



MULTIPLE CASUALTY INCIDENTS (MCI)

Definition- The number of patients/victims exceeds the capabilities of the first arriving units.

Standard- SOG# 2316
Florida Incident Field Guide section 14

MCI Levels-

- MCI Level 1 (5-10 victims)
- MCI Level 2 (11-20 Victims)
- MCI Level 3 (over 21 Victims)
- MCI Level 4 (over 100 Victims)
- MCI Level 5 (over 1,000 Victims)

Responsibilities

- ❖ Count patients to determine MCI level,
- ❖ Declare level, MCI 1, MCI 2, MCI 3, MCI 4, and MCI 5.
- ❖ Triage and tag injured patients with triage ribbons

Triage categories- Ribbon Colors

| |
|--------------------------|
| BLACK Morgue |
| RED Immediate |
| YELLOW Delayed |
| GREEN Minor |
| BLUE Contaminated |



Treatment categories-

Treatment tags applied with reassessment in the treatment section

FRONT

BACK

CONTAMINATED

Personal Property Receipt/ Evidence Tag *1234567*

Destination _____ Via _____ *1234567*

TRiage TAG *1234567*

S L U D G E M
Solver Location Situation Dehydration GI Distress Emotions Moves

AUTO INJECTOR TYPE 1 2 3
AUTO INJECTOR TYPE 1 2 3

Yes No Primary Doses
 Yes No Secondary Doses

Solution

| | |
|--------------------|--------------------------|
| Blunt Trauma | <input type="checkbox"/> |
| Burns | <input type="checkbox"/> |
| C-Spine | <input type="checkbox"/> |
| Cardiac | <input type="checkbox"/> |
| Crushing | <input type="checkbox"/> |
| Fracture | <input type="checkbox"/> |
| Laceration | <input type="checkbox"/> |
| Penetrating Injury | <input type="checkbox"/> |

Gender/Maturity Male Female

Other: _____

VITAL SIGNS

| Time | B/P | Pulse | Respiration |
|------|-----|-------|-------------|
| | | | |
| | | | |

| Time | Drug Solution | Dose |
|------|---------------|------|
| | | |
| | | |

MORGUE

| | |
|-------------------------------|-------------------------------|
| IMMEDIATE *1234567* | IMMEDIATE *1234567* |
| DELAYED *1234567* | DELAYED *1234567* |
| MINOR *1234567* | MINOR *1234567* |

EVIDENCE

Comments/Information

Patient's Name _____

RESPIRATIONS Yes No **R**
PERFUSION > 2 Sec. - 2 Sec. **P**
MENTAL STATUS Can Do Can't Do **M**

Move the Walking Wounded ► **MINOR**

No Respirations After Head Tilt ► **MORGUE**

Respirations - Over 30 ► **IMMEDIATE**

Perfusion - Capillary Refill Over 2 Seconds ► **IMMEDIATE**

Mental Status - Unable to Follow Simple Commands ► **IMMEDIATE**

Otherwise ► **DELAYED**

MORGUE
Pulseless/Non-Breathing

| | |
|--|--|
| IMMEDIATE Life Threatening Injury | IMMEDIATE Life Threatening Injury |
| DELAYED Serious Non Life Threatening | DELAYED Serious Non Life Threatening |
| MINOR Walking Wounded | MINOR Walking Wounded |

EVIDENCE



1. CONSTRUCTION.

The triage tag is constructed of Synthetic Paper making it 100% resistant to all commonly used decontamination solutions. This feature allows the patient to be decontaminated while wearing the tag.

2. SLUDGEM

The tag's features will help alert first responders to the possibility of Nuclear, Biological or Chemical agents. Using the mnemonic SLUDGEM responders can record signs and symptoms displayed by victims and record findings by marking or circling boxes. Check appropriate boxes if any of the following symptoms exist such as Salivation, Lacrimation, Urination, Defecation, G.I., Distress, Emesis, and Miosis (pinpoint pupils).

3. AUTO INJECTORS

Indicate type of Auto Injector and number of Auto Injectors administered.

4. CONTAMINATED STRIP

“Contaminated” Tear-off. This is the magenta strip that:

- MUST be removed if the patient is not contaminated.
- If the patient is contaminated, when the patient’s clothes are removed, and decon procedures have commenced, the strip should be removed and placed in with the patient’s clothes for evidence collection.

If the magenta strip is not removed, the patient is considered CONTAMINATED and the Triage Tag will be used to record DECONTAMINATION.

5. PERSONAL PROPERTY RECEIPT

The “Personal Property Receipt” is used when:

- Patient’s valuables must be removed from the patient. The tag is removed and placed on a plastic zipper bag with the patient’s belongings.



6. PATIENT TRACKING

The second perforated tag provides for Patient Tracking. This part of the tag shall be removed at the ambulance loading area to record patient destination. To expedite patient processing the name of the victim should be recorded on the back of this part of the tag. It is this tag that the Transportation recorder uses to capture patient data.

7. DECON

The tag provides an area to record patient decontamination information, gross decon, secondary decon, as well as the solutions used. This information shall be recorded prior to the victim leaving the contamination reduction zone.

8. AGENT SYMBOL IDENTIFICATION

Check agent if known:

- Radiological
- Biological
- Chemical

9. RPM

RPM mnemonic used to initiate START triage.
Respirations, **P**erfusion, **M**ental Status.

10. SPLIT IMMEDIATE, DELAYED, MINOR

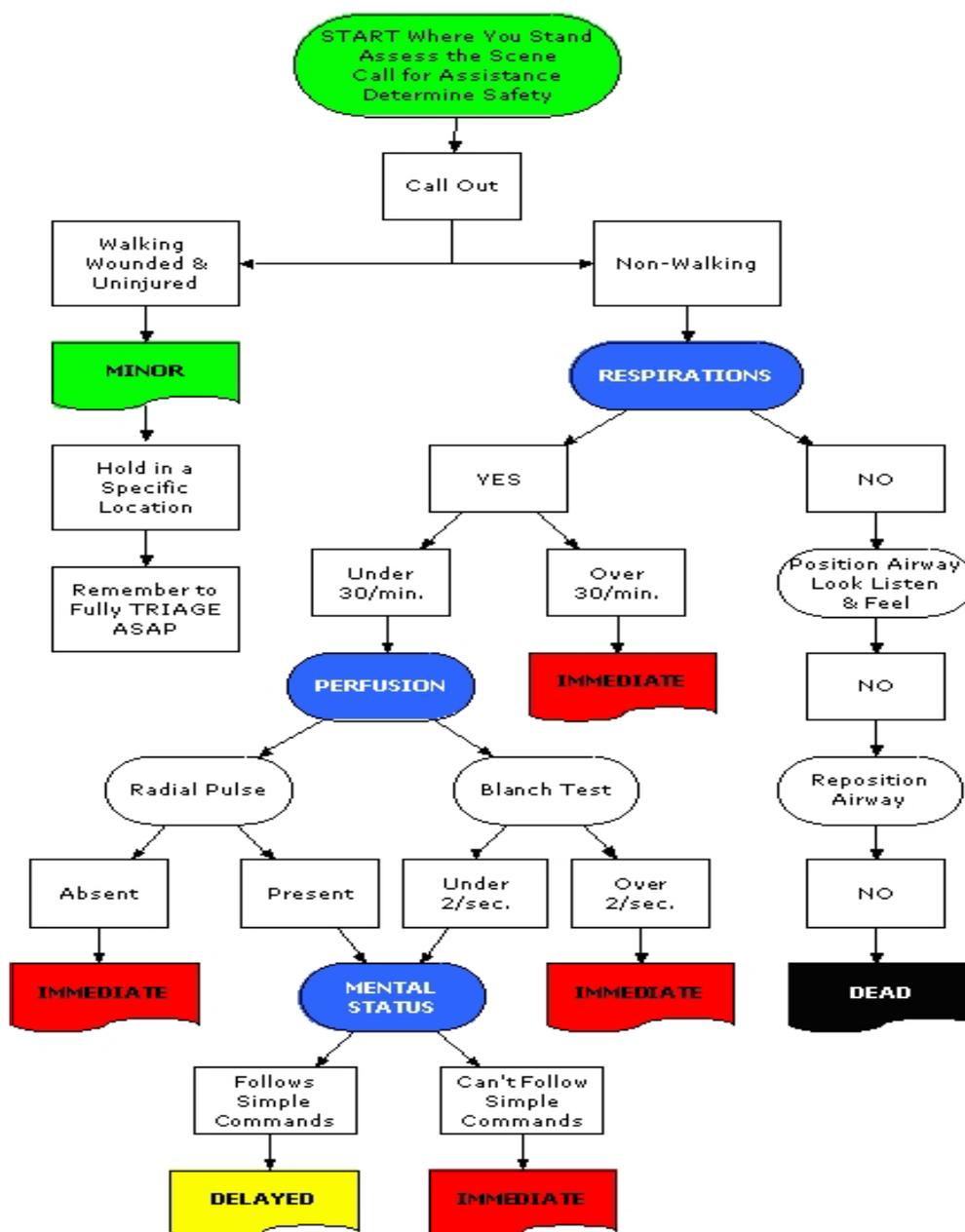
NEW TEAR OFFS! Now the Triage category strips will be removed by tearing off only one-half of the strip. For example:

- Minor patients: Tear off half of the MINOR strip leaving the other half displayed.
- Delayed patients: Remove both minor strips and one DELAYED strip.
- The person retrieving category strips will know that the tag they received is actually the type of patient they have. In the past, they would have to realize that if they received a MINOR strip, the patient is actually delayed. This new method takes out the guess work.



The **Simple Triage And Rapid Treatment (START)** system was developed to allow first responders to triage multiple victims in 30 seconds or less, based on three primary observations: **Respiration, Perfusion, and Mental Status (RPM)**.

START - Simple Triage And Rapid Treatment





JUMP START TRIAGE

Standard-

Florida Incident Field Guide Appendix B

Indications- JUMP START triage is a method of triage designed to assess a large number of patients rapidly. It is to be used during any level of M.C.I's when assessing children between the ages of 1 year to 8 years. Children who measure beyond the Broselow tape may fall into the Adult triage mode "S.T.A.R.T."

Limitations-

In environments in which pulse palpation is logistically difficult or responders are not comfortable assessing pediatric pulses; the pulse check in the "jumpstart" may be omitted.

Lower and Upper Respiratory rates:

Lower- Less than 15 breaths per minute

Higher- Greater than 45 breaths per minute

Step one-

All children who are able to walk are directed to the area designated for minor injuries, where they will undergo secondary (more involved) triage. At a minimum, secondary triage should consist of the RPM components of the JumpSTART algorithm.

Step 2A

Nonambulatory pediatric patients are initially assessed for presence/absence of spontaneous breathing. Any patient with spontaneous respirations is then assessed for respiratory rate (see **Step 3**). Any patient with absolute apnea or intermittent apnea (periods of more than 10 sec.) must have their airway opened by conventional positional techniques, including (limited) BLS airway foreign body clearance *only* if there is an obvious foreign body. If the patient resumes spontaneous respirations, a **red ribbon** (immediate) is applied and the triage officer moves on.

Step 2B

If upper airway opening does not trigger spontaneous respirations, the rescuer palpates for a peripheral pulse (radial, brachial, pedal). If there is no peripheral pulse, the patient is tagged as **Black Ribbon** (Deceased) and the triage officer moves on.

Step 2C

If there is a palpable peripheral pulse, the rescuer gives 5 breaths (about 15 sec.) using mouth-to-mask/barrier technique. This is the pediatric "jumpstart".



Step 3 All patients at this point have spontaneous respirations. If the respiratory rate is roughly 15-45 breaths/min proceed to **Step 4** (assess perfusion).

If the respiratory rate is less than 15 (slower than one breath every 4 seconds) or faster than 45 or very irregular, the patient is classified as immediate (**red ribbon**) and the triage officer moves on.

Step 4 All patients at this point have been judged to have "adequate" respirations. Assess perfusion by palpating peripheral pulses on an (apparently) uninjured limb.

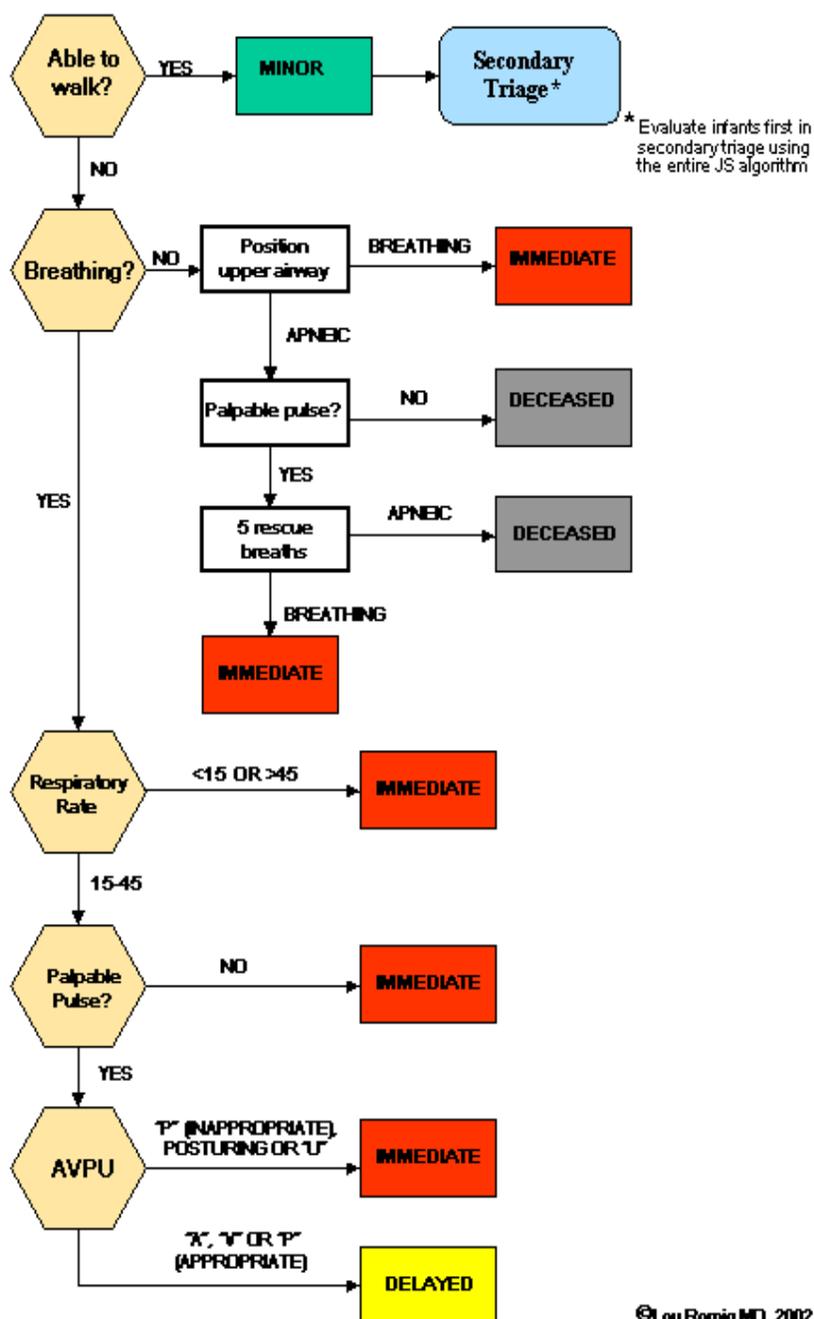
If there are palpable peripheral pulses, the rescuer assesses mental status (**Step 5**). If there are no peripheral pulses, the patient is categorized as an immediate patient and the triage officer moves on.

Step 5 All patients at this point have "adequate" ABC's. The rescuer now performs a rapid "AVPU" assessment, keeping in mind the apparent developmental stage of the child. If the patient is alert, responds to voice, or responds appropriately to pain (localizes stimulus and withdraws or pushes it away), the patient is triaged in the delayed category (**yellow ribbon**).

If the child does not respond to voice and responds inappropriately to pain (only makes a noise or moves in a nonlocalizing fashion), has decorticate or decerebrate posturing, or is truly unresponsive, a **red ribbon** (immediate) is applied and the triage officer moves on.



JumpSTART Pediatric MCI Triage[®]



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DMS All Risk™ Triage Tag Basics

FRONT

Personal Property Receipt/ Evidence Tag
1234567

Destination
Via *1234567*

TRIAGE TAG
1234567

S L U D G E M
Salivation Lacrimation Urination Defecation G.I. Distress Emesis Miosis

AUTO INJECTOR TYPE 1 2 3
AUTO INJECTOR TYPE 1 2 3

Yes No Primary Decon
Yes No Secondary Decon
Solution

Blunt Trauma
Burn
C-Spine
Cardiac
Crushing
Fracture
Laceration
Penetrating Injury

Age
 Male Female

VITAL SIGNS

| | | | |
|------|---------------|-------|-------------|
| Time | B/P | Pulse | Respiration |
| | | | |
| Time | Drug Solution | | Dose |
| | | | |

MORGUE

| | |
|---|---|
| IMMEDIATE Life Threatening Injury *1234567* | IMMEDIATE Life Threatening Injury *1234567* |
| DELAYED Serious Non Life Threatening *1234567* | DELAYED Serious Non Life Threatening *1234567* |
| MINOR Walking Wounded *1234567* | MINOR Walking Wounded *1234567* |

"Contaminated" Tear-off. This is the magenta strip that:

- MUST be removed if the patient is not contaminated.
- If the patient is contaminated, when the patient's clothes are removed, AND decon procedures have commenced, the strip should be removed and placed in with the patient's clothes for evidence collection.

If the magenta strip is not removed, the patient is considered **CONTAMINATED**, and the Triage Tag will be used to record **DECONTAMINATION**.

The "Personal Property Receipt" is used when:

- Patient's valuables must be removed from the patient. The tag is removed and placed in a plastic zipper bag with the patient's belongings.

This tag provides a redundant tool for patient tracking. Write in the space provided:

- Hospital destination of patient.
- The transporting agency.

This tag is removed by the Ground Ambulance Coordinator for patient tracking.

Check appropriate boxes if any of the following symptoms exist such as Salivation, Lacrimation, Urination, Defecation, G.I. Distress, Emesis, and Miosis (pinpoint pupils).

Indicate type of Auto Injector and number of Auto Injectors administered.

Check agent if known:

- Radiological
- Biological
- Chemical

Decon Procedures:

- Primary (or gross) Decon
- Secondary Decon
- or both used

Write what decon solution used if known.

NEW TEAR-OFFS!! Now the triage category strips will be removed by tearing off only one-half of the strip. For example:

- Minor patients: Tear off half of the **MINOR** strip leaving the other half displayed.
- Delayed patients: Remove both **MINOR** strips and one **DELAYED** strip.
- The person retrieving category strips will know that the tag they received is actually the type of patient they have. In the past, they would have to realize that if they received a **MINOR** strip, the patient is actually delayed. This new method takes out the guess work.

The reverse side of the "Personal Property Receipt" is used for miscellaneous comments or information.

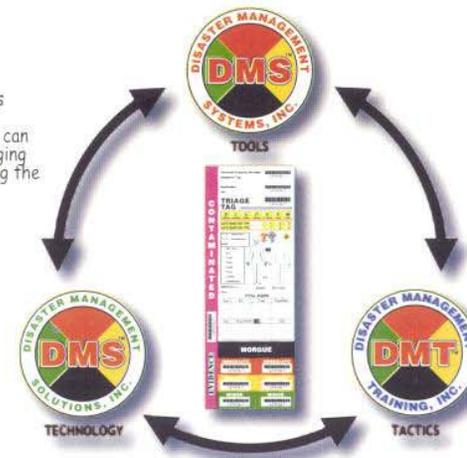
The patient's name should be documented on the reverse side of the patient tracking strip if time permits.

RPM:

- 30, 2, Can Do.
- Respirations, Perfusion, Mental Status

S.T.A.R.T. Triage Method

More detailed patient information can be documented here if time permits.



THE DISASTER MANAGEMENT GROUP

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BACK

Comments/Information

Patient's Name

RESPIRATIONS R
 Yes No

PERFUSION P
 < 2 Sec > 2 Sec

MENTAL STATUS M
 Can Do Can't Do

Move the Walking Wounded ▶ **MINOR**

No Respirations After Head Tilt ▶ **MORGUE**

Respirations - Over 30 ▶ **IMMEDIATE**

Perfusion - Capillary Refill Over 2 Seconds ▶ **IMMEDIATE**

Mental Status - Unable to Follow Simple Commands ▶ **IMMEDIATE**

Otherwise ▶ **DELAYED**

PERSONAL INFORMATION

NAME
ADDRESS
CITY ST ZIP
PHONE
COMMENTS RELIGIOUS PREF

MORGUE
Pulseless/Non-Breathing

| | |
|--|--|
| IMMEDIATE Life Threatening Injury | IMMEDIATE Life Threatening Injury |
| DELAYED Serious Non Life Threatening | DELAYED Serious Non Life Threatening |
| MINOR Walking Wounded | MINOR Walking Wounded |

TriageTags.com

TriageTags.com

TriageTags.com



The purpose of the Triage Kit is to have the necessary equipment to perform triage at a Mass Casualty Incident assembled and ready for use.

Contents of the kit:

- Laminated copy of MCI Field Operations Guide 1 – 6.
- FOG 1- First Arriving
- FOG 2- Command
- FOG 3- Triage
- FOG 4- Treatment
- FOG 5- Transport
- FOG 6- Staging
- Laminated copy of form 4a and 5a
- Form 4a- Treatment Group Log
- Form 5a- Transport Documentation Log
- Bandage Shears
- 15-20 Triage Tags
- The Triage Kit is not designed to store the identification vests. These should be stored separately in the units near the Triage Kit.





Order of Ribbons:

- The order of the ribbons will be the same in all of the kits. The order when facing the bag is Blue, Black, Red, Yellow, Green.



Procedure for stocking bag with ribbons:

- The bags are designed to dispense ribbons by pulling the ribbon in an upward direction. This is by design so the ribbon dispenses easily while kneeling next to the patient.
- For the ribbons to freely dispense in an upward motion they must be loaded in a specific manner. The ribbon must be loaded so the roll dispenses from the **BOTTOM** of the roll.
- In case of contamination of the bag the contents may be discarded as indicated but the bag should generally be laundered and not thrown away.

