Standardized
Training
Program

Topic: MCI and TRIAGE
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Montgomery County Fire and Rescue Service

Standard Training Program

Triage and MCI

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This lesson is intended as a general review of MCI management and best Triage practices.

This is only a guide, intended to encourage thought and discussion of different ways of handling these types of calls.

At the end of the review, there is a scenario that can be performed in your station.

For additional resources, see the below links:

http://www6.montgomerycountymd.gov/Content/FireRescue/sws/forms/guidelines/MCIACTON.pdf

http://www6.montgomerycountymd.gov/Content/FireRescue/sws/forms/guidelines/MCITWO.pdf

Review

Triage- The sorting out of casualties of war or other disaster to determine priority of need and proper place of treatment.

MCI- Any number of casualties produced in a relatively short period of time which overwhelms the available medical and logistic support capabilities.

General rule of thumb: 5 – 6 or more patients is considered an MCI.

START Triage

Simple **T**riage **A**nd **R**apid **T**reatment

Things of value to remember

- **ANYONE** can be assigned as a triage officer, from a Firefighter/Rescuer to a Battalion Chief.

- We should not be spending more then 30 seconds with each patient.

- You may not like the choices you have to make, but you will need to be ruthless in making triage decisions and not stop for treatment of any patients till you have completed triage and have been reassigned to do so.

- Consider pen and paper to help keep track of total number patients and maybe a break down of patients number of adults and pediatrics for command.

- "Corral" your walking wounded early or you are going to lose them. People want to get away and some will want to get treatment and will leave in POV's or just plain blend in with everyone around the scene. If possible attempt to capture victim information of those who demand to leave.

Here are some examples of resource requirements and staffing recommendations. These are <u>ONLY</u> recommendations.

Evacuation Group (also know as Extrication Group)

- 1 Evacuation Group supervisor
- Teams of 3 to 4 rescuers for every 5 patients. The goal is to provide all the personnel and resources necessary to extricate and move patients to a designated triage or treatment area as quickly as possible.

Initial Triage Unit

- 1 Triage Unit Leader per triage area,
- 1 Morgue Manager, if needed
- 1 Triage team (2 personnel) per 10 patients
- 4 litter bearers

Initial Treatment Unit Development

- 1 Unit Leader per treatment area, this person is also in charge of making sure the triage tags are filled out correctly
- 1 Care Area Manager for Immediate (red) with staffing based on (2 providers per 1 patient)
- 1 Care Area Manager for Serious (yellow) with staffing based on (3 providers per 5 patients)
- 1 Care Area Manager for Delayed (green) with staffing based on (1 provider per 5 patients)
- 1 Reassessment Team (2 personnel per 10 patients)
- 1 Medical Supply Manager

Transportation Group Development

Transportation unit responsibilities: (that can be assigned to unit leaders)

- Hospital communications and coordination. (highly recommend a unit leader. / this person speaks with all area hospitals to determine what type and how many patients can go to what hospital, it is also recommended that this person be a paramedic due to the fact that they are experienced in speaking with hospitals)
- Disposition of every patient. (highly recommend a unit leader. / this person is in charge of tracking each patient by triage tag number, age, gender, the name of each patient, the hospital they are transported to and the unit that transported them)
- Loading of patients (requesting for units from staging and loading of patients)
- Staging of EMS transport units (highly recommend a unit leader, consider traffic pattern of staged units in and out of transport area) and requesting for additional transport resources thru the group leader

County Resources available to you:

- MAB and MCSU 726 and MAB and MCSU 722
  - MAB can each transport 20 patients on stretchers.
  - MCSU can each treat up to 80 patients
- Strike Team- defined as 5 units of one type of resource.

  "I need an ALS Strike Team" (5 medic units)

<u>These are the most important things to take from this drill:</u>

- Take Command early
- Declare MCI early
- Corral the walking wounded
- Rapidly estimate number of patients
- Call for resources early
- Staging and Traffic flow of units (in and out) of scene
- Disposition patient tracking

<u>NO PATIENTS SHOULD BE TRANSPORTED WITHOUT THE DISPOSITION OFFICER KNOWING ABOUT IT.</u>

PROCEDURE

As soon as you recognize that there are more patients than responding units can transport, initiate the Incident Command System, establish an Incident Commander, and begin initial START triage. (More on the ICS structure will be discussed in a future STP.)

If the victims are in multiple vehicles or dispersed over a relatively large area, only use triage ribbon. Attach the ribbon the patient's wrist (or the ankle if the wrist is unavailable due to entrapment or injury) using START triage criteria.

If the victims are confined to a relatively small area, such as a bus or rail car, consider using ribbons AND tags during initial triage. Do not fill out the tag at this time, simply attach it to the ribbon, remove one of the 6 barcode labels, and stick the barcode label to the seat where the patient is sitting or the floor/ground area where the patient found. This is of invaluable importance in crash reconstruction and is especially important in incidents involving public transportation and/or fatalities.

Green ribbon (walking wounded or those denying injury) should be removed to a designated place away from the areas where patient extrication or on-scene care are performed. Once all victims have been START triaged, the incident commander can call for appropriate additional units and establish treatment areas for red and yellow ribbon patients awaiting transport.

The fewer people who are involved in triage, the more accurate the triage process will be. A person who is triaging 10 patients at a given incident has a far clearer view of the 'big picture' than the rescuer triaging only 2 patients. Once START triage has been completed, designated triage personnel should reassess all patients to confirm the findings of the START triage or upgrade/downgrade the victim’s priority.

It is imperative that personnel remain with their apparatus while in the staging area unless given specific orders to report to a given place.

If you are directed to engage, **Never leave your unit empty-handed!** EMS units being utilized for transport will probably be stripped of all but the essential supplies and equipment needed for transport in order to supply the treatment areas.

Rev up your **RPMs**

30 2 Can Do

Respirations	Over 30: **Immediate**	**Red Ribbon**
	Absent: Reposition airway - Patient resumes breathing: **Immediate**	**Red Ribbon**
	Absent: Reposition airway - Still not breathing	**Black Ribbon**
Perfusion	**No radial pulse** or Capillary refill greater **than** 2 **sec.**	**Red Ribbon**
Mental Status	**CANNOT** follow directions: **Immediate**	**Red Ribbon**
	CAN follow directions: ***Can Do*** - **Non-ambulatory: Yellow Ribbon**	**Yellow Ribbon**
	CAN follow directions: ***Can Do*** -**Direct or remove the Can Do *walking wounded* to the GREEN (Delayed) Treatment Area.**	**Green Ribbon**

Scenario #1 Triage

A7— and PE7— respond for the unknown rescue at _____.

Units arrived on scene of a small business to find an off duty police officer with a person in handcuffs. The officer advises while she was in this small business a guy came in and started shooting people. She has the suspect in handcuffs and scene is secure. She also advises you have about 10 patients.

Please divide your crews into teams of two and run each team through this scenario. Have the teams keep track of their totals and compare at the end. Please have a discussion about any differences.

Copy and Cut out

Pt # 1	Pt # 2
23 year old male meets EMS crew	25 year old female
GSW to his right wrist	GSW x2 to the chest
	No pulse and no breathing
Pt # 3	Pt # 4
56 year old male	31 year old female
GSW to both legs stable	No signs of trauma
HR 104 RR 22 CAOx3	RR 52 HR 110 CAOx3
Pt # 5	Pt # 6
19 year old male	46 year old male
GSW to abdomen	GWS x6
CAOx3 HR 98 RR 20	unresponsive No pulse no breathing

Pt # 7	Pt # 8
25 year old female	26 year old female
GSW to chest	GSW to right arm
No breathing and blocked airway	CAOx3 RR 22 HR 102
Pt # 9	Pt # 10
22 year old male	30 year male
GSW x2 lower right leg and right arm	GSW to pelvis
CAOx3 RR 22 HR 90	confused RR 30
	HR 190 n radial pulse

Suggested Answers

Red	Yellow	Green	Black
Patient 4	Patient 3	Patient 1	Patient 2
Patient 7	Patient 5	Patient 8	Patient 6
Patient 10		Patient 9	

With regard to Patient 5, they are a yellow due to vital signs, conscious alert and oriented x 3, heart rate of 98, and respiratory rate of 20. With a gunshot wound to the abdomen, we do not know what organs are involved or where the bullet traveled i.e. the pelvis or chest cavity which may make this patient a red however in a MCI, this patient is a yellow.

With regard to Patient 7, initially one would assume this patient is a black however, upon opening the airway, this patient would start breathing therefore, would move into another category other than black.

Some information is left out to cause some discussion.

You may not agree with these answers, but justify your answer. Remember you only have 30 seconds with each patient.

Scenario # 2
A Table Top MCI

Use the triage scenario as the basis for this scenario.

1. Fill out Command Chart

2. Request resources (patient transports, manpower, aviation)

3. Complete Triage Tags

4. Have Disposition Officer complete a Disposition sheet

5. Have Communications Unit Leader determine destination for patients

6. At the end, have Command be able to determine the number of patients transported as well as the destination for each patient

This is a good time to ensure all the station's Triage bags have a complete amount of ribbons, tags and pens.

Again, I would like to reiterate that this is only a guideline or suggestion. How well do you think you performed with these scenarios?