

Virginia Mass Casualty Incident Management Module I

Awareness Level



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

Version: 2011

INTRODUCTIONS

- Welcome
 - Exit
 - Bathrooms
 - Smoking/Vending
- Instructor Introduction
- Student Introduction

COURSE OBJECTIVES

- Upon completion of this course students will be able to:
 - Define Mass Casualty Incident
 - List the three goals of mass casualty incident management
 - Describe initial response actions and medical management to mass casualty incidents

COURSE OBJECTIVES (cont.)

- Upon completion of this course students will be able to:
 - Triage simulated patients correctly using START algorithm
 - Understand the critical need for casualty accountability
 - Review Virginia Triage Tags

An Introduction...

- Recognize there are multiple triage methods
- S.T.A.R.T. is the Virginia Recognized Standard
- Course is designed to teach basic S.T.A.R.T. concepts

Course Information

- MCIM provides a small snapshot of National Incident Management System
- This course teaches only one component of ICS. The following courses provide information on the overall system
- Additional Trainings are available
 - ICS 100, 200, 700, 800
 - <http://training.fema.gov/IS/>

MASS CASUALTY INCIDENT

- Virginia's geographic location, areas of dense population, major transportation routes and unique hazards provide the potential for incidents to occur which could result in significant number of casualties, overwhelming available resources.

MCI vs. DISASTER

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



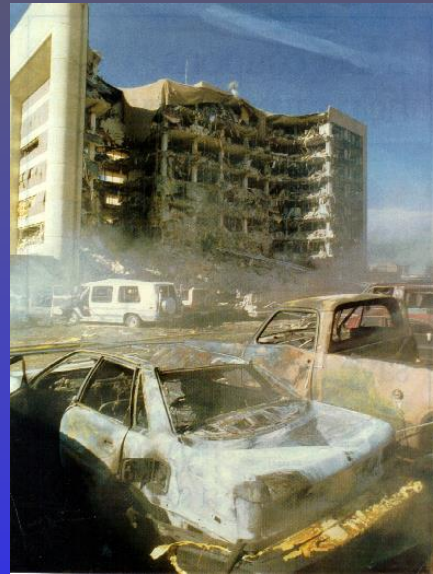
- States & localities declare “state of emergency”
- The President declares “major disaster”

TYPES OF INCIDENTS

Natural Disasters



Criminal/Terrorist



Civil Disobedience



Technical Hazards



Transportation



Mass Gatherings



MCI – MASS CASUALTY INCIDENT

- Any incident that injures enough people to overwhelm resources usually available in a 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
 - Takes equipment from 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!
- Remember the impact of those patients who have self-transported to the hospitals



EMS INITIAL ROLES AND RESPONSIBILITIES

- EMS is a specific component of overall incident management system



FIRST ON SCENE

- First responding emergency unit is by default **Incident Command** until relieved



- Must take first steps toward a successful solution to the problem

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 and types of injuries
 - Area involved, focusing on access to the scene

SEND INFORMATION

S - 3

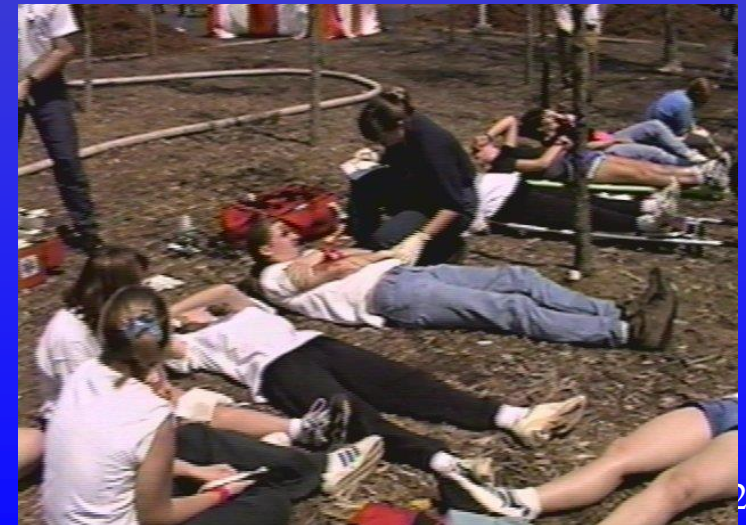
- Report Situation
- Request Additional Resources
- Ensure Immediate Hospital Notification
- Notify Medical Examiner if necessary



SET UP

S - 4

- Incident Command Structure
 - Workspace
- Staging
- Secure Access/Egress
- Secure Adequate Space
 - Triage
 - Treatment
 - Transportation



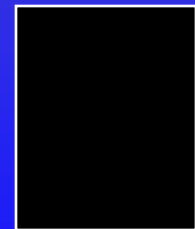


S - 5

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

PURPOSE OF TRIAGE

- Assigns treatment priorities
- Separates victims into easily identifiable groups



PURPOSE OF TRIAGE (cont.)

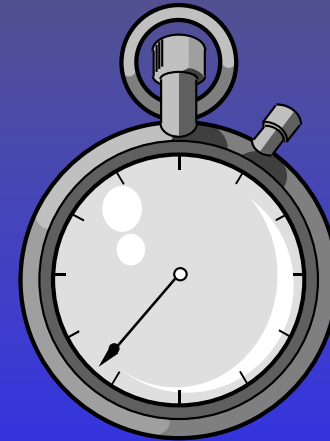
- Determines required resources
 - Treatment
 - Transportation
 - Definitive care
- Prioritization of patient distribution and transportation

BENEFITS OF TRIAGE

- Identifies salvageable patients
- Provides rational distribution of casualties

PROBLEMS WITH OTHER TRIAGE SYSTEMS

- Rely on specific injuries and assessment findings



- In-depth assessment requires too much time

IDEAL TRIAGE SYSTEMS

- Simple
- Easy to perform
- Easy to teach and learn
- Provide for rapid and simple life-saving interventions
- Does not require a specific diagnosis
- Part of an ongoing process

SIMPLE TRIAGE AND RAPID TREATMENT (START) SYSTEM

- Triage ribbons
 - Surveyors tape may be used to make ribbons
- Universal colors are used



RED TAGGED

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

YELLOW TAGGED

- Delayed (second priority)
 - No significant problems to:
 - R - respiration
 - P - perfusion
 - M – mental status
 - Burn patients without airway problems
 - Able to follow commands, but unable to self-relocate to pre-designated GREEN area

GREEN TAGGED

- Minor (third priority)
 - “Walking wounded”
 - Able to self-relocate to predesignated GREEN area

BLACK TAGGED

- Dead/non-salvageable (lowest priority)
 - Non-breathing patients
 - Resuscitation would normally be attempted
 - 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
- Send them to an easily recognized place
- Ensure patients are supervised at ALL times



MOVE IN ORDERLY MANNER

- Assess each casualty you come to
- Mark priority using triage ribbons



MAINTAIN COUNT

- Maintain a count of casualties



MINIMAL TREATMENT

- Only three life-saving interventions are:
 - Open the airway
 - Stop gross bleeding

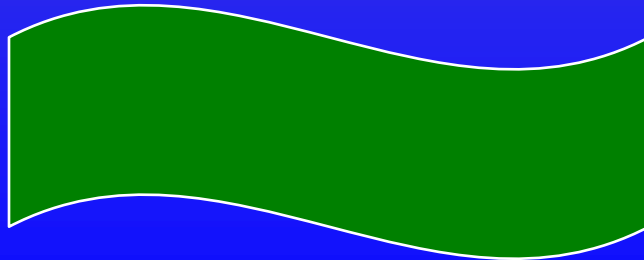


- Safe patient positioning
 - Shock position
 - Recovery position

KEEP MOVING

RELOCATE GREEN

- To a designated area
 - Away from immediate danger
 - Outside initial triage area
- Tape each as GREEN patient

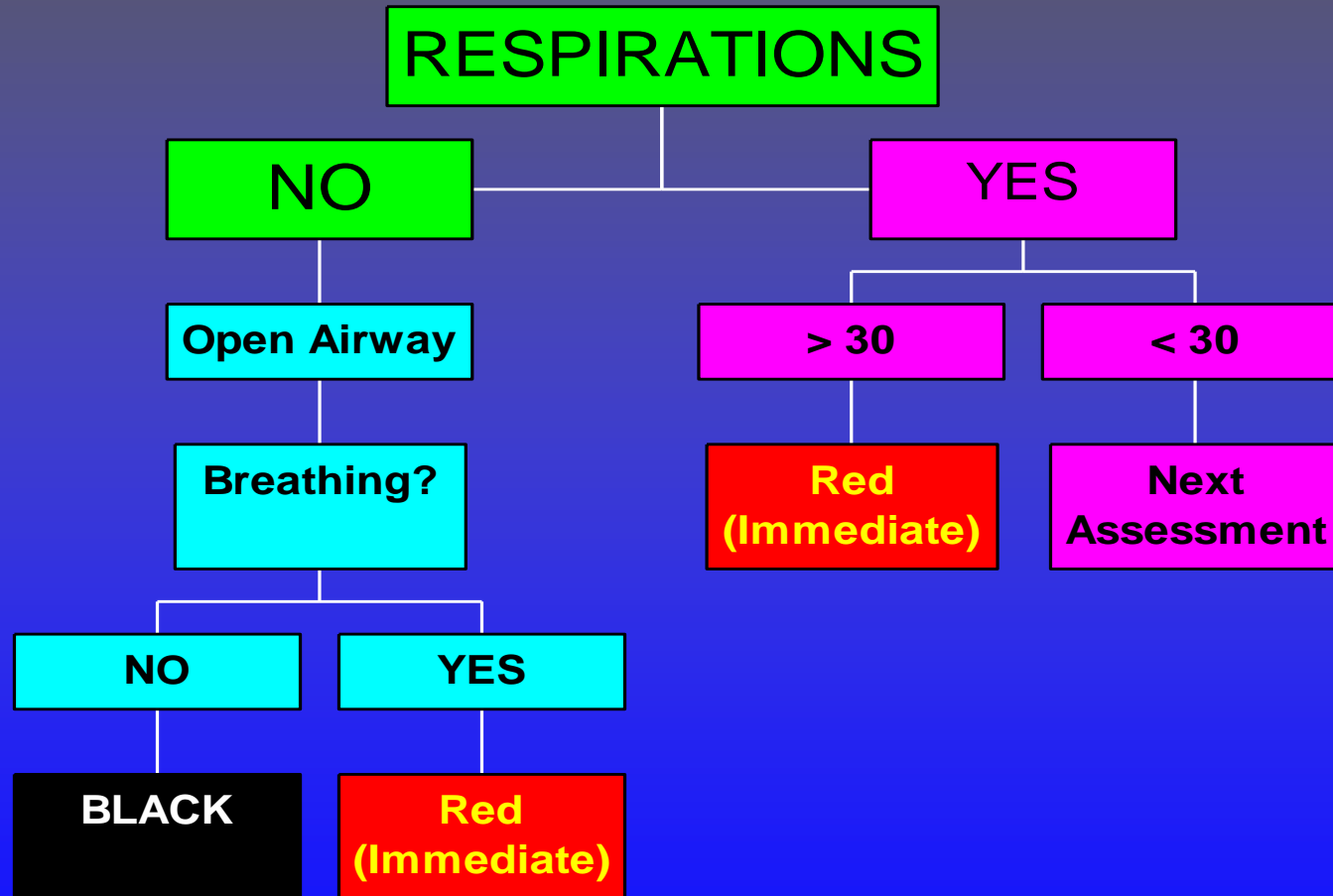


STEPS IN START/JUMPSTART ASSESSMENT

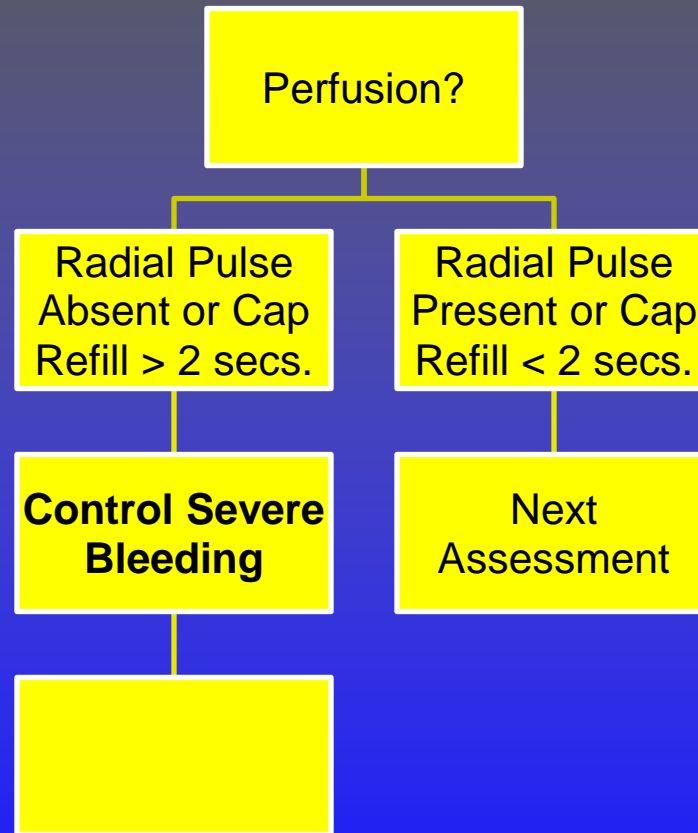
- Step 1- Moving Green patients to supervised area
 - *Already done*



STEP 2 - RESPIRATION

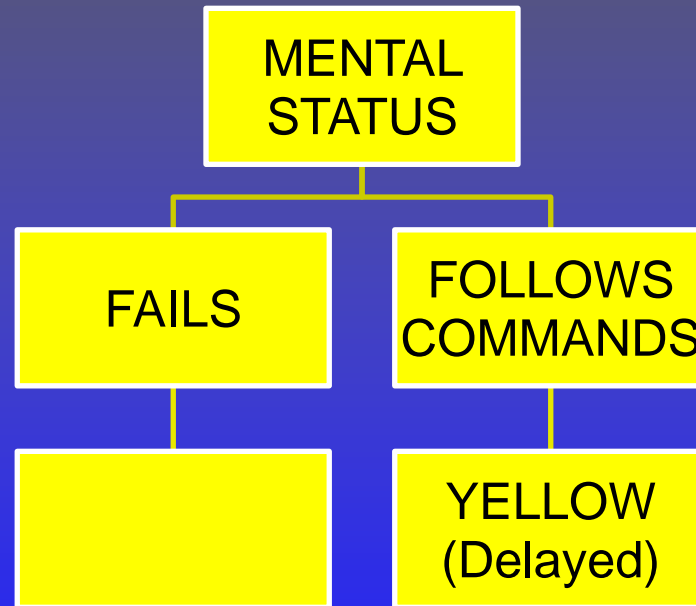


STEP 3 - PERFUSION



- Stop major bleeding
- Safe patient positioning

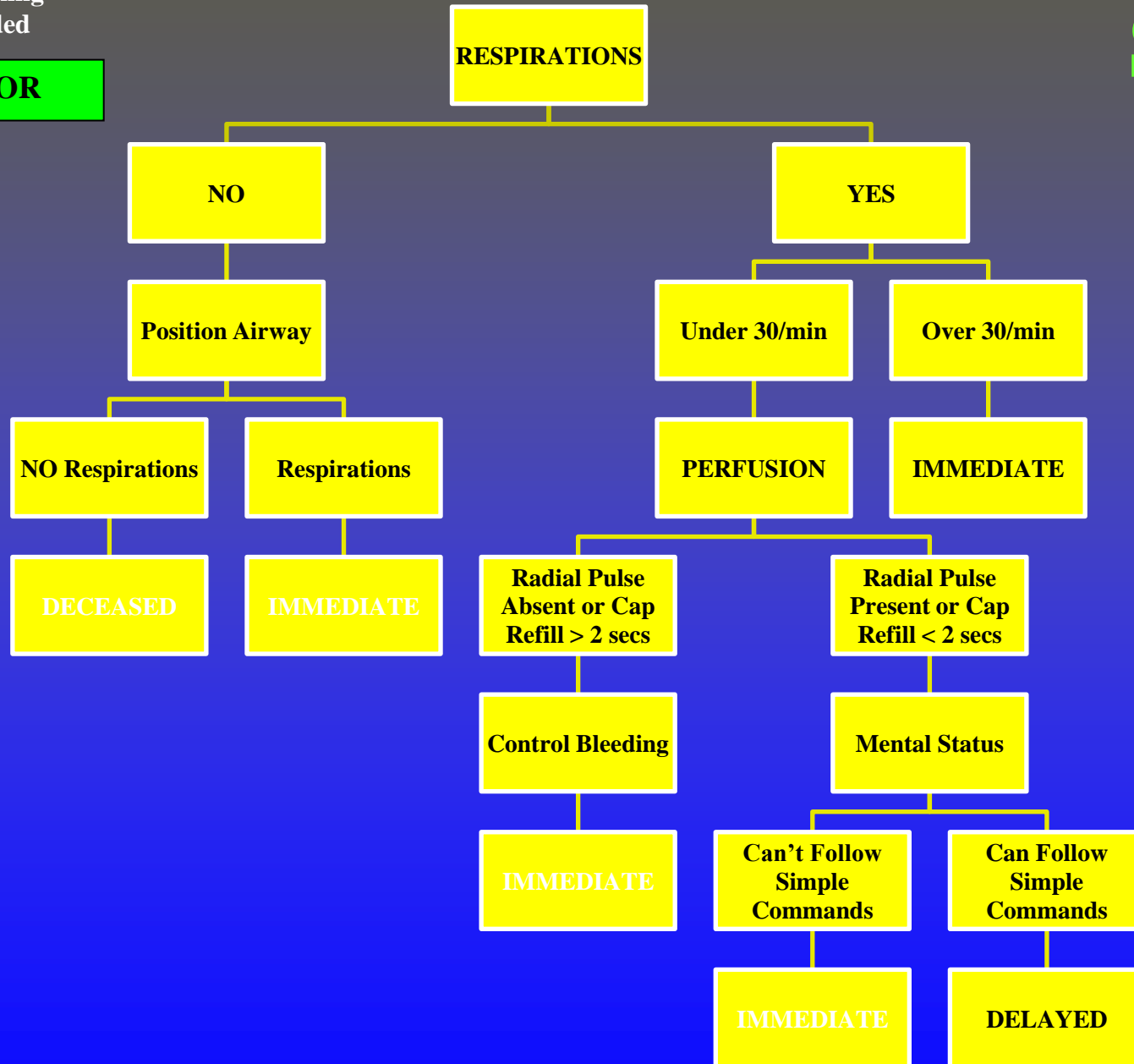
STEP 4 - MENTAL STATUS

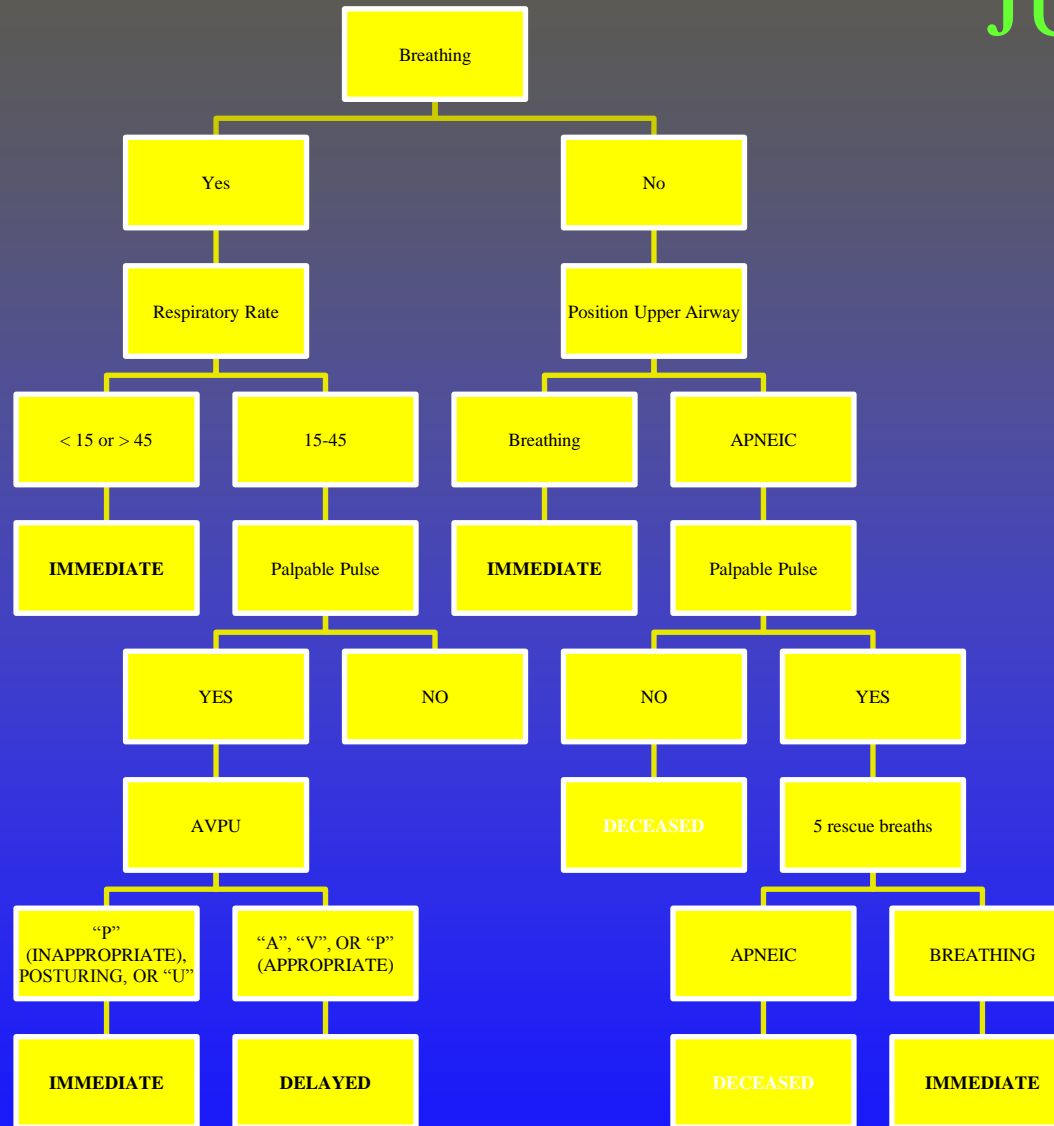


All Walking
Wounded

MINOR

START





*evaluate infants first in secondary triage using the entire JumpStart algorithm

CONTINUOUS TRIAGE PROCESS

- Secondary Triage is an in-depth reassessment based on clinical experience and judgment.
- On-going process
- Can be done
 - Prior to placement in treatment area
 - In treatment area
 - On way to hospital

VIRGINIA TRIAGE TAG

VIRGINIA TRIAGE TAG

- White, weather resistant material
- Designed for use with ball point pen

Commonwealth of Virginia **TRIASGE TAG DO NOT REMOVE**

PATIENT INFORMATION

AGE WEIGHT
 MALE FEMALE
 NAME
 ADDRESS
 CITY ST PHONE
 PATIENT NUMBER
 * 0 2 0 4 8 8 *

TRIASGE STATUS

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

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma
 Penetrating Injury
 Burn Fracture
 Laceration Amputation
 Medical
 Cardiac Respiratory
 Diabetic OB/GYN
 Haz-Mat Exposure

COMMENTS

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT * 0 2 0 4 8 8 *
 OTHER * 0 2 0 4 8 8 *
 OTHER * 0 2 0 4 8 8 *

HOSPITAL * 0 2 0 4 8 8 *
 OTHER * 0 2 0 4 8 8 *
 OTHER * 0 2 0 4 8 8 *

TRANSPORT RECORD

AGE
 MALE FEMALE
 NAME
 CHIEF COMPLAINT
 DESTINATION
 TRANSPORTATION AGENCY/UNIT TIME OUT
 PATIENT NUMBER
 * 0 2 0 4 8 8 *
 TRIASGE STATUS
 RED YELLOW GREEN

CAPABILITIES

- Multiple triage assessments of patient
- Continuous patient information recording
- Continuous patient accountability and tracking
- Designed for easy interface with patient hospital records

FORMAT - FRONT

- Patient Information section
 - Information not always obtainable

Commonwealth of Virginia

















TRIAGE TAG
DO NOT REMOVE

PATIENT INFORMATION	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	WEIGHT	PATIENT NUMBER
	NAME			* 0 9 1 3 9 9 *
	ADDRESS			
	CITY	ST	PHONE	

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

TRIAGE STATUS SECTION

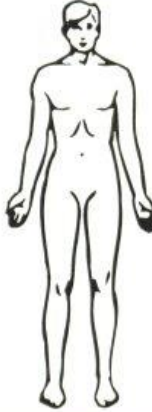

- INITIAL - START assessment
- SECONDARY - reassessment at scene or in treatment area

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 COMPLAIN SECTION

- Major obvious injuries or illnesses circled
- Indicate injuries on human figure

CHIEF COMPLAINT		Head Injury C-Spine Blunt Trauma Penetrating Injury Burn Fracture Laceration Amputation	
	Medical _____ Cardiac Respiratory Diabetic OB/GYN Haz-Mat Exposure		
COMMENTS			

- Additional information added on Comments line

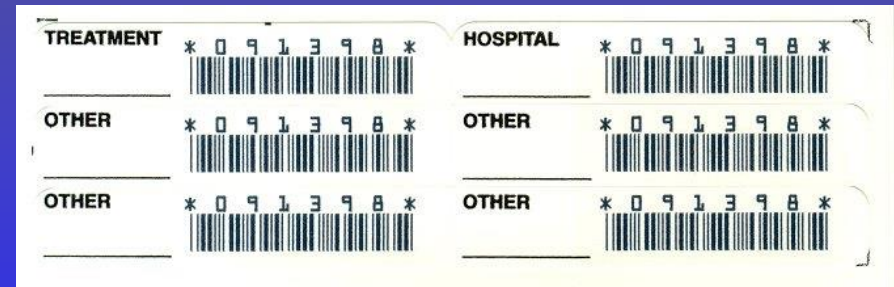
TRANSPORTATION LINE

- Transporting unit notes
 - Agency information
 - Destination facility
 - Time patient actually arrived

TRANSPORTATION AGENCY/UNIT	DESTINATION	TIME ARRIVED

PULL-OFF LABEL SECTION


- “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 facility destination

TRANSPORT RECORD	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	PATIENT NUMBER		
	NAME		* 0 2 0 4 8 8 *		
	CHIEF COMPLAINT				
	DESTINATION		TRIAGE STATUS		
	TRANSPORTATION AGENCY/UNIT	TIME OUT	<input type="checkbox"/> RED	<input type="checkbox"/> YELLOW	<input type="checkbox"/> GREEN

SUMMARY

- Incidents of any kind have potential to overwhelm EMS system personnel, equipment, resources, and medical facilities.
- Preparation and preplanning improve efficiency in all elements of patient management at mass casualty incidents

ALWAYS REMEMBER

**Do the Greatest Good
For the Greatest Number**

ANY QUESTIONS?

