



# North Central Connecticut Emergency Medical Services Council, Inc.

To: Region 3 EMS Services  
Region 3 Fire Services  
Region 3 Hospitals  
Region 3 MMRS / ESF-8

From: Betty Morris, Executive Director North Central EMS *BM*  
Steve Wolf, MD, Region 3 Medical Advisory Committee (MAC) Chair *SA*

Date: February 11, 2009

Re: Region 3 MCI Protocol

Enclosed in print and in PDF format on the CD-ROM you will find the most recent version of the Region 3 MCI Protocol. This document recently underwent major revision with input from all levels of the Region 3 EMS system. This document has been reviewed and endorsed by the Region 3 MAC, the North Central EMS Council Executive Board and Communications Committee and should be considered effective immediately. There have been some major operational changes made to the protocol that changes the way MCI scene management is presently done.

The following pages contain a summary of the major revisions. We ask that you complete the following as soon as possible:

1. Distribute a copy of this summary and the full protocol to all personnel in your agency so they can review the material.
2. Update any agency specific policy to reflect the changes in the regional protocol.
3. Place a copy of this protocol in any response vehicle so it may be used at the scene as needed.

If you need clarification or training assistance on the protocol, please reach out to any of the following individual from the Region 3 ESF-8 EMS Section:

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# Region 3 MCI Protocol Update

## Changes Summary

### North Central Region Hospital Notification (Pg. 4)

To help “lean the system forward” CMED is providing advanced notification to potential catchment hospitals when potential system impacting events occur. EMS units are required to notify North Central CMED of incidents involving any of the following:

- Three (3) or more ambulances to any one incident
- Three (3) critical (red tag) victims at any one incident
- Ten (10) or more victims at any one incident

### MCI Level (Pg. 5)

The establishment of MCI levels is to automatically trigger operational movement of resources with the CMED communicator needing authority or direction. In theory the EMS Officer would declare an MCI (level 1-4) and CMED following establish protocol would automatically deploy the resources as outlined. The EMS Officer obviously has the authority to reduce the resources contained in the levels as needed. Additionally, the EMS Officer may add resources to the specific levels as needed.

### MCI Channel Assignment (Pg. 8)

To maintain a sound communications infrastructure, CMED will authorize up to three (3) MED Channels to be used during an MCI. These channel assignments include:

#### 1. MCI Command and Control Channel

This channel will be utilized for communications between the Medical Branch Director/Supervisor and CMED. This channel will be used to:

- a. Coordinate between scene and CMED
- b. Update CMED with established casualties
- c. Update CMED with escalation of incident
- d. Update scene as to changing hospital bed availability

#### 2. MCI Transportation Channel

This channel will be used by the Patient Transportation Unit Leader/Medical Communications Coordinator during MCI operations. The Patient Transportation Unit Leader should give concise patient SMART Tag reports to CMED for hospital notification. This will prevent ambulances from lengthy individual reports. This channel will be used to:

- a. Request Mutual Aid

- b. Coordination of arriving units (directions, new information, staging, etc)
- c. Update scene of mutual aid status
- d. Provide patient reports to CMED
- e. Provide transportation information to CMED

\*Entry notifications to the hospitals will be made by CMED and not the transporting unit. The Patient Unit Leader/Medical Communications Coordinator shall give CMED patient reports including: Ambulance number, SMART Tag number and color, age, sex, nature of injury/illness, and ETA to receiving facility.

### 3. MCI Additional Channel

Depending upon the nature and scope of the MCI, North Central CMED may assign a third MED channel. Use of this channel will be determined after discussion between the CMED Center and the Medical Branch Director.

### Mutual Aid (pg. 10)

Mutual Aid is the process by which resources from one town/service area are deployed to respond to request for service in another town or service area. As North Central CMED is not the primary dispatch center for any EMS service, they will have no role in mutual aid callout until such time as they are requested to assist in procuring mutual aid or when a MCI declaration occurs. In either instance, at the time of the request, North Central CMED will become the sole agency with the exception of pre-planned Special Operations to request additional units and responses. At the time of the request North Central CMED should be provided with a turnover of agencies requested and responding, their unit numbers, clinical levels and ETA.

North Central CMED is responsible for mobilizing EMS assets in its service area for response to major incidents throughout the State of Connecticut. Pending completion of the Department of Public Health EMS Mobilization Plan, North Central CMED and its client EMS provider services will be guided by the following principals when requested to provide mutual aid in other areas of the State (outside of Region):

- Only 25% of the on duty ambulance/paramedic units available in the North Central CMED Service area at the time of the request will be allocated to an out of region incident.
- Upon a state DPH request for North Central CMED service area EMS assets, all EMS provider services will be requested to staff all of their available response units, to ensure coverage in Region 3.
- EMS providers will refrain from deploying assets from their service areas to other areas of the State except as may be directed by North Central CMED.

### Hospital Distribution (pg 10)

As a general rule, in the case of an emergency, EMS systems transport patients to the closest geographical hospital. Sometimes, EMS and hospital conditions make it more appropriate to take the patient to a hospital that is not the closest.

This point-of-entry plan addresses circumstances when, because of the health of the system, the system would benefit from distributing patients to a more distant hospital(s) emergency department. North Central CMED will monitor the overall status of the EMS and hospital systems. In the event of an MCI or other high volume incident or incidents, North Central CMED will assign hospital destinations to transport units.

#### Medical Direction (pg 12)

In order to reduce radio congestion and allow scene personnel to accomplish their tasks during a declared mass casualty incident, all regional protocols will revert to standing orders during this time. However, medical personnel cannot function beyond the scope of their training, and all patients treated under standing orders must have this documented on the PCR.