

Auckland HEMS Checklist Reference

www.aucklandhems.com

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All reasonable precautions have been taken to verify the information contained in this document. Clinical teams remain responsible for the interpretation and use of these checklists. Please submit feedback to:

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Table of Contents:

I) Checklist Standard Operating Procedure (SOP)

II) Checklists for NORMAL Operations (CNO):

CNO1: Rapid Sequence Intubation (RSI) Direct Laryngoscopy (DL) Checklist

CNO2: Post-RSI Checklist

CNO3: Trauma Pre-flight Checklist

CNO4: Patient Handover Checklist

III) Emergency MEDICAL Checklists (EMC):

EMC1: Failed Airway

EMC2: Hypoxia/Desaturation

EMC3: Ventilated Patient - Suspected Extubation

EMC4: Ventilated Patient - Absent EtCO₂ Waveform

EMC5: Ventilated Patient - Rising EtCO₂

EMC6: Ventilated Patient - Falling EtCO₂

EMC7: Ventilated Patient - High Pressure Alarm

EMC8: Ventilated Patient - Low Pressure Alarm

EMC9: External Hemorrhage

EMC10: Hypotension

EMC11: Hypertension

EMC12: Tachycardia

EMC13: Penetrating Chest Trauma - Cardiac Arrest

EMC14: Anaphylaxis

EMC15: Malignant Hyperthermia

IV) Emergency COMMUNICATION Checklists (ECC)

ECC1: Mayday - Radio Distress Calling

ECC2: METHANE - Major Incident

ECC3: SMEACQ - Briefing

Standard Operating Procedure (SOP)

1. **Any** crew member may activate an Emergency Medical Checklist (EMC) at any time.
2. *In an emergency, a team member will assume the role of **lead clinician**.*
3. **The lead clinician will take any required immediate actions AND direct a team member to read the appropriate emergency medical checklist (EMC).** Immediate actions include three steps:
 - a. Identify
 - b. Understand
 - c. Respond
4. **The lead clinician may delegate tasks to other team members (if available).** The priority remains direct patient care. Aviation uses the mnemonic 'ANCA':
 - a. Aviate - Care for the patient
 - b. Navigate - Maintain situation awareness and anticipate next steps
 - c. Communicate
 - d. Administrate
5. Our checklist format is '**Challenge-and-Response.**' Each step has a specific actionable response. If an inappropriate response is given, the checklist reader will prompt the lead clinician for the appropriate response. "*Brevity is the soul of wit.*" - W. Shakespeare, Hamlet.
6. The checklist reader will not move on from a step until an appropriate response is given.
 - a. Stop the checklist
 - b. Complete the respective task
 - c. Continue the checklist
7. A checklist may be aborted if:
 - a. The physiologic abnormality resolves and the patient's condition improves
 - b. The team is confident the physiologic abnormality is not an emergency
 - c. The checklist is unsafe in the given clinical scenario
8. Some patients may have multiple physiologic abnormalities. It is up to the clinician's discretion which checklist is used first. Multiple checklists may be used sequentially. In all situations, the clinicians must assess patient and use good judgment to determine the safest course of action.
9. Emergency checklists are intended as a cognitive aid to improve initial management of time-critical scenarios. A checklist is neither a teaching tool nor an algorithm. In some cases, further management steps may be required once the checklist has been completed.
10. Usually, time is available to assess the situation before corrective action is started. All actions must be coordinated and performed in a deliberate, systematic manner.
11. Reference: <http://www.projectcheck.org/>

12. The following **definitions** are recommended:

- a. Hypoxia: $SpO_2 < 90\%$
- b. High ventilator pressure: $P_{max} > 39 \text{ mBar (40 cmH}_2\text{O)}$
- c. Low ventilator pressure: $P_{max} < 2.7 \text{ mBar (2.8 cm H}_2\text{O)}$
- d. Hypotension: $SBP < 90 \text{ (adult), or}$
 $SBP < \text{lower limit of normal for age (child)}$
- e. Hypertension: $SBP > 200 \text{ mmHg, or}$
 $SBP \text{ rise} > 40 \text{ mmHg from baseline}$
- f. Tachycardia: $HR > 110 \text{ (adult), or}$
 $HR > \text{upper limit of normal for age (child), or}$
 $HR \text{ rise} > 20 \text{ bpm from baseline}$
- g. Anaphylaxis: *Hypotension, bronchospasm, high peak-airway pressures, tachycardia, urticaria*
- h. Malignant Hyperthermia: *Rigidity, hypertension, hyperthermia, rising EtCO₂ following suxamethonium*

CHECKLISTS FOR NORMAL OPERATIONS

(C.N.O.)

Auckland HEMS Checklist for normal operations: v6 (May 2014)

(CNO1) Pre-RSI Direct Laryngoscopy Checklist

Is RSI the best option?

Yes/Consider options

Is Environment optimized (360 access, ambient light, team size)

Check

Prepare TEAM

Airway operator

Identified

Assistant

Assigned

Manual in-line stabilization of c-spine

Assigned/Not required

Drug provider

Assigned

Safety officer

Assigned

Prepare PATIENT

Airway assessment

Check

Patient position optimized

Optimized

Vascular access

Patent and secure

Monitoring

Attached and visible

Pre-oxygenation

Underway

Nasal cannulae

Attached with O₂ source

Prepare EQUIPMENT

Bag-valve-mask with PEEP valve

Check

Laryngoscopes

Tested

Suction

Tested

Bougie

Check

Endotracheal tube (and 10ml syringe)

Tested and lubricated

ETCO₂

Tested and

attached

Rescue ventilation

LMA size____

Surgical airway

Check

Prepare DRUGS

Pre-medication: Fentanyl

Check/Not required

Induction: Etomidate or Ketamine

____mg

Paralysis: Suxamethonium

____mg

Maintenance: Morphine, Midazolam, Rocuronium

Prepared

Emergency: Metaraminol

Check/Not required

Plan of attack

Failed airway brief

Check

Questions or suggestions?

As required

Checklist complete.

Auckland HEMS Checklist for normal operations

(CNO2) Post-RSI Checklist

Initiate once endotracheal tube placement is confirmed with quantitative capnography.

- | | |
|--|---------------------------|
| 1. EtCO ₂ | _____mmHg |
| 2. Secure tube | Secure @ depth of _____cm |
| 3. Reattach C collar | Check/Not required |
| 4. Blood pressure | _____mmHg |
| 5. O ₂ sats | _____% |
| 6. Disconnect nasal prongs | Check |
| 7. Administer sedation | Check |
| 8. Administer rocuronium | Check |
| 9. Assess chest for pneumo | Likely/UNlikely |
| a. if pneumo suspected, decompress chest | Check |
| 10. Tubes/lines/drains secure | Check |
| 11. Pelvic binder | Check/Not required |
| 12. Legs tied/fractures splinted | Check/Not required |
| 13. Portable O ₂ supply | _____% |
| 14. Attach BVM to portable O ₂ tank | Check |
| 15. Route to helicopter/land ambulance | _____ |

Checklist complete.

Auckland HEMS Checklist for normal operations

(CNO3) Trauma Pre-Transport Checklist

1. Airway	Patent/Requires intervention
2. Breathing	Normal/Requires intervention
3. Vascular access	Patent and accessible
4. Tubes/lines/drains secure	Check/not required
5. C-spine collar	Check/not required
6. Pelvic binder	Check/contraindicated
7. Legs tied/fractures splinted	Check/not required
8. Patient warmth	Cocoon/not required
9. Target blood pressure	TBI or permissive hypotension
10. Portable O ₂ attached to BVM	Check
11. Tranexamic acid 1g IV	Given or not required
12. Destination hospital	____ selected
13. Transport method	Air/Road/Boat
14. Early notification to hospital trauma team	Check/not required
15. Crew positions	____ assigned
16. Interventions planned in flight	Discussed

Checklist complete.

Auckland HEMS Checklist for normal operations

(CNO4) Patient Handover Checklist

Team Leader identified?	Check
Eye contact with Team Leader?	Check
Is team prepared for handover?	Check
Is patient UNstable?	Stable/UNstable
Time critical?	Yes/No
Destination of definitive care?	ED/CT/OT/Cath lab

"I M.I.S.T. A.M.B.O." (handover given to receiving team)

I Identification of patient (name and age)

M Mechanism of injury or Medical complaint

I Injuries

S Signs and Symptoms

T Treatment and Trends

A Allergies

M Medication prescribed to the patient

B Background

O Other issues

Questions or suggestions?

Clean gear

Complete notes

Debrief

Yes/No

Check

Check

Check

Checklist complete.

EMERGENCY MEDICAL CHECKLISTS

(E.M.C.)

Auckland HEMS Emergency Medical Checklist

(EMC1) FAILED AIRWAY EMERGENCY ACTIONS

If < 3 attempts AND SpO ₂ > 90% then:

Failed ATTEMPT

Declare 'Medical Emergency: Failed attempt'	Check
---	-------

Optimize VIEW

Head position (Ear-to-sternal notch)	Considered
--------------------------------------	------------

Head lift	Considered
-----------	------------

Change blade	Considered
--------------	------------

External laryngeal manipulation	Considered
---------------------------------	------------

Change operator	Considered
-----------------	------------

If > 3 intubation attempts OR SpO ₂ < 90%, then:
--

Failed INTUBATION

Declare 'Can't intubate: Priority now is oxygenation'	Check
---	-------

Optimize MASK VENTILATION

Two-person mask ventilation	Check
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OPA and NPAs	Considered
--------------	------------

SpO ₂ > 90%	Yes/NO then...
------------------------	----------------

RESCUE VENTILATION

Insert LMA	Check
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Landmark cricothyroid membrane	Check
--------------------------------	-------

Gentle ventilation	Check
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Capnography	___mmHg
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SpO ₂ > 90%	Yes/NO then...
------------------------	----------------

Failed OXYGENATION

Declare 'Can't Intubate Can't Oxygenate'	Check
--	-------

SURGICAL AIRWAY

Insert surgical airway	(open if >8y; needle if <8y)	Check
------------------------	------------------------------	-------

Capnography	___mmHg
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Update flight crew	Check
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Checklist Complete.

Next, reference Post-RSI Checklist ([CNO2](#))

Auckland HEMS Emergency Medical Checklist

(EMC2) Hypoxia/DesaturationDefinition: *Oxygen desaturation <90%*

- | | |
|---|---------------------|
| 1. Declare 'medical emergency' | Check/No emergency |
| 2. SpO ₂ probe | Attached |
| 3. Oxygen supply | Adequate/INadequate |
| 4. Attach secondary SpO ₂ probe to patient | Check |
| 5. Hand ventilate with BVM and portable O ₂ | Check |
| 6. Oxygen circuit integrity (connections, kinks, holes) | Normal/ABnormal |
| 7. EtCO ₂ waveform | Present/Absent |
| 8. Chest rise | Present/Absent |
| a. If absent EtCO ₂ and absent chest rise, refer to <u>Suspected Extubation (EMC3)</u> checklist | |
| 9. Endotracheal tube depth | ____cm |
| a. If right mainstem intubation suspected, adjust depth | Check |
| 10. Assess lung compliance | Normal/ABnormal |
| 11. Suction ETT | Check |
| a. Tube obstructed? | Yes/No |
| 12. Assess chest | Normal/Suspect |
| PTX | |
| a. If PTX suspected, decompress chest | Check |
| 13. Update Flight Crew | Check |

Checklist complete.

Auckland HEMS Emergency Medical Checklist

(EMC3) Ventilated Patient - Suspected Extubation

- | | |
|---|--------------------|
| 1. Declare 'medical emergency' | Check |
| 2. Check pulse | Present/Absent |
| 3. Airway operator to head of patient | Check |
| 4. Hand ventilate patient | Check |
| 5. Chest rise? | Present/Absent |
| 6. EtCO ₂ waveform present? | Present/Absent |
| a. If absent EtCO ₂ and absent chest rise, remove ETT and holder | |
| 7. Re-establish airway | |
| a. Re-intubate if clinical conditions permit | Check/Not feasible |
| b. Otherwise, insert LMA | Check |
| 8. Hand ventilate patient | Check |
| 9. Chest rise? | Present/Absent |
| a. If absent chest rise, use BVM and oral airway | Check |
| 10. O ₂ sat? | ____ % |
| a. If O ₂ sat remains < 90% , <u>surgical</u> airway | Check |
| 11. Update Flight Crew | Check |

Checklist complete.

Auckland HEMS Emergency Medical Checklist

(EMC4) Ventilated Patient - Absent EtCO₂ Waveform

- | | |
|--|----------------|
| 1. EtCO ₂ probe connected to circuit & monitor | Check |
| 2. Declare ' <i>medical emergency</i> ' | Check |
| 3. Check pulse | Present/Absent |
| 4. Open basic and advanced airway packs | Check |
| 5. Airway operator to head of patient | Check |
| 6. Hand ventilate patient | Check |
| 7. Chest rise? | Present/Absent |
| a. If absent EtCO ₂ and absent chest rise, remove ETT | |
| 8. Insert LMA | Check |
| 9. Hand ventilate patient | Check |
| 10. Chest rise? | Present/Absent |
| a. If absent chest rise, use BVM and oral airway | Check |
| 11. O ₂ sat? | _____ % |
| a. If O ₂ sat remains < 90% , <u>surgical</u> airway | Check |
| 12. Update Flight Crew | Check |

Checklist complete.

Auckland HEMS Emergency Medical Checklist

(EMC5) Ventilated Patient - Rising EtCO₂

- | | |
|---|-----------------|
| 1. Inform crew | Check |
| 2. Respiratory rate? | ___ bpm |
| 3. Tidal volume?
(tidal volume = minute volume / respiratory rate) | ___ mL |
| 4. Patient's weight? | ___ kg |
| 5. Hypoventilation? | Likely/UNlikely |
| a. If hypoventilation likely, increase respiratory rate | Check |
| 6. ETT depth? | ___ cm |
| a. adjust ETT to original depth | Check |
| 7. Bronchospasm? | Likely/UNlikely |
| a. If likely, give Adrenaline 0.5mg IM | Check |
| 8. Heart rate? | ___ bpm |
| 9. Signs of awareness/agitation? | Present/Absent |
| 10. Temperature? | ___ °C |
| 11. Malignant hyperthermia likely? | Likely/UNlikely |
| a. If likely, follow <u>Malignant Hyperthermia (EMC15) checklist</u> | |
| 12. Consider cooling | Check |

Checklist complete.

Auckland HEMS Emergency Medical Checklist

(EMC6) Ventilated Patient - Falling EtCO₂

- | | |
|---|------------------|
| 1. Inform crew | Check |
| 2. Check pulse | Rate + strength |
| 3. Check circuit integrity (connections, kinks, holes) | Normal/ABnormal |
| 4. Connect BVM to portable O ₂ | Check |
| 5. Hand ventilate | Check |
| 6. EtCO ₂ waveform | Present/Absent |
| 7. Chest rise? | Present/Absent |
| a. If Absent EtCO₂ waveform and Absent chest rise, refer to <u>Suspected Extubation (EMC3)</u> checklist | |
| 8. Blood pressure? | ____ mmHg |
| a. If low, refer to <u>Hypotension</u> checklist | |
| 9. Consider changing vent settings | Check/Not needed |

Checklist complete.

Auckland HEMS Emergency Medical Checklist

(EMC7) Ventilated Patient - High pressure alarmDefinition: *Peak Inspiratory Pressure (Pmax) > 39 mBar (40 cmH₂O)*

- | | |
|---|--------------------|
| 1. Verify Pmax > 39 mBar (40 cmH ₂ O) | Check |
| 2. Declare 'medical emergency'
Emergency | Check/No |
| 3. Confirm tidal volume is 6-8 ml/kg | Check |
| 4. Check circuit integrity (connections, kinks, holes) | Normal/ABnormal |
| 5. Hand ventilate patient | Check |
| 6. Assess lung compliance | Normal/ABnormal |
| 7. Assess endotracheal tube depth | ____cm |
| a. If right mainstem intubation suspected, adjust depth | Check |
| 8. Suction ETT | Check |
| 9. Signs of awareness? | Present/absent |
| 10. Consider morphine/midaz/rocuronium | Check/Not required |
| 11. Expose chest and assess for pneumothorax | Likely/UNlikely |
| a. if pneumothorax likely, decompress chest | Check/Not required |
| 12. Bronchospasm? | Likely/UNlikely |
| a. If bronchospasm likely, give Adrenaline 0.5 mg IM | Check |
| 13. Insert orogastric tube | Check |

Checklist complete.

Auckland HEMS Emergency Medical Checklist

(EMC8) Ventilated Patient - Low pressure alarm

Definition: *Alarm triggered by ventilator - < 2.7 mBar (2.8 cm H₂O)*

- | | |
|---|--------------------|
| 1. Declare 'medical emergency' | Check |
| 2. Check ventilator circuit and connections | Check |
| 3. Check oxygen supply | Check |
| 4. Attach BVM to portable O ₂ | Check |
| 5. Hand ventilate patient | Check |
| 6. ETCO ₂ waveform | Present/Absent |
| a. if absent, refer to <u>Suspected Extubation (EMC3)</u> checklist | |
| 7. ETT depth? | ___ cm |
| a. Consider advancing ETT | Check/Not required |

Checklist complete.

Auckland HEMS Emergency Medical Checklist

(EMC9) External Hemorrhage

- | | |
|--|--------------------|
| 1. Direct pressure to site of bleeding | Check |
| 2. Declare ' <i>medical emergency</i> ' | Check |
| 3. Assign airway clinician | Check |
| 4. Elevate limb | Check/ N/A |
| 5. Open surgical kit | Check/Not required |
| 6. Apply tourniquet | Check/Not required |
| 7. Clear wound and apply hemostatic dressing | Check/Not required |
| 8. Staple wound | Check/Not required |
| 9. Analgesia | Check/Not required |
| 10. Tranexamic acid 1g IV | Check/Not required |
| 11. Early notification of definitive care | Check |

Checklist complete.

Auckland HEMS Emergency Medical Checklist

(EMC10) Hypotension

Definition: *Systolic blood pressure < 90 mmHg (adult),
< lower limit of normal for age (child)*

- | | |
|--|--------------------|
| 1. State target systolic blood pressure | ___mm Hg |
| 2. Declare ' <i>medical emergency</i> ' | Check |
| 3. Control external bleeding | Check |
| 4. Assess pulse strength | Rate + |
| 5. Start IV saline bolus | Check |
| 6. Sinus rhythm?
a. if non-sinus rhythm, follow <u>ACLS</u> | Yes/No |
| 7. If gravid abdomen, wedge right hip | Check/ N/A |
| 8. Consider metaraminol/adrenaline | Given/Not required |
| 9. Consider pelvic binder | Check/not required |
| 10. Assess for pneumothorax
a. if pneumo possible, decompress chest | Possible/Absent |
| 11. Assess for cardiac tamponade | Present/Absent |
| 12. Consider landing request | Check/Not needed |

Checklist complete.

Auckland HEMS Emergency Medical Checklist

(EMC11) HypertensionDefinition: *SBP > 200 mmHg or rise > 40 mmHg from baseline*

- | | |
|--|-----------------|
| 1. Recheck blood pressure | SBP ____ mmHg |
| 2. Declare ' <i>medical emergency</i> '
emergency | Check/No |
| 3. Heart rate? | ____ bpm |
| 4. EtCO ₂ | ____ mmHg |
| 5. Signs of pain/awareness/agitation?
Present/Absent | |
| 6. Consider fentanyl | Check |
| 7. Consider midazolam | Check |
| 8. If head injury: | |
| a. Elevate head of bed 30 degrees | Check |
| b. Loosen C-spine collar | Check |
| c. Ventilate for EtCO ₂ 35-38 mmHg | Check |
| d. Consider hypertonic saline | Check |
| 9. Check temperature | Check |
| 10. Malignant hyperthermia likely? | Likely/UNlikely |
| a. If likely, refer to <u>Malignant Hyperthermia</u> (EMC15) checklist | |

Checklist complete.

Auckland HEMS Emergency Medical Checklist

(EMC12) Tachycardia

Definition: *Heart rate > 110 bpm (adult),
> upper limit of normal (child),
> 20 bpm rise from baseline*

- | | |
|---|----------------|
| 1. Declare 'medical emergency' emergency | Check/No |
| 2. Sinus rhythm?
a. if non-sinus tachycardia, follow <u>ACLS</u> | Yes/No |
| 3. Control external bleeding | Check |
| 4. Check O ₂ sat
a. If low , follow <u>Hypoxia</u> (EMC2) checklist | ____ % |
| 5. Check blood pressure
a. If low , follow <u>Hypotension</u> (EMC10) checklist
b. If high , follow <u>Hypertension</u> (EMC11) checklist | ____ mmHg |
| 6. Check EtCO ₂ | ____ mmHg |
| 7. Signs of pain/awareness/agitation? | Present/Absent |
| 8. Consider fentanyl | Check |
| 9. Consider midazolam | Check |
| 10. Consider IV saline 500 cc bolus | Check |
| 11. Recheck blood pressure | ____ mmHg |

Checklist complete.

Auckland HEMS Emergency Medical Checklists

(EMC13) Penetrating Chest Trauma - Cardiac Arrest

* Don personal protective equipment *

- | | |
|---|------------|
| 1. Declare ' <i>medical emergency</i> ' | Check |
| 2. If in flight, request urgent landing | Check |
| 3. ARHT ICP to place ETT/LMA | Check |
| 4. Bilateral open thoracostomies | Check |
| 5. HEMS Doctor to perform clamshell thoracotomy | Check |
| 6. If ROSC, give titrated ketamine | Check |
| 7. If no ROSC, begin open cardiac massage present | Check/ROSC |
| 8. If VF/VT, close clamshell and defibrillate with external pads applicable | Check/Not |
| 9. Tie off bleeding vessels | Check |
| 10. If no ROSC, stop resuscitation present | Check/ROSC |
| 11. Cover chest wound with burn wrap | Check |
| 12. Tranexamic acid (TXA) 1 gram IV | Check |
| 13. Ceftriaxone 2 g IV | Check |
| 14. Update receiving hospital | Check |

Checklist complete.

Auckland HEMS Emergency Medical Checklist

(EMC14) Anaphylaxis

Definition: *Hypotension, bronchospasm, high peak-airway pressures, tachycardia, urticaria*

- | | |
|--|-------------------|
| 1. Declare 'medical emergency' | Check |
| 2. 100% Oxygen | Check |
| 3. Adrenaline 0.5 mg IM | Check |
| 4. Potential allergen removed (e.g. stop infusion) | Check |
| 5. Normal saline 1 litre IV bolus | Check |
| 6. Adrenaline 100 micrograms IV | Check |
| 7. Airway obstruction possible? | Possible/UNlikely |
| a. If obstruction possible , give 5 mg nebulised adrenaline | Check |
| b. Consider RSI and prepare for surgical airway | |
| 8. Salbutamol 5 mg nebulised | Check |
| 9. Hydrocortisone 200 mg IV | Check |
| 10. Update receiving hospital | Check |

Checklist complete.

Auckland HEMS Emergency Medical Checklist

(EMC15) Malignant Hyperthermia (MH)

Definition: *Rigidity (prolonged masseter muscle spasm), hypertension, hyperthermia, rising EtCO₂ following triggering agent (suxamethonium)*

- | | |
|--|----------|
| 1. Declare 'medical emergency' | Check |
| 2. Hyperventilate with 100% oxygen | Check |
| 3. Administer 1L IV normal saline | Check |
| 4. Sodium bicarbonate 50 mL IV | Check |
| 5. Initiate cooling as follows: | |
| a. Remove blanket from patient | Check |
| b. Open window | Check |
| 6. Recheck temperature | _____ °C |
| 7. Notify receiving hospital of possible MH | Check |
| a. Suggest preparation of Dantrolene (2.5mg/kg IV bolus) | Check |

Checklist complete.

EMERGENCY COMMUNICATION CHECKLISTS (E.C.C.)

Auckland HEMS Emergency Communication Checklist
Read-DO format

ECC1: MAYDAY

*Use only if you are in imminent danger and need immediate help.
Maritime use (boat or aircraft)*

1. VHF Channel 16 with full power on maritime radio
2. Mayday, Mayday, Mayday
3. This is '*Vessel Name*' x 3
4. Callsign '*of the Vessel*' x 1
5. Mayday '*Vessel Name and Callsign*'
6. Vessel's latitude and longitude, or bearing and distance from a known landmark
7. Nature of distress and assistance required
8. Other information - number of persons on board, description of the vessel, liferaft or dinghy carried, sea state
9. 'Over'
10. Allow a short time for a reply. If no reply, repeat the distress call, working through all of the distress frequencies on the radio. If contact is made with a shore station, tell them you have activated your distress beacon and follow their instructions.

Auckland HEMS Emergency Communication Checklist
Read-do format

ECC2: METHANE report

Definition: Major Incident

1. M: **Major Incident** (Declared or Standby)
2. E: **Exact location** (GPS and/or grid reference)
3. T: **Type of incident**
4. H: **Hazards** (present or potential)
5. A: **Access** to the scene (and Egress)
6. N: **Number** and severity of casualties
7. E: **Emergency services** present and required

Auckland HEMS Emergency Communications Checklist
Read-do format

ECC3: SMEACQ Briefing

Definition: Structured briefing

1. S - **Situation** (Introduction, terrain and risk)
2. M - **Mission** (Clearly stated)
3. E - **Execution** (Priorities, sequencing, timing)
4. A - **Administration** & Logistics (Vehicles, equipment, stores)
5. C - **Command and Communications** (Incident Controller, primary and secondary comms)
6. Q - **Questions** and Suggestions