

**University at Albany
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Center for Public Health
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Grand Rounds Series

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**Mass Casualty
Incident Management**

James Soto
Associate Director, BEMS
NYSDOH

Objective of MCI Training:

To maximize survivors of a multiple casualty incident (MCI)

Mass Casualty > Multiple Casualty

Why Public Health Staff Need to Know About MCI

- Local response protocols differ
- Multiple casualty may not just be trauma related
- Role of PH in MCI not widely known or tested
- PH staff may be part of response
- PH may need to partner with EMS during an MCI

MCI Definition

An MCI occurs when there aren't enough providers & equipment for the number of patients.

Basically, more victims than rescuers.

MCI Aren't Routine

EMS providers are taught to apply their skills to treat one patient at a time

Difficult Choices

An MCI forces the EMS providers to make choices regarding who would benefit most from their treatment or limited resources

EMT Triage Guidance

START

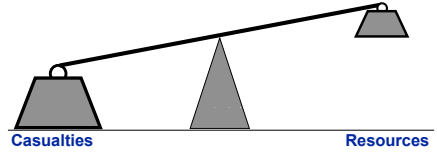
Simple Triage And Rapid Treatment
Use START as a sorting protocol

- Respiration
- Perfusion
- Mental Status

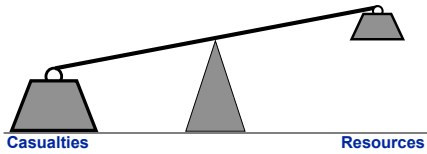
The MCI Scene



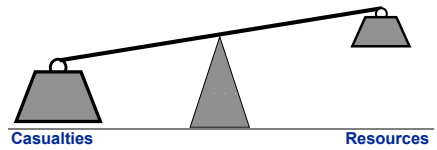
The Initial Problem



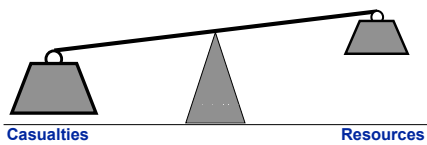
The Objective



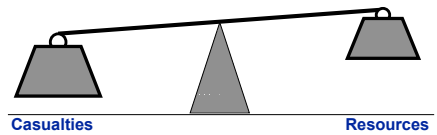
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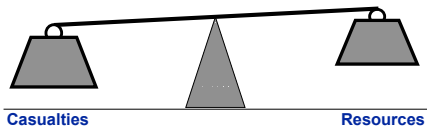
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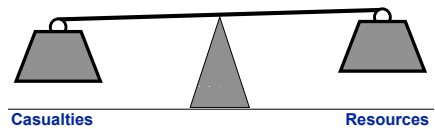
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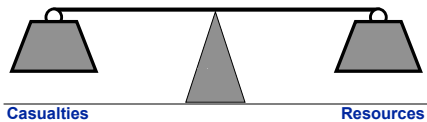
The Objective



The Objective



The Objective



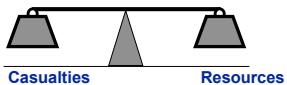
Time Is Important

The Golden Hour

“The critical trauma patient has only 60 minutes from the time of injury to reach definitive surgical care, or the odds of a successful recovery diminish dramatically”.



Pre-Hospital Trauma Life Support, Second Edition, Patient Assessment and Management, page #2, 1990.



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Maximum survivors

Triage is Sorting

“Large scale triage is the hardest job anyone in pre-hospital care will ever do”.

*A.J. Heightman, Mass Casualty Incident Management.
A practical approach to solving complex operational dilemmas.*

Triage

WHY ?

To get the right patient in the right place at the right time.

Triage

WHEN ?

When casualties exceed the number of skilled rescuers.

Triage

HOW ?

By a system which is:

- *Dynamic*
- *Quick*
- *Clinically Safe*
- *Reproducible*

Triage Coding

<u>Priority</u>	<u>Treatment</u>	<u>Color</u>
Immediate	1	Red
Urgent	2	Yellow
Delayed	3	Green
Dead		Black

Triage Coding



Primary Triage

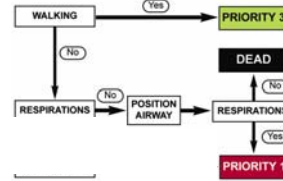


1) Ask Everyone to Walk to a Designated Area

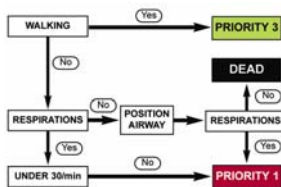


The first attempt at balancing EMS resources and casualties/injured

2) Check Airway and Breathing or Remaining Victims

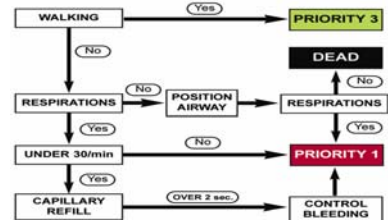


Primary Triage



Breathing: Over 30 or under 10 = Red

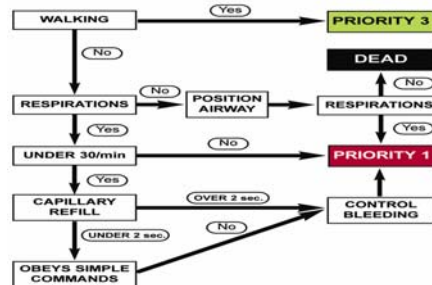
3) Check Circulation or Pulse



Circulatory Check...

If you are unable to obtain a capillary refill, check the radial pulse. If absent, then control any bleeding and prioritize the patient **PRIORITY 1**.

4) Check Mental Status



Pediatric Triage



Children are involved in multiple casualty incidents.

The over prioritizing of children can take valuable resources away from more seriously injured adults.

Triage systems based on adult physiology will not provide accurate triage.

The Smart Tape™



Secondary Triage

Secondary Triage

- Generally used when there is an extended duration event
- After initial Color coding triage
- Healthcare professionals who respond to the scene or PH response teams may be utilized to further determine who gets transported from scene first

GLASGOW COMA SCORE

EYE OPENING :
SPONTANEOUS TO VOICE TO PAIN NONE

VERBAL RESPONSE :
ORIENTED COHERENT INAPPROPRIATE WORDS INCOMPREHENSIBLE WORDS NO RESPONSE

MOTOR RESPONSE :
OBEYS COMMANDS LOCALIZES PAIN WITHDRAWS FROM EXTREMITY FLEXION EXTENSION NO RESPONSE

GLASGOW COMA SCALE TOTAL :

TOTAL GLASGOW COMA SCALE	13 - 15 12 - 13 9 - 12 4 - 8	SEVERE	MODERATE	MINOR	
RESPIRATORY RATE	10 - 20 10 OR FASTER 5 - 10 0	SEVERE	MODERATE	MINOR	
SYSTOLIC BP	90 OR HIGHER 70 - 90 40 - 70 0	SEVERE	MODERATE	MINOR	

12 = PRIORITY 3
11 = PRIORITY 2
10 or less = PRIORITY 1

TOTAL :

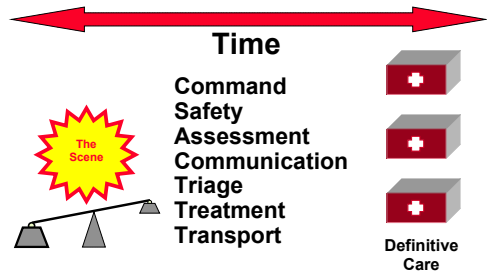
Accounting for the Patients



Accounting for the Patients

- Use a system to track the patient condition
- Use a system to determine the priority for further treatment
- Use a system to determine transport to an appropriate hospital
- Use a system that tracks the patient throughout the transport process

MCI Scene Management



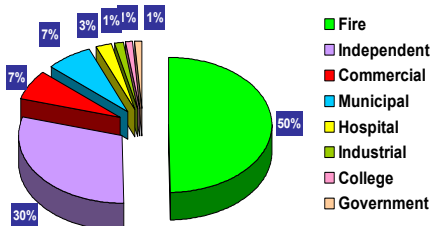
EMS Agencies in NYS

- DOH, Bureau of EMS received a Governor's WMD Grant to provide equipment that will help organize and conduct triage at MCI's
- County level training is being done with EMS Agency Training Officers

EMS Agencies in NYS

- **Approximately 1100 EMS ambulance services**
 - 50% are operated by Fire Departments
 - 30% are operated by independent organizations
 - 7% operated by Commercial services
 - 7% operated by Municipalities
 - 3% operated by Hospitals
 - 3% operated by Industrial, College, Government
- **60,255 Certified EMS personnel**
- **Certification and training are big tasks**

Ambulance Services



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