Emergency Medical Responder

MULTIPLE CASUALTY INCIDENTS AND INCIDENT COMMAND

A multi-casualty incident is any event
where three or more patients are involved.

An incident command system establishes someone in command at all incidents.

When an incident is large, EMS sector officers can be appointed.

1) Triage Officer
2) Treatment Officer
3) Transportation Officer
4) Staging Officer
5) Safety Officer

- After an incident manager is identified, EMS sectors are established as needed.

Triage sector	Safety sector
Treatment sector	Supply sector
Mobile command/ communications	Extrication/ rescue
Staging sector	Transportation sector
Rehabilitation sector	Morgue

Major Goals at an MCI

1) Establish command
2) Assess the scene
3) Request additional resources
4) Begin triage

During scene assessment, identify

1) Scene safety
2) Number of patients
3) Needs for extrication
4) Estimated number of ambulances needed
5) Other factors affecting scene and resources
6) Number of sectors needed
7) Area to stage resources

When you are relieved by someone higher in the chain of command, report

1) Nature of the problem
2) Potential hazards
3) Number of patients
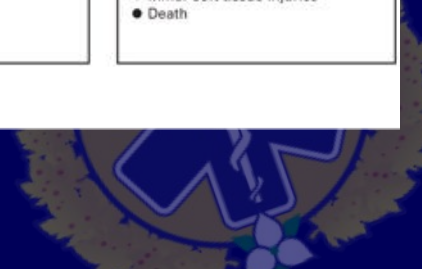4) Time since emergency occurred
5) What has been done

Three-Level Triage System

HIGHEST PRIORITY
- Airway and breathing difficulties
- Uncontrolled or severe bleeding
- Decreased mental status

SECOND PRIORITY
- Burns without airway problems
- Major or multiple painful, swollen, deformed extremities
- Back injuries

LOWEST PRIORITY
- Minor painful, swollen, deformed extremities
- Minor soft-tissue injuries
- Death

Figure 31-4 An example of a three-level triage system.

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Two-Level Triage Systems

1) Immediate
2) Delayed

Figure 31-5 Commonly used triage tags.

In general, begin triage with a primary assessment

1) If the patient is alert and talking, and has no major breathing problems, reassure him/her and move on.

2) If the patient is unconscious, and there is an airway obstruction, do the Heimlich manoeuvre. If breathing is absent, do CPR. If no pulse, move on.

3) If the patient has severe bleeding, quickly apply a pressure dressing and elevation. Then move on.

START System

1) Have those who can walk unassisted go to specified area. Label them **Priority 3 Green**

2) Do triage, starting with primary assessment. (Breathing, Circulation, Mental Status)

General Guidelines for MCIs

1) Don't become overwhelmed
2) Assign representative to provide accurate information to patients ASAP
3) Reunite patients with families ASAP
4) Group patients with families and neighbours
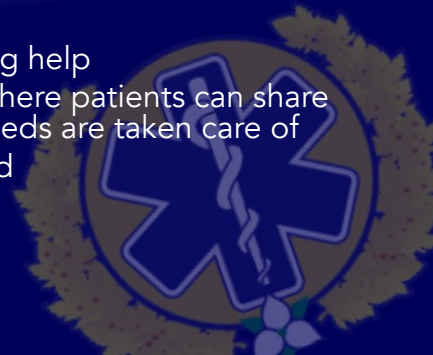5) Identify high risk patients
6) Provide structure

(continued)

General Guidelines for MCIs

(cont'd)

7) Encourage *walking wounded* to do necessary chores
8) Help patient confront reality of disaster
9) Don't give false assurances
10) Try to reassure those refusing help
11) Arrange group discussion where patients can share ideas as soon as physical needs are taken care of
12) Encourage all those involved

- To reduce stress on rescuers:

  – Ensure rescue workers are fully aware of exact assignments
  – Assign rescue workers to tasks according to their skills and experience
  – Have rescuers rest intermittently away from disaster hub
  – Have workers circulated among rescuers to monitor for signs of stress
  – Provide plenty of food and drink
  – Encourage rescue workers to talk among themselves
  – Offer rescuers access to trained counselors post incident