

MULTI / MASS CASUALTY INCIDENT (MCI)
LERN-ESF-8 Update
July 13, 2011



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Multi/Mass Incident

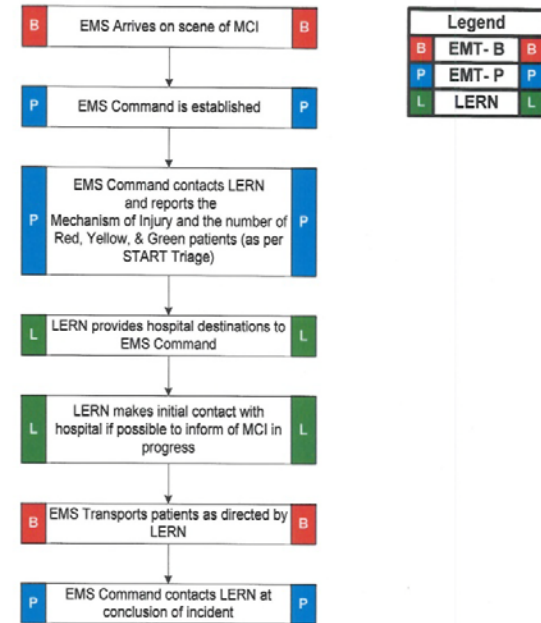
- **Multiple Casualty Incident**
 - Is *an occurrence with casualties that can be readily managed using local resources within a region.*
- **Mass Casualty Incident**
 - Exists when the numbers, severity, and diversity of injuries **overwhelm** the local medical resources within a region.

- **Project Background (Oct/Nov 2010)**
 - Region 4 Commission requested:
 - develop a process to manage small scale events
 - address patients that meet LERN criteria vs. non LERN
 - Work Group Formed
 - hospital and EMS representatives
 - evaluate use of standard disaster triage scheme
 - START and JUMP START (Peds),
 - incorporate LERN Communications Center operations into a pre-hospital response plan to manage small scale events.

MCI Project Overview

A draft process was developed incorporating LERN operations into existing pre-hospital scene management guidelines within region 4.

MULTI or MASS CASUALTY INCIDENT (MCI) PROTOCOL



Pearls:

- o EMS Command will attempt to relay information to LERN regarding the number and triage status of family members.
- o The transporting medic is responsible for contacting the receiving hospital to provide a patient report unless specifically instructed otherwise by the EMS Command or Transportation Officer.
- o EMS Command will contact LERN after the event to inform them that the operation has been completed.
- o Medics will contact LERN following the call to provide the necessary patient information to the LERN staff.

- Use of Louisiana Emergency Response Network will:
 - Enhance the ability to respond to an MCI
 - Equitably direct injured patients to multiple Emergency Departments
 - Effectively use available resources

- LERN Board EMS Work Group (EWG)
 - Evaluate and Recommend Standard Disaster Triage System
 - START/JUMP START and SALT are very similar. Both use color coding system for triaging patients.
 - SALT derived from existing triage schemes. One system is used for both adult and pediatric patients.
 - SALT endorsed by ACS, ACEP, NAEMSP, and appears to meet criteria to be developed as a national triage standard.

- EWG Recommendations:
 - Modify LERN Standard Entry Criteria to include a category of MCE/MCI
 - Adopt the use of SALT triage scheme for use of MCI
 - Pilot the protocol and process in Region 4 for 6 months once EMS and Hospital education on SALT is completed.
 - EWG to provide analysis of protocol and process at the end of the 6 month study.
 - EMS and Hospital education .

LERN Entry Criteria

- LERN Entry Criteria Revised 4/18/2011

LERN ENTRY CRITERIA: Trauma
Pre-Hospital and Hospital Triage Protocol



Call LERN Communications Center 1.866.320.8293 for:

- Unmanageable Airway
- Tension Pneumothorax
- Traumatic cardiac arrest
- Burn Patient without patent airway
- Burn patient >40% BSA without IV

Physiologic

- GCS <14
- SBP <90 (adults and > 9 y/o)
- <70 + 2 [age (yrs)] (age 1 to 8 y/o)
- <70 (age 1 to 12 months)
- <80 (term neonate)
- RR <10 or >29 (adults & ≥ 9 y/o)
- <15 or >30 (age 1 to 8 y/o)
- <25 or >50 (<12 m/o)

Anatomic

- Open or depressed skull fractures
- Open head injury with or without CSF leak
- Lateralizing signs or paralysis (i.e., one-sided weakness, motor, or sensory deficit)
- All penetrating injuries to head, neck, torso, & extremities proximal to elbow & knee
- Flail Chest
- 2 or more proximal long-bone fractures
- Crush, degloved or mangled extremity
- Amputation proximal to wrist & ankle
- Pelvic Fractures
- Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls
- Major joint dislocations (hip, knee, ankle, elbow)
- Open Fractures
- Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture)

Mechanism

- Falls >20 ft. adults
- >10 ft. (child) or 2 to 3 times height
- Auto vs. pedestrian/bicyclist thrown, run over or significant (>20 MPH) impact
- Motorcycle crash >20 MPH
- High-risk auto crash
 - Intrusion >12 in, occupant site >18 in. any site
 - Ejection, partial or complete from automobile
 - Death in same passenger compartment

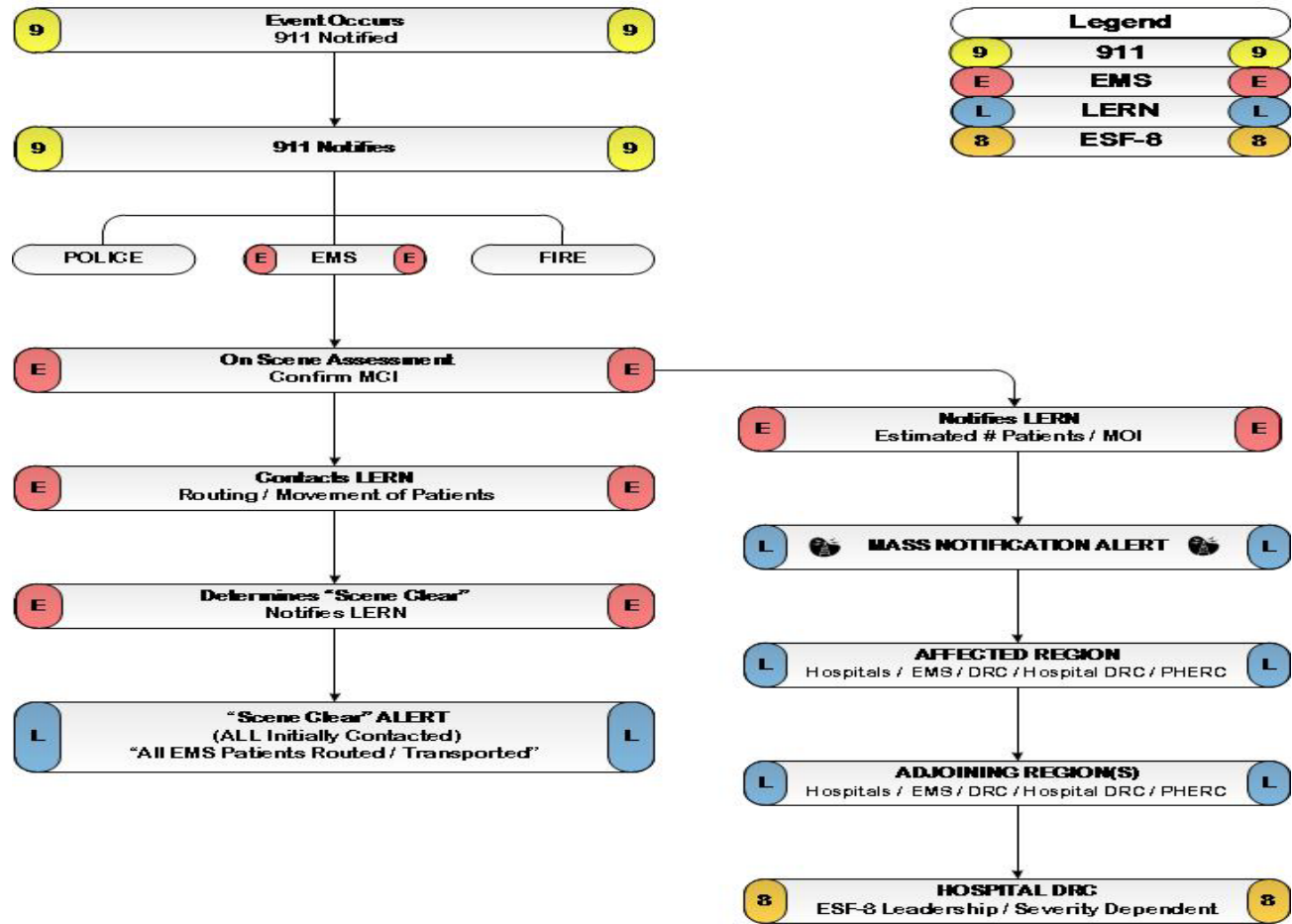
Other

- Pregnancy >20 weeks
- Burns (follow ABA guidelines)
- Age ≥55 y/o or <8 y/o
- Anticoagulation & bleeding disorders
- End stage renal disease
- Transplant patients

MULTI / MASS CASUALTY INCIDENT (MCI)

- State MCI Notification Draft 4/15/2011

MULTI / MASS CASUALTY NOTIFICATION PROTOCOL (MCI)



Questions?



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