MASS CASUALTY INCIDENTS

THIS CAN HAPPEN IN YOUR COMMUNITY!!

Gary’s PERLs on Incident Command & MCIs

- Conventional assessment, thinking and priorities go out the window
- To whom much has been given, much will be expected
- Everything that you have been taught about being a paramedic needs to be untaught during a MCI

MCI Terminology

- What is a Mass Casualty Incident (sometimes called a Multiple Casualty Incident)?

"when the number of patients and the severity of their injuries exceed the capacity of area medical systems and facilities"
Multiple Casualty Incidents

- Produces more patients than a jurisdiction is *routinely* capable of handling.
- But the number of patients and the severity of injuries do not exceed the capacity of medical systems, hospitals and facilities to render care.
- While may require uncommon mobilization of resources, patients with the most critical injuries can still be treated first.

Mass Casualty Incident

- Number of patients and severity of injuries exceeds the resources available of medical systems and facilities
- Forces an allocation of resources that allows those with the best chance of survival who require the least expenditure of time, equipment, supplies and personnel to be managed first
- Definition differs from one community to another (according to resources)

Disaster

- A Mass Casualty Incident that overwhelms resources both on scene and at receiving facilities → infrastructure collapses
- Most challenging situations
- Overwhelming
  - Large number of patients
  - Lack of specialized equipment and/or adequate help

Disasters

- Critical infrastructure
  - Electrical power grid
  - Communication system
  - Fuel for vehicles
  - Water
  - Sewage removal
  - Food
  - Hospitals
  - Transportation systems

Factors having bearing on extent of MCI

- Number of patients
- Severity / Acuity
- Resources available
- Rescue Operations
- Special operations needed
- Environment
- Injuries may be secondary to medical issue, trauma or both

Incident Management System
NIMS

• Originally established in California in the 1970’s for large wildfires
• In the 1990’s there were two recognized systems which worked but frequently conflicted with each other in terminology and structure.
• All that changed with the World Trade Center Incident…on February 28, 2004 a Presidential Directive to the Department of Homeland Security created the National Incident Management System (NIMS)

NIMS

• Designed to:
  – create a clear chain of command
  – establish Incident Command Structure (ICS) which has common terminology
  – establish common structure
  – establish consistent approach for federal, state, local and tribal governments to work together
  – Provide an orderly and systematic planning processes with flexible management structure

NIMS

• Eight concepts to NIMS:
  – Command is established early
  – Clear chain of command & unity of command
  – Incident Action Plan → objectives
  – Transfer of command
  – Span of control – 3-7 people
  – Common Terminology
  – NIMS designated Titles
  – Integrated communications between all agencies

NIMS

At the core of the structure is an Incident Commander (IC) is established on scenes and establishes the other components of the ICS as needed.

And The Tones Go Off…..

Beep, Beep, Beep, Beep, Beep, Beep…….. You are the fist arriving unit to a head on MVC with 5 victims reportedly involved…what are your initial responsibilities?

Initial Scene Size Up

• Scene Size up (sometimes called “windshield survey”) includes answering three questions:
  1. What do I have?
     • Scene safety
     • Complete 360° walk around (if you can)
     • Confirm incident location
  2. Open or closed incident
  3. Establish initial IC and name incident
  4. Communicate with dispatch agency
Initial Scene Size Up

- Scene Size up (cont.)
  - 2. What do I need to do?
    - Safety (you, your partner, other rescuers, before patients and bystanders)
    - Incident Stabilization
    - Preservation of life safety, property and environment
    - Survive the initial onslaught!!
  - 3. What do I need?
    - Resources
    - Consider hospital(s) that may be needed
    - Consider radio communication channels

Components of ICS...the structure can look this complicated or...

...This simple...

But as it relates to a sizeable medical incident

Command Staff

- Incident Commander (IC) primary responsibilities:
  - Overall responsibility of scene
  - Ensuring scene safety
  - Providing information within and outside of the scene
  - Establishing and maintaining communication with other agencies involved in the incident
  - Establishes single versus unified command

Command Staff

- Safety officer
  - Monitors the scene for hazards
  - Environmental health and hazardous materials specialist
  - Authority to stop an emergency operation

- Public information officer (PIO)
  - Provides the public and media with information
  - Positioned well away from incident command post
  - Must keep the media safe
  - Disseminates messages aimed at helping a situation, preventing panic, and/or providing evacuation directions
Operations Staff

- Operations
  - Manages tactical operations
  - Supervises rescuers
  - Answers to IC
- Fire Branch:
  - Supervises primary roles of the fire operation group
  - Rescue –
    - Victims may need to be extricated or rescued before triage and treatment.
    - Determines the type of equipment and resources needed for the situation
  - Hazmat
    - Ensures fire units are working within the ICS
    - Answers to Ops

Medical Branch / Group Leader

- Medical branch / group leader
  - Supervises primary roles of the medical group
  - Triage
  - Treatment
  - Tracking & Transport of the injured
  - Ensures EMS units are working within the ICS
  - Communication is a must!!
  - Answers to Ops

Triage Officer

- Triage officer
  - Counting and prioritizing patients
  - Ensures initial assessment and transportation to appropriate treatment group
  - Don’t begin treatment until all patients are triaged.
  - Triage is a continuous process
  - Answers to Medical branch / group leader
  - Communication is a must!!

Treatment Officer

- Locates and sets up treatment area
  - Tier for each priority of patient
  - Secondary triage
  - Resupply
  - Communicates with medical branch leader
  - Further breakdown of supervisor of triaged patients → Red, Yellow Green
  - Answers to Medical Branch / Group leader

Transportation Officer

- Coordinates transportation and distribution
- Coordination with incident command (through Medical branch / group leader and ops)
- Communicates with area hospitals
  - Determines where to transport patients
  - MCI typically disrupts region’s trauma system.
- Documents and tracks
  - Number of vehicles transporting
  - Patients transported
  - Facility destination of each vehicle and patient
- Use of non-conventional transportation means

Morgue Officer

- Dead patients
- Coordinates removal of bodies and body parts
- Leave victims in the location found until removal plan determined.
  - Location of victims may help in identification.
  - Crime scene considerations
- Initially is established under triage and then usually placed under treatment officer
- If morgue area necessary
  - Out of view of the living patients and other responders
  - Secure from the public
Rehabilitation Officer

- Establishes a rehabilitation section
  - Area providing protection for responders from the elements and the situation
  - Located away from exhaust fumes and crowds (especially the media) and out of view of the scene
  - Monitors for signs of stress
  - Defuses and debriefs team

Triage Categories

- Triage – means "to sort"...first used by the French during WWI.

  - Four common triage categories
    - Immediate (red tag)
    - Delayed (yellow tag)
    - Minimal (green tag)
    - Expectant (black tag)

Triage Tags

- Assist in tracking patients and keeping an accurate record
  - Weatherproof and easily read
  - Color-coded
  - Symbols and colors
  - Tag will become part of the patient's medical record.

START Triage (1 of 2)

- Simple Triage And Rapid Treatment
  - Assessment of
    - Ability to walk – clears the walking wounded out (know where you want them to walk to)
    - Respiratory status
    - Hemodynamic status
    - Neurologic status

START Triage (2 of 2)

- Steps
  - Call out. Clear walking wounded (make sure you direct them where to go)
  - RPM
  - Respirations: assess the respiratory status and open airway.
  - Perfusion: check for a radial pulse.
  - Mental status: ability to follow simple commands.
Jump START Triage for Pediatric Patients

- Pediatric patients
  - Children younger than 8 or less than 100 pounds
- Respiratory status assessment
- Hemodynamic status
- Neurologic status

Triage Special Considerations

- Hysterical and disruptive patients
- Treating pediatric patients
- A sick or injured rescuer
- Hazardous materials and weapons of mass destruction

Transportation of Patients

- Immediate (red) or delayed (yellow)
- In extreme situations, "walking wounded" may be transported by bus.

Critical Incident Stress Management

- Responders may become overwhelmed.
- Stress management should be available but not imposed.
1. When does a scene become a Mass Casualty Incident?
   A. When there are greater than 2 patients.
   B. When the number of patients exceeds available resources.
   C. There are greater than 3 yellow patients.
   D. When there aren’t enough paramedics for the scene.

2. What factor has a bearing on the extent of an incident?
   A. An incident that is located ½ mile from a main highway in heavily wooded terrain.
   B. 30 patients categorized as green.
   C. That a HAZMAT team is needed for an incident.
   D. All of the above.

3. NIMs was created to:
   A. Allow the federal government jurisdiction over MCIs.
   B. To design a clear chain of command.
   C. To be able to put resources on standby.
   D. To offer further financial aid to local fire/EMS agencies.

4. Under START triage, a Red patient is one who is a:
   A. 39 y/o male patient who has a broken right femur.
   B. 28 y/o female who is not breathing when the airway is open.
   C. 36 y/o male who is breathing at a rate of 40/min and can’t follow simple commands.
   D. 23 y/o female patient, six months pregnant, who has a dislocated right arm as she follows your command to move.

5. What does the triage officer do once they have performed initial triage?
   A. They start caring for the sickest patients.
   B. They transport the most critical injured patients.
   C. They continue to re-triage the patients.
   D. They move over to the treatment sector.
Questions?

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