Virginia Mass Casualty Incident Management Module I

Responder Level



Developed by the Virginia State EMS Advisory Board EMS Emergency Management Committee

Version: 5/16/01

Course Objectives

- Define Mass Casualty Incident
- List the three Goals of mass casualty incident management
- Describe initial response actions to mass casualty incidents
- Triage simulated patients correctly using START algorithm
- Tape simulated patients using triage ribbons
- Establish accurate count of casualties
- Complete Virginia Triage Tags

MASS CASUALTY INCIDENTS

Given Virginia's geographic location, population centers, major transportation routes, and unique hazards, there is an enormous potential for incidents to occur which injure people in numbers that could overwhelm any EMS system.

Disasters

- Some people call these types of incidents disasters
- Disaster has specific legal meaning



- States & localities declare "state of emergency"
- The President declares "major disaster"

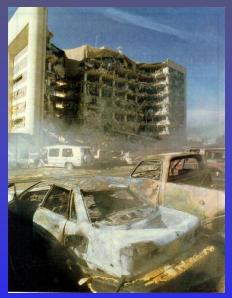
Types of Disasters

Natural Disasters



Technical Hazards



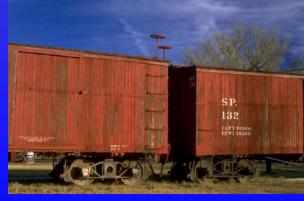


Civil Disobedience



Criminal or Terrorist Incidents





MCI - Mass Casualty Incident

 Any incident that injures enough people to overwhelm resources usually available in particular system or area



GOALS OF MCIM

Do the Greatest Good for the Greatest Number

Manage scarce resources

Do not relocate the disaster

Greatest Good

- Heroic resuscitative efforts NOT appropriate
 - Too much time
 - Requires equipment used for salvageable patients
 - Staffing intensive
 - Concentrate on salvageable patients

Do the Greatest Good for the Greatest Number

Resource Demands

- Equipment
- RespondingPersonnel

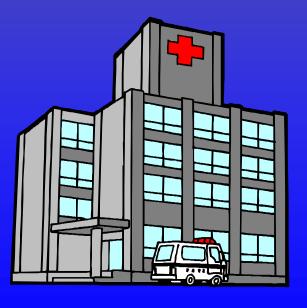
Facilities



Don't relocate the disaster!

 Patient prioritization at the scene important for casualty distribution

Don't send all the patients to one hospital!



EMS INITIAL RESPONSE ROLES AND RESPONSIBILITIES

 EMS - specific component of overall incident management system

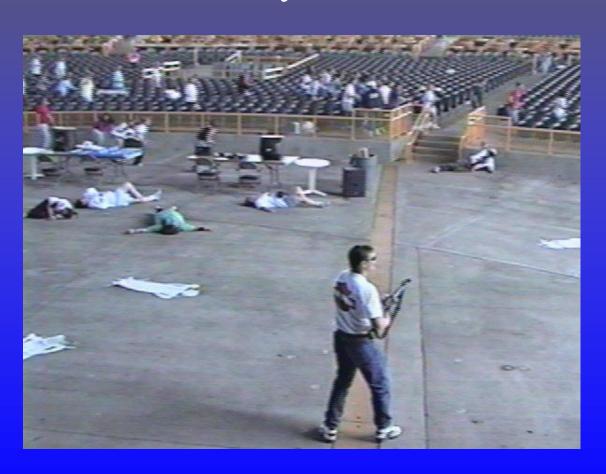
First Arriving Unit

Begin the following actions:

55

Safety Assessment S - 1

Assess scene for safety



Scene Size-Up S - 2

- How big is incident and how bad is it?
 - Type of incident
 - Approximate # of patients
 - Severity of injuries
 - Area involved, including access

Send Information

S-3

Report Situation

Request Assistance



Rapid Hospital Notification

Set Up

- Staging
- Secure Access/Egress

- Secure Adequate Space
 - Triage, TreatmentTransportation









 Assures rapid initial assessment of all patients as basis for assignment to treatment

Triage - French for "to sort"

Purpose of triage

Assigns treatment priorities

Separates victims into easily identifiable groups

Purpose of triage

- Determines required resources
 - treatment
 - transportation
 - definitive care

Prioritization of patient distribution and transportation

Benefits of Triage

Identifies patients who need rapid medical care to save life and limb

- Provides rational distribution of casualties
- Reduces burden on each hospital
 - average 10-15% of MCI patients requireextended hospitalization

Problems with triage systems

 Some rely on specific injuries and physical findings to categorize and prioritize patients



In-depth assessment requires too much time

Ideal Triage System

Simple

No advanced assessment skills

No specific diagnosis

Ideal Triage System

Easy to perform

Provides rapid and simple life-saving interventions

Easy to teach and learn

Simple Triage and Rapid Treatment (START) System

- Triage ribbons
 - Surveyors tape used to make ribbons



Universal colorsare used

Immediate (highest priority).

- Problems with:
 - R Respirations/airway
 - P Perfusion/pulse
 - M Mental Status
 - Severe burns which compromise airway

YELLOW

- Delayed (second priority)
 - Burn patients without airway problems
 - Major or multiple bone or joint injuries
 - Back and spine injuries

GREEN

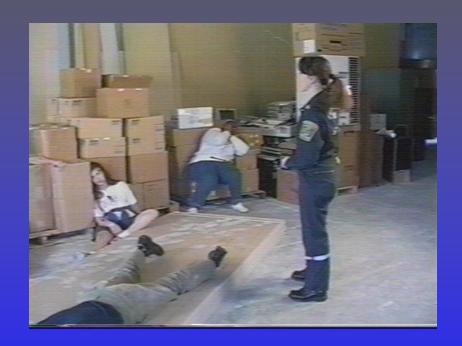
Minor (third priority)

- "Walking wounded"
- Minor painful swollen deformities
- Minor soft tissue injuries

- Dead/non-salvageable (lowest priority)
 - Non-breathing patients
 - resuscitation would normally be attempted
 - but are not salvageable given resources available early in MCI response

Introduction to S.T.A.R.T. process

- Begin where you stand
- Identify those injured who can walk



 Those who can walk should go to easily recognized place

Relocate Green

- To a designated area
 - away from immediate danger
 - outside initial triage area

In Virginia - tape each as GREEN patient

Move in orderly pattern

Assess each casualty you come to



Mark category using triage ribbons

Maintain count

Mark on 2-3 inch tape on thigh



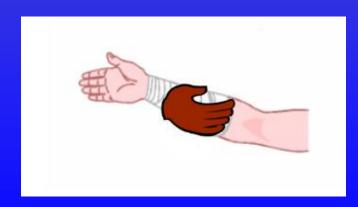
Or save a small piece of triage ribbon

Minimal Treatment

Only two patient interventions are:

Open the airway





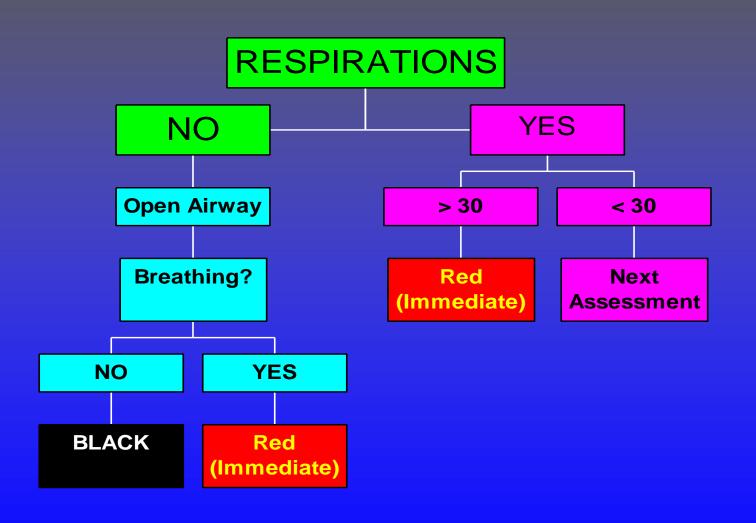
Stop gross bleeding

Steps in START/JumpSTART Assessment

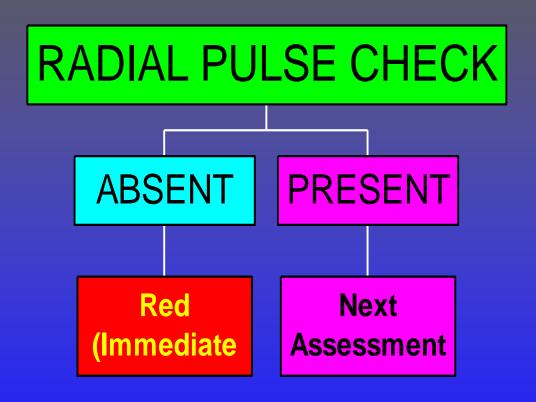
- Step 1- Moving Green patients to supervised area
 - Already done



Step 2 - RESPIRATION

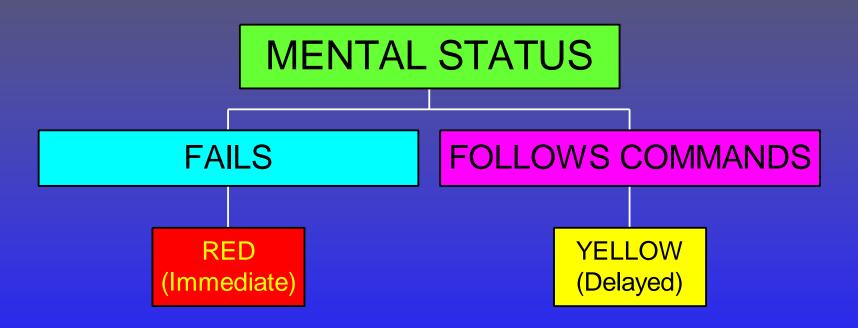


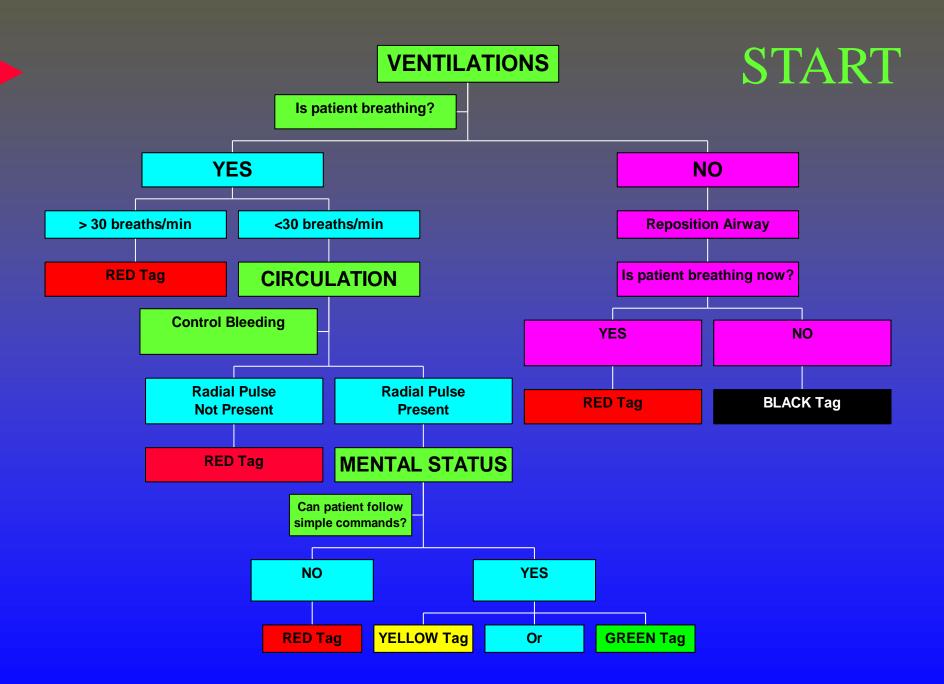
Step 3 - PERFUSION



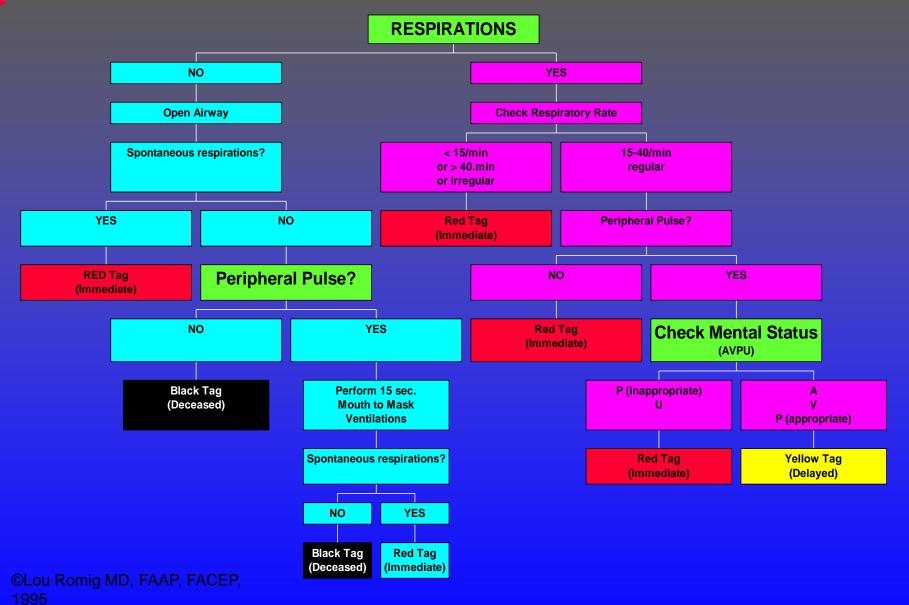
- Stop major bleeding
- Raise legs of shocky patients

Step 4 - MENTAL STATUS





JUMPSTART



Secondary Triage

- Done on stretcher on way to treatment area
- In treatment area
- Or in ambulance on way to hospital
 - In depth reassessment based on clinical experience and judgement

TRIAGE

START

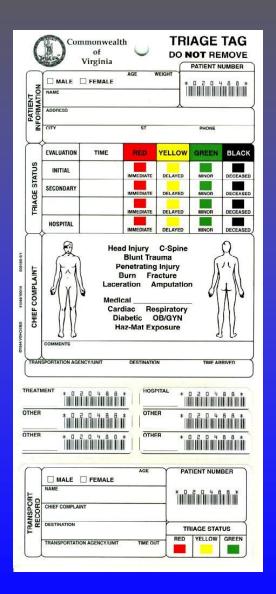
SECONDARY

- ON-GOING
 - Should be done continuously

VIRGINIA TRIAGE TAG

White weather resistant material

designed for use with ball point pen



Capabilities

Multiple triage assessments of patient

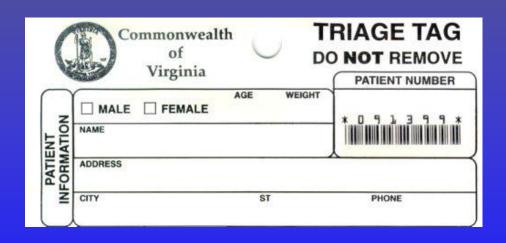
Continuous patient information recording

Continuous patient accountability and tracking

Easy interface with patient hospital records

Format - Front

- Patient Information section
 - Information not always obtainable



Can be added throughout triage, treatment, transportation, & hospital reception phases

Triage Status section

- INITIAL START assessment
- SECONDARY reassessment at scene or in treatment area

TRIAGE STATUS	EVALUATION	TIME	RED	YELLOW	GREEN	BLACK
	INITIAL		IMMEDIATE	DELAYED	MINOR	DECEASED
	SECONDARY		IMMEDIATE	DELAYED	MINOR	DECEASED
			IMMEDIATE	DELAYED	MINOR	DECEASED
	HOSPITAL		IMMEDIATE	DELAYED	MINOR	DECEASED

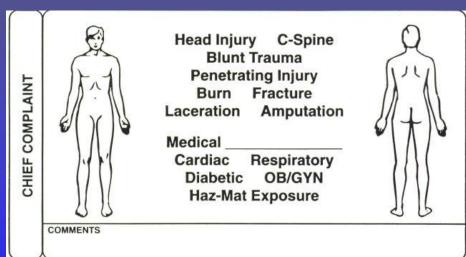
- BLANK used in treatment area or during transportation
- HOSPITAL initial reassessment receiving hospital

Chief Complaint section

Major obvious injuries or

illnesses circled

Indicate injuries on human figure



 Additional information added on Comments line

Transportation Line

- Transporting unit notes
 - agency information
 - destination hospital
 - time patient actually arrived

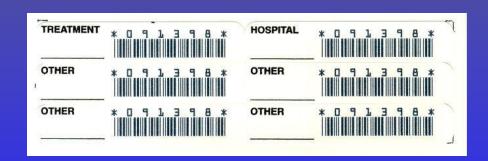
TRANSPORTATION AGENCY/UNIT

DESTINATION

TIME ARRIVED

Pull-off label section - Six

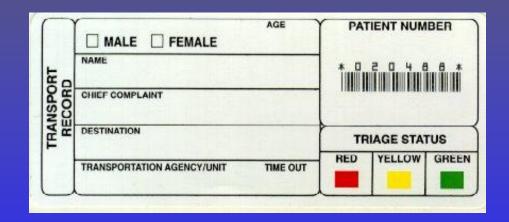
- "Treatment" document on patient information worksheets
- "Hospital" tie the triage tag & scene patient number to patient's hospital records



- "Other" labels can be used for:
 - Other tactical worksheet needs on scene
 - Marking personal effects
 - Use within hospital

Transportation Record section

- Detachable by tear-off or as pull-off label
- Document patients transported to hospital or other facility



- Can be fixed to transportation tactical worksheet
 - Mark hospital destination

Back

- Vital Signs: three sets of vital signs
- Medical History: can be obtained from Medic Alert devices
- Treatment: additional treatments and remarks
 - time treatment actions taken & provider initials

TIM	E PULSE	B/P	RESP	LEVEL OF CONSCIOUSNESS		
MEDICATI	ONS/MEDICAL PROBLEM	S				
ALLERGIE	S			Pales Year		
ME	TREA	TMENT RECO	RD	INITIAL		
	□ BVM □ E	Г 🗆 ЕОА	☐ PTL			
	Oxygen by	at	L/	min		
	☐ Bleeding Con					
	☐ Spinal Immob					
	☐ IV Started at					
	☐ MAST Applied ☐ Inflated					
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SUMMARY

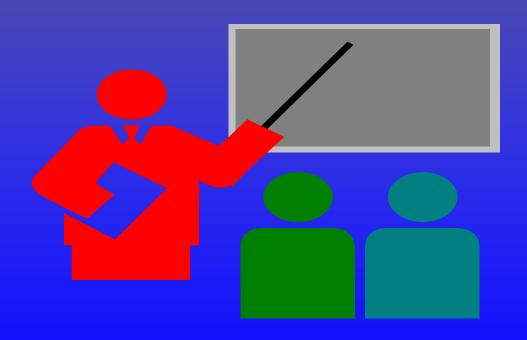
 Incidents of any kind have potential to overwhelm EMS system personnel,



equipment, resources, and medical facilities.

Preparation and preplanning

 Help to be more efficient in all elements of mass casualty management



Do the Greatest Good For the Greatest Number

First on Scene

 First responding emergency unit is by default IN CHARGE until relieved



 Must take first steps toward a successful solution to the problem

Five S's

Scene safety	S-1
Scene Size-Up	S-2
Send for help	S-3
- Set-up	S-4
- START/JumpSTART	S-5

S.T.A.R.T. Algorithm

- Simple and efficient process for initial triage
- Practiced and used in all MCI's



Treatment Phase

Requires secondary triage

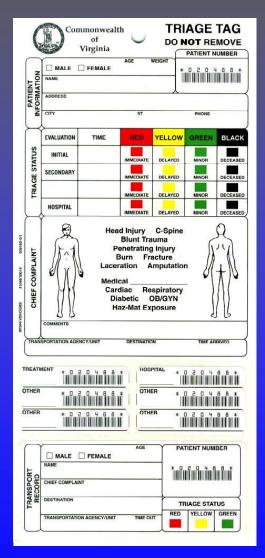


 More in-depth assessment to prioritize patients for treatment and transportation

Virginia Triage Tag

Designed to make patient categorization easier

Provide a continuous documentation tool



Incident Management System

 Expands to meet needs of organizations responding to MCI's

 Virginia MCI procedures and incident management systems covered in more detail in Module II of the Virginia Mass Casualty Incident Management Program

