)). Requests for additional equipment specific to aeromedical operations will need to go via the Ambulance or Medical Commander through the HSDCC who will liaise with the Greater Sydney Incident Liaison Officer (GSILO). In the event of a prolonged incident, the NSW Medical Cache (see Appendix 6) may be deployed. If additional equipment or resupply is unable to occur, the State HSFAC may arrange supply from a nearby hospital.

12. Transport

12.1 The Medical Controller and State HSFAC are responsible for directing the appropriate distribution of patients, as they have an overview of the overall system capacity and resources that is not available to those at the scene in the early stages of a major incident.

12.2 The Loading Officer in conjunction with the Casualty Clearing Officer should distribute priority 1 and priority 2 patients across major trauma centres, so as not to overload any one hospital (see Appendix 7 – NSW Health Arrivals and Movement Register – Disaster Patients). It is reasonable to send two priority 1 (red) patients to a trauma centre simultaneously. If possible, those requiring subspecialty cares (eg burns, spinal) should be sent directly to the specialty hospital.

12.3 The medical team may utilise the helicopter to transport patients to destinations further afield at the discretion of the Ambulance or Medical Commander, in consultation with the Medical Controller. The aim of treatment is to stabilise the patient to ensure that they will reach hospital safely, bearing in mind the aim of major incident management is to do the greatest good for the greatest number.

12.4 Although priority for transport should be given to those with more serious injuries, it is advisable to transfer those less seriously injured to a hospital as soon as practicable using alternatives to ambulances such as bus transport. The ASNSW is responsible for pre-hospital patient transport, however they may source transport assistance through the Transport Functional Area Coordinator. Where possible, such patients should be accompanied by an attendant trained in Basic Life Support as a minimum.

13. Local Base Major Incident Response

In the event of a major incident requiring any response in addition to the immediate tasking of duty crews (such as an incident involving multiple sites or protracted rescue operations), the Greater Sydney Incident Liaison Officer (GSILO) will be activated. This role will initially be filled by (in order):

Medical / Paramedic Managers
Helicopter Duty Supervisor
Senior Retrieval Consultant (SRC)

The role of the Greater Sydney Incident Liaison Officer will be to:

- Communicate with staff

- Facilitate call ins of staff for further medical team deployments, and maintenance of normal retrieval operations

- Maintain an up to date log of staff deployed (see Appendix 8 – GSAHEMS Major Incident Responding Personnel Log Sheet)

- Liaise with State HSFAC and HSDCC about available and required resources in the event of prolonged operations

14. Action Card – Greater Sydney Incident Liaison Officer (GSILO)

Major Incident Action Card
Actions to be taken in the event of a major incident being DECLARED or placed on STANDBY by AOC
Greater Sydney Incident Liaison Officer will be the first available staff member from (in order): • Medical / Paramedic Managers • Helicopter Duty Supervisor • SRC until relieved.
Group text to be sent out via Oracle (see Appendix 9 – Guide to Using Oracle) to the GSA-HEMS Incident Management Team (IMT) by AOC: **MESSAGE** **"GSA-HEMS Major Incident Standby / Declared. Please phone 95532233 within 10 minutes to confirm receipt and await further details of teleconference"** GSA-HEMS IMT to consist of • State HSFAC • State Medical Controller • Medical Manager • Manager Helicopter Retrieval Services • Operations Manager Helicopter Retrieval Services • Station Officer • Senior Retrieval Consultant of the day
Following this teleconference, a group text is to be sent out via Oracle to all paramedics, consultants and registrars by GSILO: **MESSAGE** **"GSA-HEMS Major Incident Standby / Declared. Please send SMS to**

	Contacts can be found in Address Books in Oracle • Sydney Helo Paras • Sydney Helo Relief • Sydney Road Paras permanent • Sydney Road Relief • GSAHEMS Docs – Consultants ASNSW • GSAHEMS Docs – Consultants Careflight • GSAHEMS Docs – Registrars (month, year started)
	Start Log sheet of Actions / Reports (see Appendix 4 – GSAHEMS Major Incident Log Sheet)

	Confirm current crew availability at Sydney Base
	   - Staff on shift
	
	   - Helicopters operational
	
	   - Road vehicles operational

	Call AOC on number (02) 95532233
	Report :
	   a. Current Vehicle Availability
	
	   b. Current Crew Availability
	
	   c. Group call made

	Liaise with AOC regarding need for additional teams

14.1 AOC to contact the on call road doctor, ops support paramedic, ops support doctor and SRC if not already at the base requesting them to attend Sydney base.

14.2 Duty crew to ensure that they are ready and equipped to respond. Each responding crew should have a set of drug and pre-hospital packs between them. If the SRC is anticipated to fill a Commander role, they will not need to bring drug or pre-hospital packs.

14.3 Teams are to wait at Sydney base until further instructions are obtained and tasking is confirmed by the AOC. If it is anticipated that the incident will be prolonged, available staff on the next shift should also present to the base if their shift start is within 2 hours of notification otherwise staff on the next shift should arrive at the usual shift start time.

14.4 Details of medical team members being shuttled to the scene must be recorded when departing base (see Appendix 8 – GSAHEMS Major Incident Responding Personnel Log Sheet).

14.5 Other available staff should contact the number given and await further instructions.

15. APPENDICES
1. GSAHEMS Major Incident Record Sheet

2. SmartTag Triage Card

3. GSAHEMS Multiple Patient Record Sheet

4. GSAHEMS Major Incident Log Sheet

5. Standard Equipment Checklist - Major Incident Support Unit (MISU)

6. NSW Medical Cache contents

7. NSW Health Arrivals and Movement Register – Disaster Patients

8. GSAHEMS Major Incident Responding Personnel Log Sheet

9. Guide to Using Oracle

16. REFERENCES
- Major Incident Medical Management Support 2nd edition – Advanced Life Support Group

- New South Wales State Disaster Plan (DISPLAN)

- New South Wales HEALTHPLAN

- New South Wales Ambulance Plan (AMPLAN)