

The Role of the PSAP during an M.C.I.

2013 Virginia EMS Symposium

INTRODUCTIONS

Ken Crumpler

Communications
Coordinator

Virginia Office of
Emergency Medical
Services

Objectives

- Upon completion of this course participants will be able to:
 - Define Mass Casualty Incident (MCI)
 - Understand the difference between disasters and MCIs
 - Define S.T.A.R.T. and understand its components
 - Understand how triage benefits resource response and management
 - Understand the importance of the PSAP during an MCI

MASS CASUALTY INCIDENT

- 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.

MCI vs. DISASTER

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



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

MCI – MASS CASUALTY INCIDENT

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



GOALS OF MCIM

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**

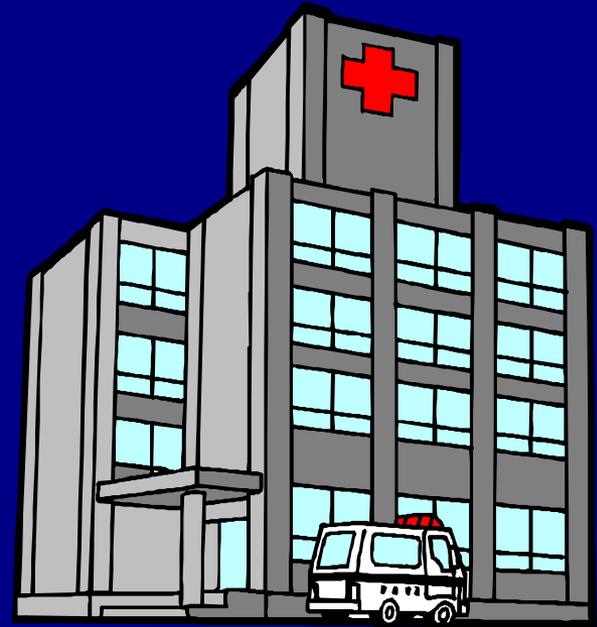
RESOURCE DEMANDS

- Equipment
- Responding Personnel
- Facilities



DO NOT RELOCATE THE DISASTER!

- Patient prioritization at the scene important for casualty distribution
 - Don't send all the patients to one hospital!



FIRST ARRIVING UNIT

- Begin the following actions:

5 S's

SAFETY ASSESSMENT S - 1

- Assess scene for safety



SCENE SIZE-UP

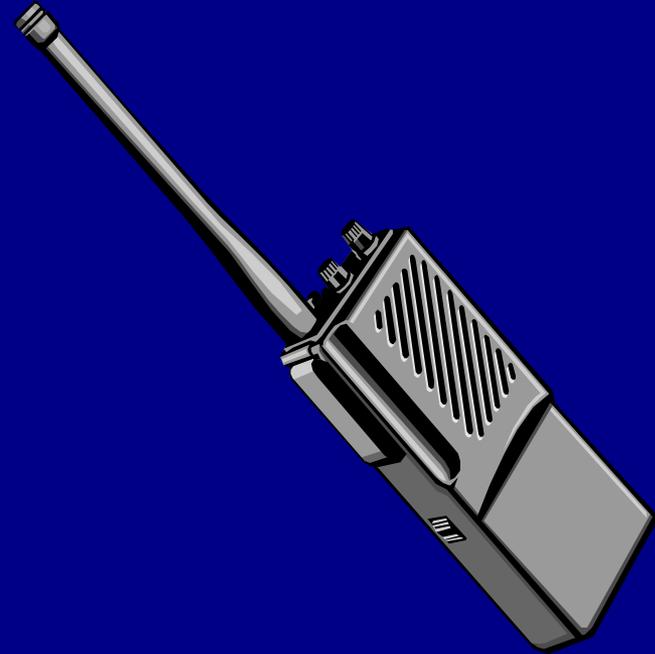
S - 2

- 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

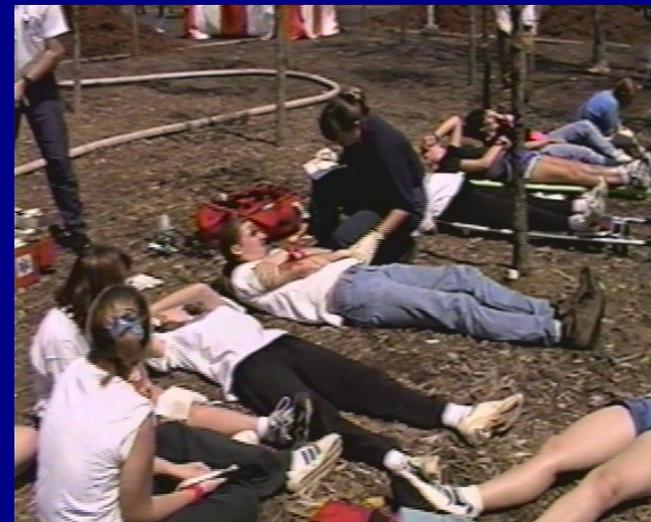
- Report Situation
- Request Assistance
- Rapid Hospital Notification



SET UP

S - 4

- Incident Command Structure
- Staging
- Secure Adequate Space
 - Incident Command
 - Triage
 - Treatment
 - Transportation





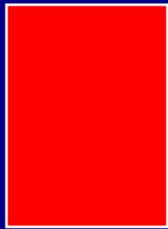
S - 5

- Simple Triage and Rapid Treatment
- Assures rapid initial assessment of all patients as basis for assignment to treatment
- Triage - French for "to sort"

SIMPLE TRIAGE AND RAPID TREATMENT (START) SYSTEM

PURPOSE OF TRIAGE

- Assigns treatment priorities
- Uses universal colors
- Separates victims into easily identifiable groups



RED TAGGED

- Immediate (highest priority).
- Problems with: RPMS
 - R – Respirations/airway
 - P – Perfusion/pulse
 - M – Mental Status
 - S - Severe burns which compromise airway

YELLOW TAGGED

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

GREEN TAGGED

- Minor (third priority)
 - "Walking wounded"
 - Minor painful swollen deformities
 - Minor soft tissue injuries

BLACK TAGGED

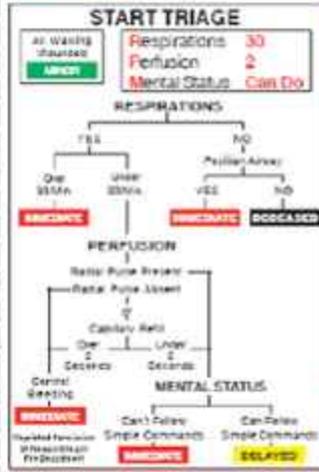
- Dead/non-salvageable (lowest priority)
 - Non-breathing patients
 - Resuscitation would normally be attempted
 - Not salvageable given resources available early in MCI response

Involved

- Uninjured or not requiring treatment
 - May require relocation to a safe area
 - Will not require EMS intervention

Personal belongings Tag
Triage Tag, Etc.

Circle START Criteria Used To Select Patient Triage Category



DISASTER RESPONSE TRIAGE TAG



A123456

Salivation **NERVE**
 Laceration **AGENT**
 Urination **INDICATORS**
 Delegation
 Gastrointestinal Distress
 Emetics

Check Here Only If Decon Was Needed & Performed

OTHER FAMILY MEMBERS Are Involved in Incident
 Name: _____ Relation: _____

Name _____ M Age _____
 F

Address _____

Medical History _____

Meds _____ Allergies _____

Medical Crew _____

SEX M / F
 AGE
 NAME
 TRASP UNIT

HOSP

TRASP TIME
 INVOLVED
 OTHER FAMILY

PRIORITY 0



DECEASED/EXPECTANT

PRIORITY 0

PRIORITY 1



IMMEDIATE

PRIORITY 1

PRIORITY 2



DELAYED

PRIORITY 2

PRIORITY 3



MINOR

PRIORITY 3

PRIORITY 4

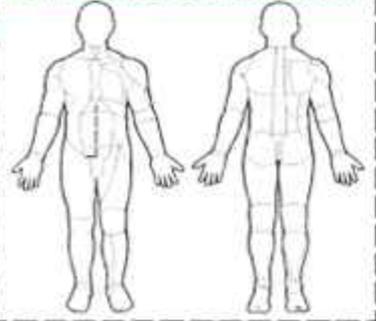


INVOLVED BUT NO APPARENT INJURIES

PRIORITY 4

CHECK TYPES OF INJURIES

NOTE AREAS INJURED ON FIGURES BELOW



- SPINAL
- BLUNT TRAUMA
- BURN
- FRACTURE
- LACERATION
- PENETRATING INJURY
- HEAD INJURY
- MEDICAL PROBLEM:

TIME	PULSE	RESP	B/P	AVPU

LUNG SOUNDS: _____ ECG / SpO2 / OTHER: _____

TIME	TREATMENT/MED/DOSE/BY	TIME	TREATMENT/MED/DOSE/BY

NO. OF MARK 1 KITS ADMINISTERED: NO. OF DIAZEPAMS ADMINISTERED:

TRANSPORTATION INFORMATION ON OTHER SIDE

ADDL TRANSPORT INFO / COMMENTS:

PRIORITY 0

DECEASED/EXPECTANT

PRIORITY 0

PRIORITY 1

IMMEDIATE

PRIORITY 1

PRIORITY 2

DELAYED

PRIORITY 2

PRIORITY 3

MINOR

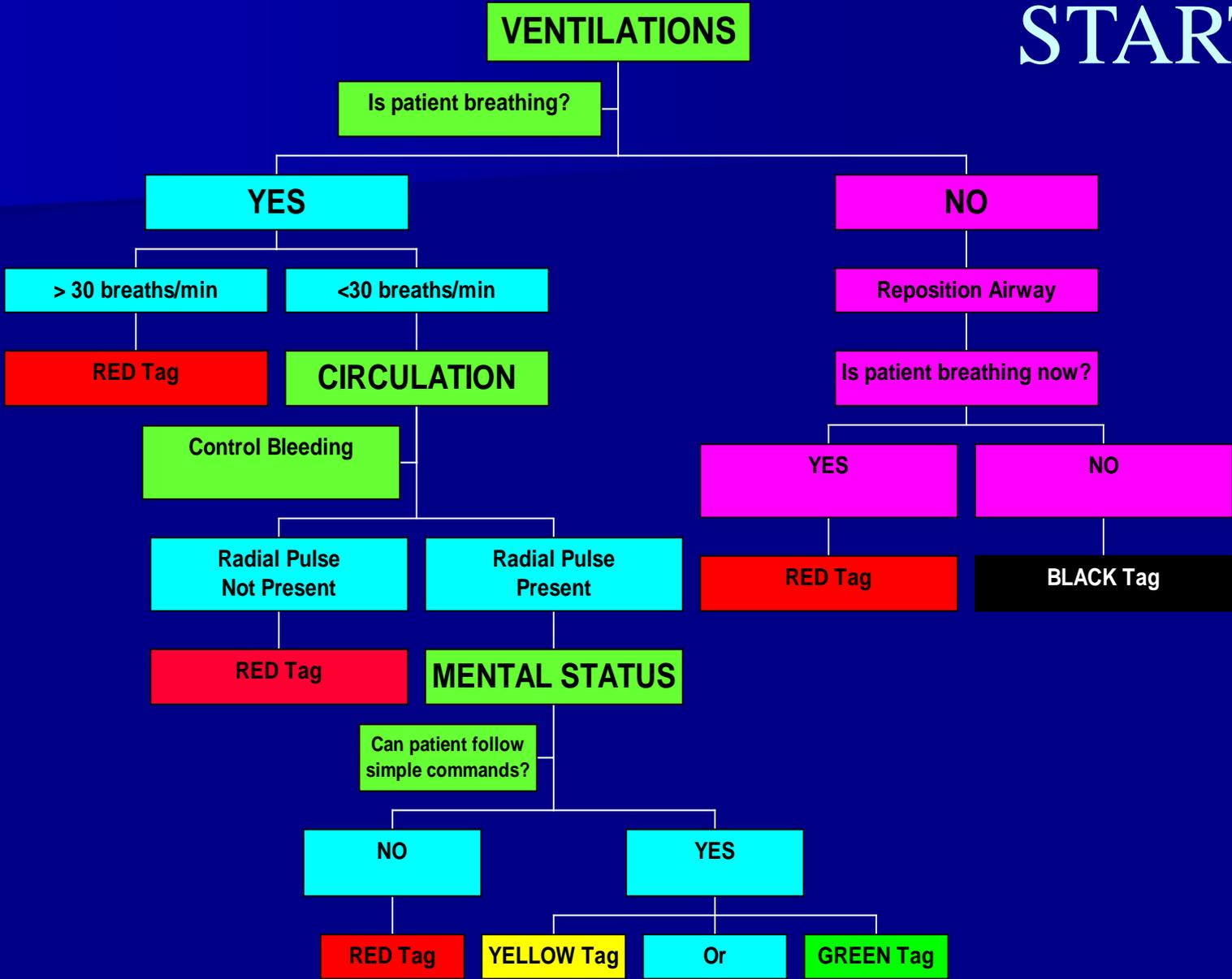
PRIORITY 3

PRIORITY 4

INVOLVED BUT NO APPARENT INJURIES

PRIORITY 4

START



Role of the PSAP

Initial Communications

■ With caller

- Ask them to do the following:
 - Estimate number of patients
 - Provide information on types of injuries
 - i.e. burns, trauma, medical
 - Describe type of incident
 - i.e. car accident, building collapse, bombing
- May be able to guide them in basic triage methods
 - If they have breathing problems or significant bleeding – RED
 - If they appear conscious, but aren't walking – YELLOW
 - Walking - GREEN

PSAP Responsibilities

- Dispatch of additional resources
 - In jurisdiction resources
 - Local Mutual Aid
 - Regional Mutual Aid
 - Statewide Mutual Aid
- Notification of Regional Coordination Center
 - Ensures that hospital system prepares for influx of patients

PSAP Responsibilities

- Monitor multiple channels
 - Staging, Operations, Command, and Logistics may all be on different channels
- Work with Incident Commander to conduct Personnel Accountability Reports (PAR)

What about EMD Protocols?

- Due to the nature and scope of the incident, normal EMD protocols can probably be waived and the "Emergency Rule" will be observed.

Emergency Rule

The Emergency Rule states that "one who is faced with an emergency cannot be held to the same standard of conduct that he/she would otherwise be held to when not faced with such a situation."

It is based on the
"principle of reasonableness."

Non-Standard Procedures

- Units may not mark enroute to the hospital
 - Minimizes radio traffic
- Units may not mark clear from the hospital or enroute back to the scene
 - Minimizes radio traffic

Non-Incident Activities

- Regular, routine and non-incident driven calls and radio traffic will still be occurring at this time.
- Do not get "tunnel-vision"
- Allocate resources to insure **all** calls are handled and processed correctly.

Conclusion

- PSAP's play important and ongoing role in mass casualty incident response
- Knowledge of progression of on-scene activities by PSAP personnel ensures more effective response during an MCI
- PSAP personnel should work with localities to participate in MCI drills

Questions/Comments

Ken Crumpler

Communications Coordinator

Virginia Office Of EMS

1041 Technology Park Dr.

Glen Allen Va. 23059

804-888-9100

Ken.crumpler@vdh.virginia.gov