

# Multiple Casualty Incident

**MCI** – Any event that places excessive demands on personnel and equipment; typically involves three or more patients

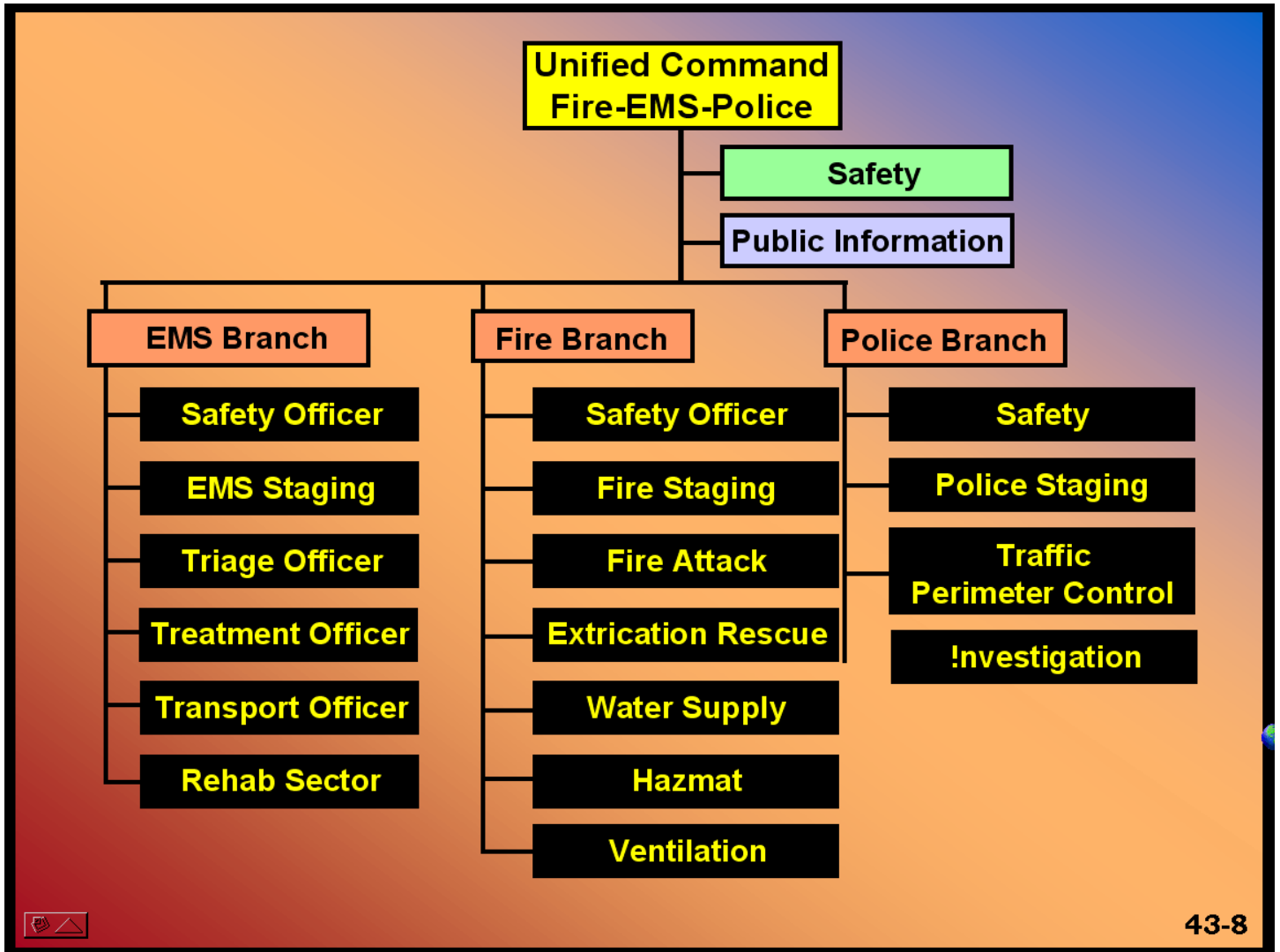
Key to MCI emergency care is to call for plenty of help early

**Establishing Incident Management** - Senior EMT who arrives on scene and assumes and continues responsibility until pre-designated officer, if any, arrives.

**Incident Management System** – Written plan to help control, direct, and coordinate emergency personnel and equipment from the scene of an MCI to the transportation of the patient to definitive care.

Unified command system – EMS, fire, and law enforcement collaborate to manage incident

Single command structure – one agency manages all emergency response resources



## **EMS incident Manager**

- Rapidly performing scene size-up
- Locating and reassuring patients
- Radioing dispatch for help
- EMT-B- reports to mobile command sector for instructions.

## **Mobile command sector**

- Headquarters or command post for incident management

(First ambulance that arrives positioned a safe distance from event but near incident manager)

## **Supply Sector**

- Responsible for distributing the medical material and equipment necessary to render care.

## **Extrication sector**

- Responsible for freeing patients from wreckage and managing them at accident site

Triage – A system of sorting patients to determine the order in which they will receive medical care and transportation to definitive care

## **Triage Sector – Place where triage is performed**

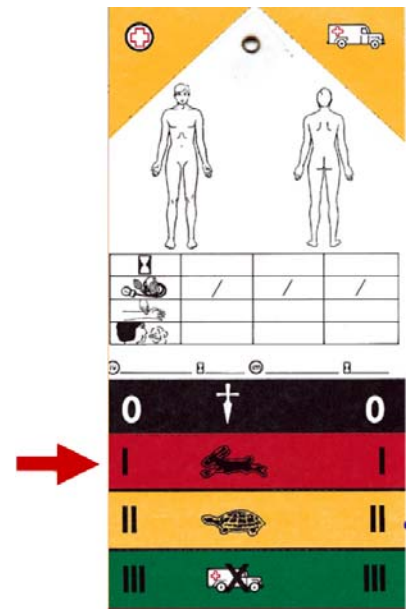
- Primary Triage Officer – performs initial triage assessments
- Secondary Triage Officer – Tags patients in order of priority

## **Initial assessment**

- ✓ Airway not open
  - *Open with manual maneuver*
- ✓ Airway open, responsive patient
  - *Move on to next patient*
- ✓ Unresponsive patient
  - *Check for breathing and pulse*
- ✓ No breathing or no pulse
  - *Move on to next patient*
- ✓ Pulse
  - Check for severe bleeding
- ✓ Severe bleeding
  - *Apply pressure dressing and move on to next patient*
- ✓ Continue this manner, providing only airway management and controlling bleeding as long as there are others still waiting
- ✓ If immediate and obvious danger, immediately move patient, regardless of their injuries

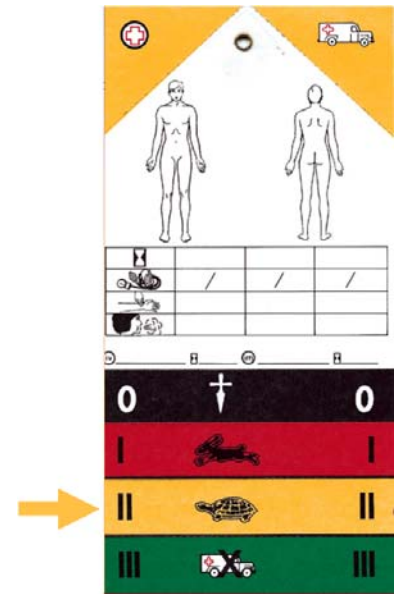
### Highest Priority

Patients whose survival require care or transport without delay.



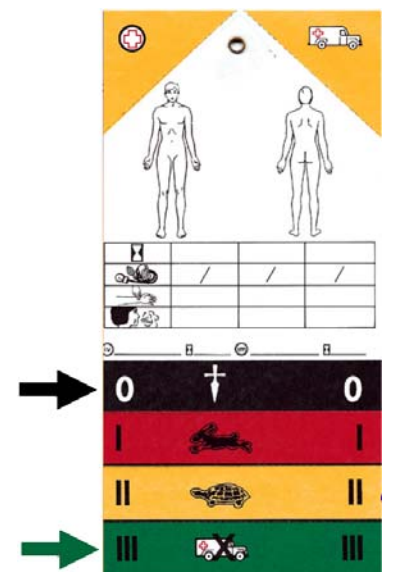
### Second Priority

Patients who will survive even if care is somewhat delayed



### Low Priority

Patients who do not require or will not benefit from prompt care  
(Those with minor injuries and those who are dead)



## Treatment

- Locate treatment sector close to area where ambulances arrive
- Move patients from triage to treatment in order of priority
- Position patients in flagged rows while they await treatment
- Ensure that each treatment sector has an officer responsible for ongoing assessment
- Set up morgue
- Take shortcuts with non life-threatening injuries
- Communicate with transportation sector.

**Staging Sector** - Staging officer monitors, inventories, and directs available ambulances to treatment sector at the request of transportation officer.

**Transportation Officer** – Ensures that ambulances are accessible and that transportation does not occur without the direction of the EMS incident manager; also coordinates transportation with triage officer.

## Communications

- Initial oral communications may appear chaotic
- Radio communications may face unavailable frequencies and channel “gridlock”

## Follow-through

- After all patients have been removed from incident scene, emergency personnel should go to hospital
- Incident manager and an assistant remain at the scene to supervise clean up.

## Reducing Stress

- Try not to get overwhelmed
- Rest at regular intervals
- Rotate rest periods
- Have a well-designated plan
- Circulate staff among rescue workers to watch for signs of exhaustion and stress.
- Make sure that rescue workers are assigned tasks appropriate for their skills
- Provide plenty of nourishing food and beverages
- Make sure workers have the opportunity to talk to CISD team member or trained counselors.

## Disaster Management

- **Disaster** – *sudden catastrophic event that overwhelms natural order and causes great loss of property and/or life*
- Usually great disparity between casualties and resources
- May be natural or man-made.

## **Effective Disaster Assistance**

- Preparation of the entire community
- Careful planning
- Ability to quickly implement
- Application of triage skills
- Ability to organize quickly and fully utilize all emergency personnel
- A contingency plan that provides for shelter and transportation of people in an entire area.
- Ability to do greatest good for greatest number
- Plan that avoids simply relocating the disaster from the scene to the hospital.

## **Disaster Communication System**

- Establish details of system ahead of time
- Appoint only one person at scene who will report to those outside disaster area
- Area-wide communications
- Monitor and communicate road conditions, alternative routes, and closed roads.
- Monitor and link all hospitals, trauma centers and clinics.
- Do not allow emergency vehicle operators to communicate with the hospital via radio unless an emergency occurs en route
- Equip rescuers with radios
- Include a recorder

## **Mitigating Psychological Impact of Disasters**

- Assign several rescuers to gather information and disseminate it to local radio and television stations.
- Reunite families as soon as possible
- Group patients with families and neighbors
- Encourage patients to do necessary chores.
- Provide structure for the emotionally injured; let them know your expectations.
- Help patients confront the reality if the situation.
- Don't give false assurances.
- Reassure those who do not want to accept help that acceptance is not a sign of weakness
- Identify high-risk patients.
- Identify people who are in a unique position to help people in need, and recruit them.