Mass Casualty Response

Bridging the transition from one to many patients

Steven Kanarian, MPH, EMT-P

“Why am I here today?”

The question of the day

Can you relate?

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What medics do on a job like this…scoop and run.

MCI management, how do you feel about it?

“Providers will do only what they have been trained to do, or not do, if not trained ”

Disaster Management Pitfalls, (Ramzy & Warren, JEMS 1983)

“Now is the time to inventory lessons learned from previous disasters and use them to plan together.”

Preparing for terrorism, an emergency services guide, (Buck, G. 2002)

We are responsible for to evaluate safety and ensure survival

Things EMS providers worry about responding to an MCI

- Is the scene safe?
- How am I going to care for all those patients?
- How does triage work again?
- What do I say on the radio?

My three best friends

FDNY

- TIME- minimize
- DISTANCE - maximize
- SHIELDING – use the best or stage a safe distance away
  - Air purifying respirator, SCBA
  - PPE
  - A building

- Time, distance and shielding
- Operate 2-3 times the height of a building from its base if there is danger of collapse
- Corners of collapsing building form safety area for escape
- Escape route and rally point

We don’t need ICS.

- “We have always been ok in the past. What is the difference?”

We are being targeted: that is the difference.

MCI Management for EMS

Safety First 5 Ts System

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What you will learn

- Safety assessment
- First actions
- EMS sectors

What concerns you when your sent to a MCI?

- School bus accident
- Fire in multiple dwelling
- Boat on fire
- School explosion
- Motor coach Accident

What Concerns providers while responding to an MCI

- How will we deal with all the patients?
- How do I manage until back-up arrives?
- What does START stand for again?
- How do I manage if there are not enough ambulance to transport patients?
- What do I say on the radio?

How do we manage?

How We Bridge the Transition

Daily Role	MCI Role	Goal
Scene Size up	Safety Officer	Safety/ survive
Initial impression	Triage	Find the most survivable
Patient care	Treatment Sector	Stabilize life threats
Transport Decision	Transport Sector	Prioritize and distribute
Patient information	-Tracking	Accountability
Medevac	-Medevac sector	“The Fast Link”

Relax. Here are the facts:

- “10% “ guide
  - most MCI’s only 10% of patients are critical enough to be admitted to hospital
  - Example
    - Oklahoma City Explosion
      - Injured 246
      - Admitted 32
      - DOA 168

What problems do you have at MCI’s?

Problems encountered in MCI's

- Confusion
- Lack of Communication
- Lack of Control
- Too Many Chefs
- We miss the critical patients
- Overload of ED's

Patient Care is our business

- What to do when overwhelmed?
  - When patients outnumber providers transition from care and transport, to care and re-triage

“We are now in the Emergency department Business”

Pre-Hospital Approach

- Review Dispatch Data
  - route
  - anticipate call
- Scene Safety
- Initial Impression
- Vitals, HPI, Decision
  - Stable vs. Load and Go

Partner Responsibilities

- Driver positions vehicle
  - anticipates needs of call
  - considers safety
- Tech cares for patient
  - assess, triage, HPI
- Driver monitors radio on scene and gets info

MCI Same as Patient Assessment

- Primary assessment across many patients before treat each
- Each phase of pre-hospital approach broke down to sectors
  - Triage
  - Treatment
  - Transport

Safety First
5 Ts

SAFETY Actions

- **Size up**, Stop, look, listen
- **Assess** Dangers
- **Find PPE protection**
- **Exposure**, limit- time, distance and shielding
- **TRACEM**
- **YOUR SAFETY COMES FIRST**- reassess

Size-up

- Type of incident and potential duration
- Entrapment or special rescue needed?
- Number of patients in each category
- Additional resources
- Re-Evaluate and re-assess

Assess Hazards

- Fumes, smoke
- Fluids, chemicals
- Damage to building from prolonged fire
- Signs of collapse
- Roadway hazards-protect scene and use flares

All hazard approach to safety

- Look at result, not cause
  - Building collapse
    - Terrorist
    - Earthquake
    - Structural failure
- Result all the same
- Use all-hazard safety approach

Fluid protection

- Proper PPE
  - Mask, gown, goggles
  - Turnout gear, eye protection and helmet
  - If isolation suit is needed form perimeter and request proper resources-HAZ MAT

Exposure

- Limit your exposure

Time, Distance and Shielding

are your best friends!!

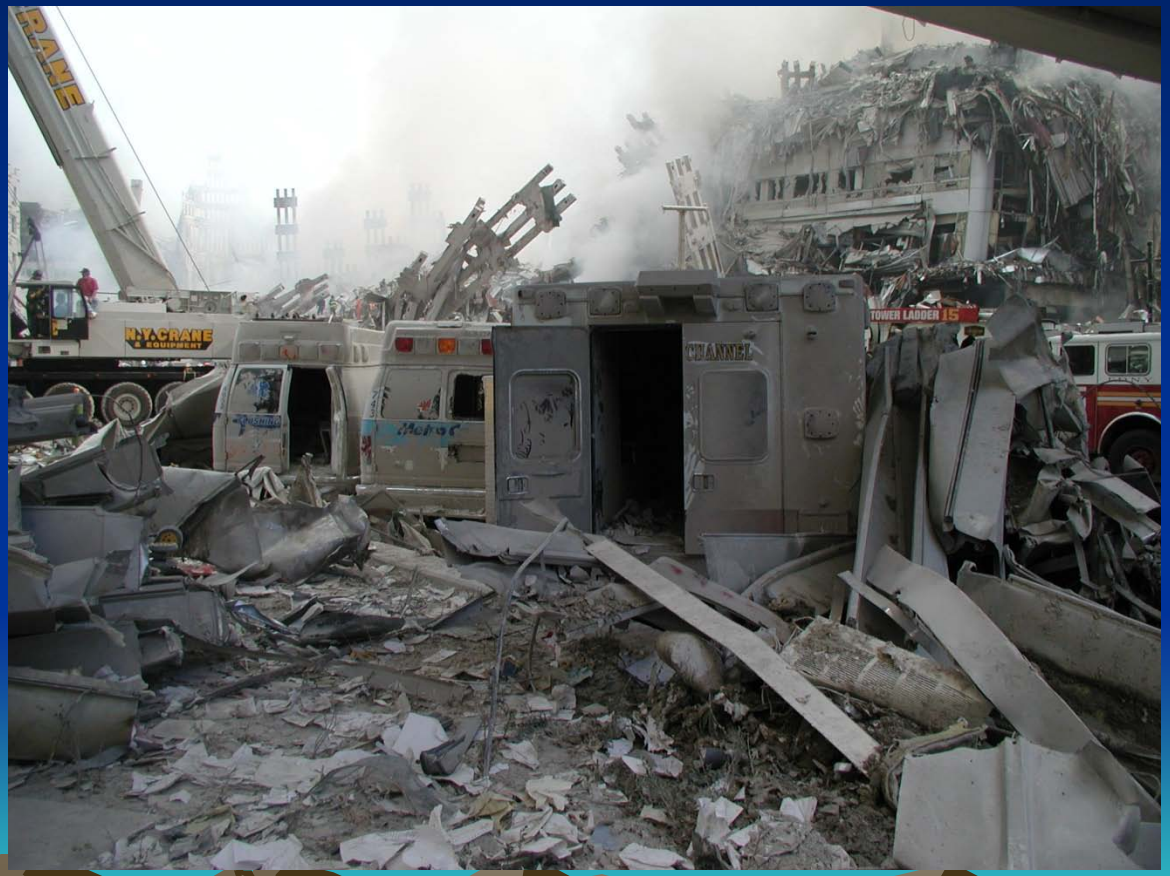
Your Safety comes first

- Reassess your safety frequently
- Look for secondary attack
- Secondary event
- Think of public safety personnel as a Target.
- May want to delegate lookout

Midnight rules to live by, and stay alive by

- Upwind and upgrade
- 1,500 yards for explosives
- No radio transmissions for bombs
- Rule of thumb
- Partially devastated buildings - be ware or 2nd bomb
- Stage 2-3 times the height of the building

Beware of the secondary event!



FIRST Actions

- **Find** or identify a command post (ICP)
- **Identify** objectives, priorities and strategies
- **Resources-**request appropriate resources
- **Staging**-location and best access
- **Transmit** radio report, initial and then every 15 minutes

Radio Reports

- Remain Calm
- What
- Number of patients, condition
- What is needed
  - ambulances, specialty units, MEDEVAC
- Where are you ?
- Best Access is always last

Preliminary Report

- Type of incident you have
- Hazards
- Number of patients
- Resources needed
- Command Post location
- Staging location, best route and instructions

Communications

- EMS branch leader communicates with dispatch
- Sector officers call EMS OPS
  - “Triage to OPS”
- Sectors use local or face-to-face communications
- Keep it simple, words, not 10-codes
  - Use easy to understand terms

Additional Units

- 2nd Unit goes to Triage
- Additional units go to staging
- Fill roles as officer or provider

Escalation of an incident

- As incident grows so does the organization and ICS grow.
- Officer positions may become groups.
- Main branches of ICS come into play.
- Disasters dictate changes in daily operations

What would your actions be?

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5 Ts

- Triage
- Treatment
- Transport
- Tracking
- Termination – morgue sector, termination of incident

Triage

- Systematic process of sorting patients according to priority
- Used to maximize resources
- Optimize patient survival/outcome

Triage Process

- Primary Triage
- Secondary Triage
- Movement of patients
- Collect and sort patients
- Stabilizing care for all patients before intervention and definitive care

Thank you!
“Scene is secure.”

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