

MASS CASUALTY INCIDENT

Primary Care Paramedicine

Module: 20
Section: 04



Multiple Casualty Incident (MCI)

- Incident that generates large number of patients
- Traditional EMS response tends to be ineffective because of the nature of the incident
- Definitions vary but the numbers generally exceed traditional resources
- A disaster may involve hundreds of patients

- Origins in response to confusion surrounding several large scale fires in the 1970s
- Incident Management System (IMS) originally developed for use at major fires
- Now adopted by EMS, police, hospitals and industry

- Assumption of command
- Designation and coordination of:
 - Triage
 - Treatment
 - Transport
 - Staging

MCI

COMMAND AT MASS CASUALTY INCIDENTS

- Coordinates all scene activities
- Also called Incident Manager (IM) or Officer in Charge (OIC)
- Has the ultimate authority for decision making at scene
 - May delegate certain functions to others

- At a multiple casualty incident, the first unit on scene must assume command



- Singular command
 - One person coordinates the incident.
 - Most useful in smaller, single-jurisdictional incidents.
- Unified command
 - Managers from different jurisdictions share command.
 - Fire, EMS, law enforcement



Successful handling of any MCI involves coordination of key personnel—whether it be two or twenty people.



- First arriving unit establishes command.
- Assign command early in an incident.
- Establish a command post.

It is better to call too many resources than too few.



- Primary Staging
 - As close to the scene as possible
 - Quick, easy access to the scene
 - Good access and exit areas
- Secondary
 - Different direction than primary staging
 - Provides a contingency plan if conditions change

- All personnel must be recognizable at a scene
 - Reflective vests
- Use a worksheet or clipboard
- Command is only transferred with a short but complete briefing of the incident

- Use of command vests makes all personnel recognizable at the scene



- As the incident progresses, resources will be reassigned or released
- Roles may be redefined
- Demobilized resources
 - Personnel, vehicles and equipment released for use out side of the incident

- Triage
- Treatment
- Transport
- Staging

Organization of a Small to Medium Sized Incident

- Basic organization of EMS operations on a MCI



Incident
Commander

Triage Unit

Treatment
Unit

Transport
Unit

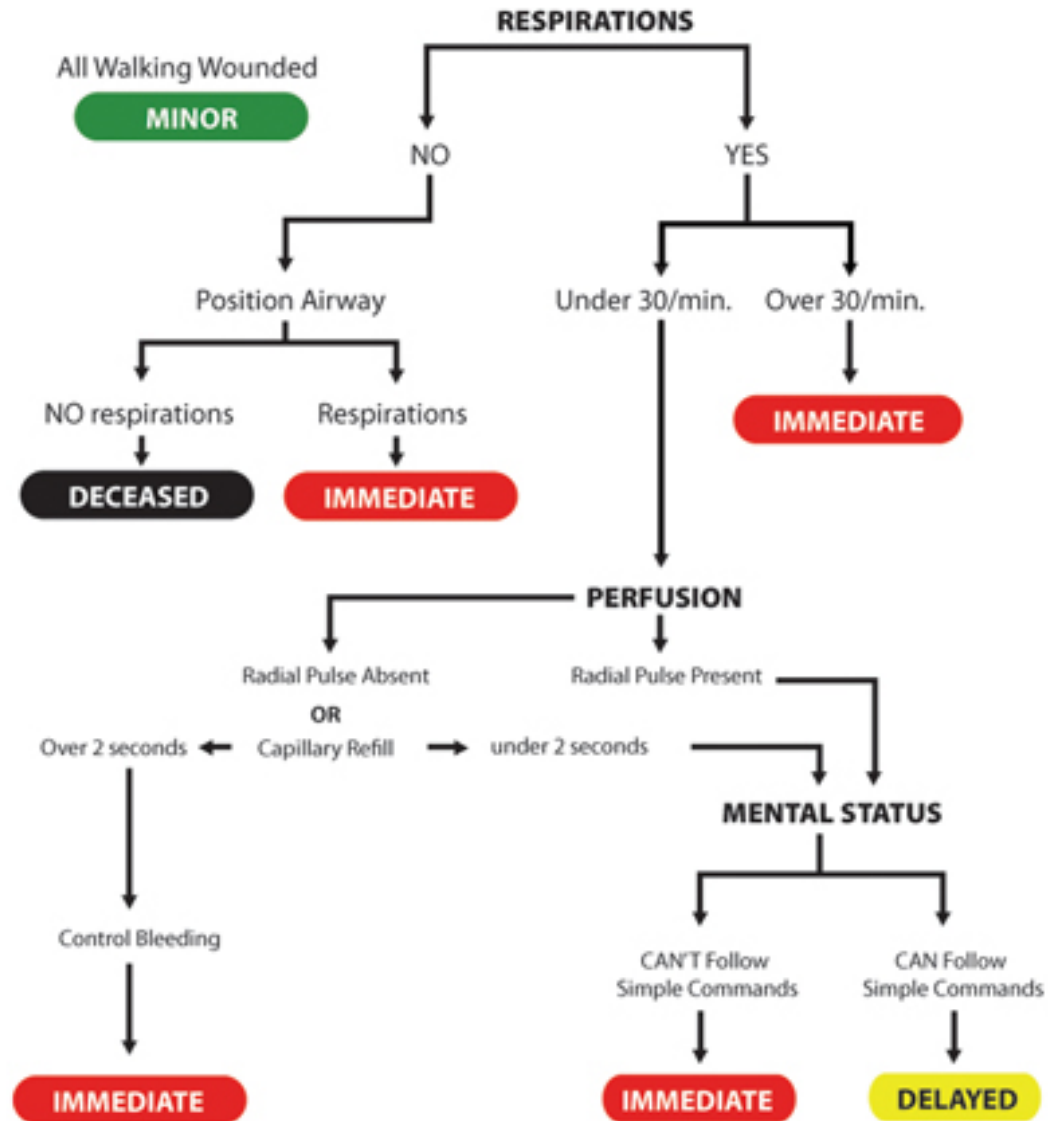


- Sorting of patients based upon the severity of their injuries
- Primary triage
 - Takes place early in the incident, usually on first arrival
- Secondary triage
 - Takes place after patients are moved to a treatment area

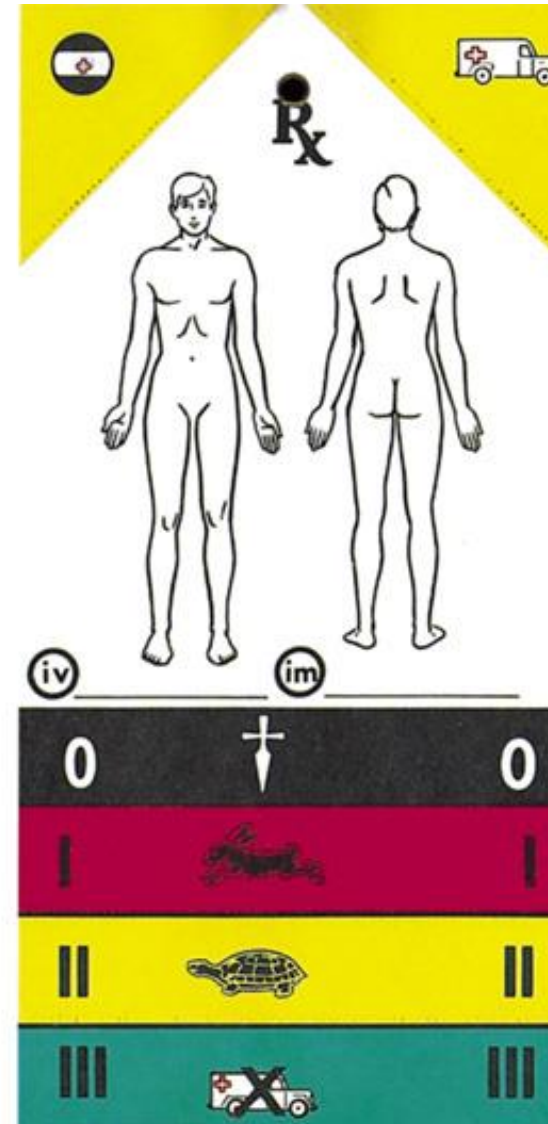
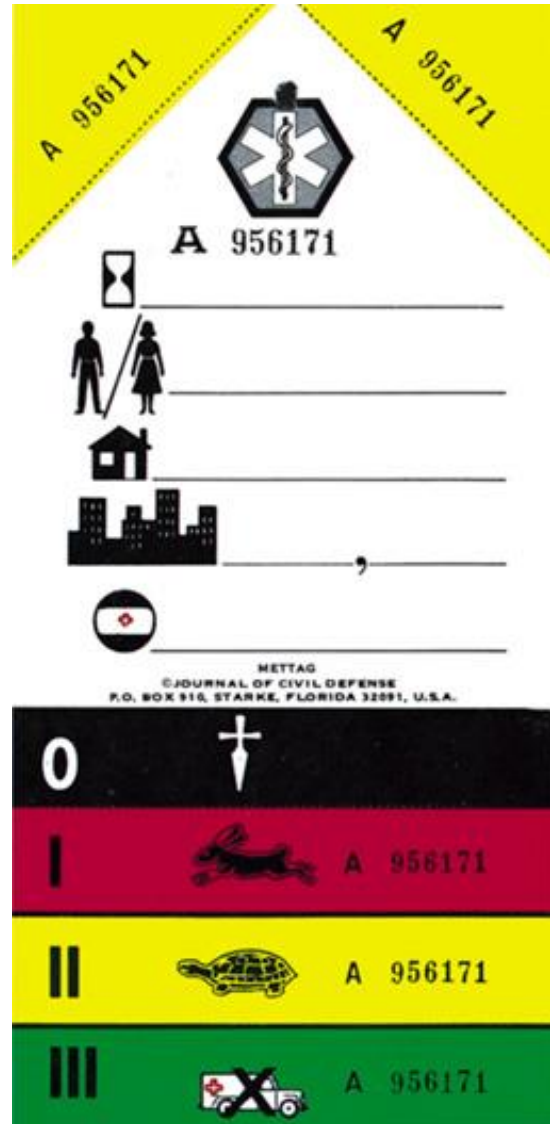
- Simple Triage and Rapid Transport
 - Assessment should take less than 30 seconds
- Based on
 - Ability to walk
 - Respiratory effort
 - Pulses/perfusions
 - Neurological status



- Can get up and walk
- Has an open airway
- Has respirations of less than 30/min
- Follows commands



- Alerts care providers to patient priority
- Prevents re-triage of the same patient
- Serves as a tracking system



- 39 y/o male
- Orientated X 4
- Respirations of 42
- Obvious fractured arm



- 75 y/o male
- Orientated X 4
- Respirations of 26
- Good radial pulse
- Shaking, scared



- 33 y/o female
- Orientated X 4
- Respirations of 20
- Good radial pulse
- Multiple abrasions with minor head bleeding



- 17 y/o female
- Unresponsive
- No respirations after airway adjustment



- 25 y/o male
- Conscious but confused
- Respirations of 24
- Good radial pulse
- Open leg fracture



- Treatment groups supervisor controls treatment units

Red treatment unit

- Provides care for all critical patients

Yellow treatment unit

- Noncritical patients that still require stabilization

Green treatment unit

- Ambulatory patients





Never say “It will never happen here.”

