A05: Mass Casualty Incidents

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Introduction

A multi-casualty incident (MCI) exists when the initial response becomes overwhelmed. This occurs when the number of casualties exceeds the capacity of the initial resources, preventing effective management and transport. The successful management of an MCI requires the effective use of resources to create balance between the available supply of paramedics and equipment and the multi casualty incident.

Experience has shown that in the event of an MCI, patient care is optimised if paramedic crews follow a pre-arranged plan. Scene management should include consideration of various factors including safety, site assessment, liaison, command, communications, triage, treatment and transport.
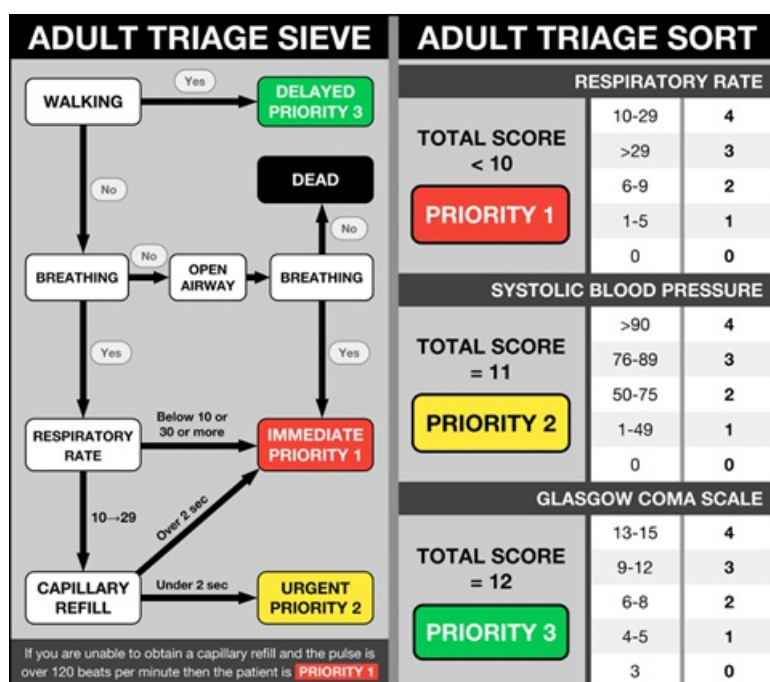
Where practical, the first unit on scene should adopt the command and triage responsibilities, ensuring pertinent information is received and given to the dispatch centre, and that appropriate resources are available and used as required. The initial scene commander and triage officer are responsible for their tasks until relieved by senior clinicians or supervisors.

The responsibilities for the first arriving crew can be divided as follows:

- Driver: The scene commander in urban and metro provides an initial windscreen situation report, and collects information necessary for a METHANE report. The scene commander is the contact between the scene and the communication centre.

Methane Sitrep

M	Declare a **Major Incident** with Dispatch
E	Notify Dispatch of **Exact Location**
T	Notify Dispatch of **Type of Incident**
H	Advise on **Hazards** present at scene
A	Advice oncoming units of best **Access** to scene
N	**Number of patients**
E	Additional **Emergency Services** required

- Attendant: The triage officer uses the "SIEVE triage process" to facilitate the prioritization of treatment and patient movement from the impact area to the casualty clearing post. A count of patients, and their priorities, is reported back to the scene commander.

During the triage process, a tag is given to each patient with the assessed priority colour. Patients are then moved from the impact area to the casualty clearing post, where patients are assigned to various areas according to the triage priority.

At the casualty clearing post, the Triage Trauma Score will reassess the casualty's priority for transport. This is referred to as the 'SORT' and uses the patient's GCS, respiratory rate and systolic blood pressure to arrive at a score corresponding to a priority level. Transport can begin once enough resources are on scene to manage casualties. Patients are then transported from the scene ensuring the right patient, to the right destination, in the right time.

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┌─────────────────┐
│ Ensure          │
│ Paramedic       │
│ Safety          │
└────────┬────────┘
         ↓
┌─────────────────┐
│ Windshield      │
│ survey to       │
│ dispatch        │
└────────┬────────┘
         ↓
┌─────────────────┐        ┌──────────────────────┐
│ CBRNE Incident  │───────→│ Stage and contact     │
└──┬───────────┬──┘        │ Paramedic Specialist  │
   │           │           └──────────────────────┘
   ↓           ↓
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Scene Commander | **Triage Officer (and all further personnel)**

Consider
- Site assessment
- Scene Management
- METHANE report

Where appropriate delegate:
- Triage Team Leader
- Treatment Team Leader
- Transport Team Leader

Report all pertinent information to Scene Commander

Consider
- SIEVE – initial triage
- Patient movement to a casualty clearing post
- SORT – secondary triage
- Appropriate treatment to stabilize for transport

Transport to hospital with consideration given to transporting lower acuity patients to non major trauma centers