

IDPH EMS Region 5

B-32 MULTIPLE PATIENT INCIDENTS / MASS CASUALTY INCIDENTS

EMR/BLS/ILS/ALS

Multiple Patient Incidents

Multiple Patient Incidents exist when:

- EMS can mitigate life threats while using normal operating procedures.
- The responding EMS agency is capable of sending adequate numbers of responders to provide normal levels of care and transportation.
- Hospitals can be reached within normally accepted transport times.
- EMS can operate “Business as Usual” within their normal scope of operations.
- All time sensitive patients can have less than 10 minute scene times.

Practical Application Points for MPI:

- Triage is required but the use of triage tags is optional.
- Patient transport and destination protocols are followed.
- PCR's are required for every patient.
- Medical Control contact by transporting units as usual per local protocol.
- Refusal process as usual per local protocol.

First EMS Unit on Scene:

- Perform scene size up
- Notify dispatch agency of multiple patient incident and request additional resources.
- Establish Scene Command
- Begin triage of all patients using START/JumpSTART.

TRIAGE

- Primary triage using START or JumpSTART; control bleeding with bandages/tourniquets as you triage.
- Notify and update Incident Command on number of patients and triage categories.
- Verify the patients are moved to the treatment area (if established).

TREATMENT

- Establish and manage red, yellow, and green treatment areas (if necessary).
- Ensure ongoing secondary triage using RTS scoring.
- Provide medical care per standing orders and protocols.

TRANSPORTATION

- Initially transport up to 2 of the most critical patients to each appropriate hospital that can be reached within a 30 minute transport time.
- Contact Medical Control for assistance on distributing remaining patients.

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Mass Casualty Incidents

A Mass Casualty Incident exists when:

- The number of patients and nature of injuries make normal level of care unachievable, and/or
- Resources that can respond are insufficient to manage the scene under normal operating procedures, and/or
- Responding resources cannot arrive on-scene within the designated primary and secondary response times, and/or
- Stabilization capabilities of area hospitals are insufficient to handle all of the patients.

Practical Application Points for MCI:

- Triage is required for all patients.
- Triage tags must be used on all patients.
- May transport more than 2 patients in the ambulance with appropriate safety restraint use.
- PCRs are not necessary for each patient; document on triage tags.
- Medical Control contact per patient is not necessary, treat from standing orders and protocols.
- Refusals should be attempted, but may not be possible.

First EMS Unit on Scene:

- Perform scene size up
- Notify dispatch agency of multiple patient incident and request additional resources.
- Establish Scene Command
- Begin triage of all patients using START/JumpSTART.

TRIAGE

- Primary triage using START or JumpSTART; control bleeding with bandages/tourniquets as you triage.
- Notify and update Incident Command on number of patients and triage categories.
- Verify the patients are moved to the treatment area.

TREATMENT

- Establish and manage red, yellow, and green treatment areas (if necessary).
- Ensure ongoing secondary triage using RTS scoring.
- Provide medical care per standing orders and protocols.

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TRANSPORTATION

- Initially transport up to 2 of the most critical patients to each appropriate hospital that can be reached within a 30 minute transport time.
- Contact Medical Control to give full update and coordinate the transport of remaining patients.
- Patient destinations are coordinated with Medical Control and should evenly distribute patients to area facilities based on acuity and capabilities/capacities of regional hospitals.
- Ensure Incident Command has established a staging area.
- Request transport units from staging and assign patients to ambulances based on triage status.
- Log/record patient information, triage tag number, agency, vehicle, destination and departure time.
- Provide Incident Command and Medical Control with status updates.

Additional:

- Always ensure a scene commander has been established on all MPI and MCI incidents.
- Avoid the pitfalls of having the first arriving unit drawn into individual patient care and avoiding the triage of multiple patients.
- Using on-scene triage and following the incident command system in large scale incidents has been proven to decrease the number of deaths and improve patient outcomes.