

# 9.1 MASS/MULTIPLE CASUALTY TRIAGE

## PURPOSE

- The goal of the mass/multiple Casualty Triage protocol is to prepare for a unified, coordinated, and immediate EMS mutual aid response by prehospital and hospital agencies to effectively expedite the emergency management of the victims of any type of Mass Casualty Incident (MCI).
- Successful management of any MCI depends upon the effective cooperation, organization, and planning among health care professionals, hospital administrators and out-of-hospital EMS agencies, state and local government representatives, and individuals and/or organizations associated with disaster-related support agencies.
- Adoption of Model Uniform Core Criteria (MUCC).

## DEFINITIONS

### Multiple Casualty Situations

- The number of patients and the severity of the injuries do not exceed the ability of the provider to render care. Patients with life-threatening injuries are treated first.

### Mass Casualty Incidents

- The number of patients and the severity of the injuries exceed the capability of the provider, and patients sustaining major injuries who have the greatest chance of survival with the least expenditure of time, equipment, supplies, and personnel are managed first.

## GENERAL CONSIDERATIONS

Initial assessment to include the following:

- Location of incident.
- Type of incident.
- Any hazards.
- Approximate number of victims.
- Type of assistance required.

## COMMUNICATION

- Within the scope of a Mass Casualty Incident, the EMS provider may, within the limits of their scope of practice, perform necessary ALS procedures, that under normal circumstances would require a direct physician's order.
- These procedures shall be the minimum necessary to prevent the loss of life or the critical deterioration of a patient's condition.
- All procedures performed under this order shall be documented thoroughly.
- See [Communications Policy 8.4](#) or [Communications Failure Policy 8.5](#).

## TRIAGE

Utilize a triage system such as "SALT" (Sort, Assess, Lifesaving Interventions, Treatment/Transport) to prioritize patients. SALT is part of a CDC-sponsored project based upon best evidence and designed to develop a national standard for mass casualty triage.

- Assess each patient as quickly and safely as possible.
- Conduct rapid assessment.
- Assign patients to broad categories based on need for treatment (Still, Wave, Walk).
- Remember: Triage is not treatment! Stopping to provide care to one patient will only delay care for others. Standard triage care is only to correct airway and severe bleeding problems.

Protocol Continues 

Protocol Continued

## TRIAGE CATEGORIES

- Immediate: **RED** Seriously injuries, immediately life-threatening problems, high potential for survival (i.e., tension pneumothorax, exposure to nerve agent resulting in severe shortness of breath or seizures). Likely to survive given available resources. If no to any of the following: Has a peripheral pulse? Not in respiratory distress? Hemorrhage is controlled? Follows commands or makes purposeful movements?
- Delayed: **YELLOW** Serious (not minor) injuries requiring care but management can be delayed without increasing morbidity or mortality (i.e., long bone fractures, 40% BSA exposure to Mustard gas). If yes to all of the following: Has a peripheral pulse? Not in respiratory distress? Hemorrhage is controlled? Follows commands or makes purposeful movements?
- Minimal: **GREEN** Injuries require minor care or no care (i.e., abrasions, minor lacerations, nerve agent exposure with mild runny nose). If yes to all of the following: Has a peripheral pulse? Not in respiratory distress? Hemorrhage is controlled? Follows commands or makes purposeful movements?
- Expectant: **GREY** Unlikely to survive given available resources. Does not mean Dead. Method of preserving resources: should receive comfort care or resuscitation when resources are available. Serious injuries: very poor survivability even with maximal care in hospital or pre-hospital setting (i.e., 90% body surface area burn, multiple trauma with exposed brain matter). If no to any of the following: Has a peripheral pulse? Not in respiratory distress? Hemorrhage is controlled? Follows commands or makes purposeful movements?
- Dead: **BLACK** Patient is not breathing after opening airway. (In children, if after giving 2 rescue breaths, if appropriate.) Deceased or casualties whose injuries are so severe that their chance of survival does not justify expenditure of limited resources. Tag patients to prevent re-triage. Do not move bodies unless they are hindering efforts to rescue live patients, or they are in danger of being further damaged, for example, burned by fire, building collapse, etc.

## TAGGING SYSTEM

- Use water-repellent triage tags with waterproof markers and attach to the patient.
- Indicate patient's triage priority, degree of decontamination performed, treatment and medications received.

## TRIAGE IN HAZARDOUS MATERIAL INCIDENTS

### Decontamination

The need for decontamination is the "first triage decision." since decontamination can be a lengthy process, the "second decision" is which patient(s) are the first to be decontaminated. The "third decision" is based on need for treatment during the decontamination process, since only simple procedures such as antidote administration can be accomplished while wearing PPE.

### Identification and Treatment

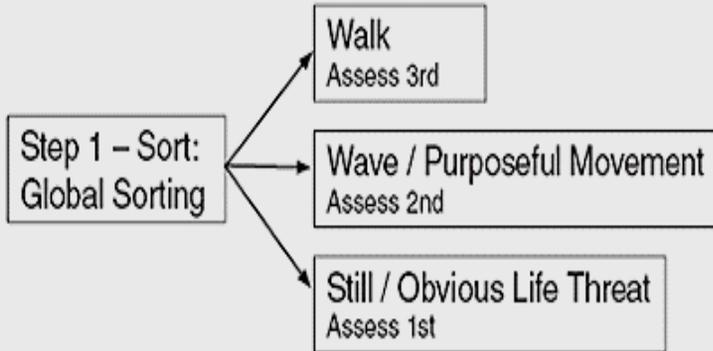
- Signs and symptoms of exposure will usually dictate the treatment required, however, at the earliest possible time, identification of the specific chemical should be made.
- Reference additional hazardous materials protocols as necessary.
- Request additional resources. Initial antidote and medical supplies may be limited to priority patients.
- Respiratory compromise is a leading factor of fatalities due to hazardous material exposure. Symptoms of chemical exposure may be delayed and occur suddenly. Constant reevaluation of respiratory status is necessary.

Protocol Continues

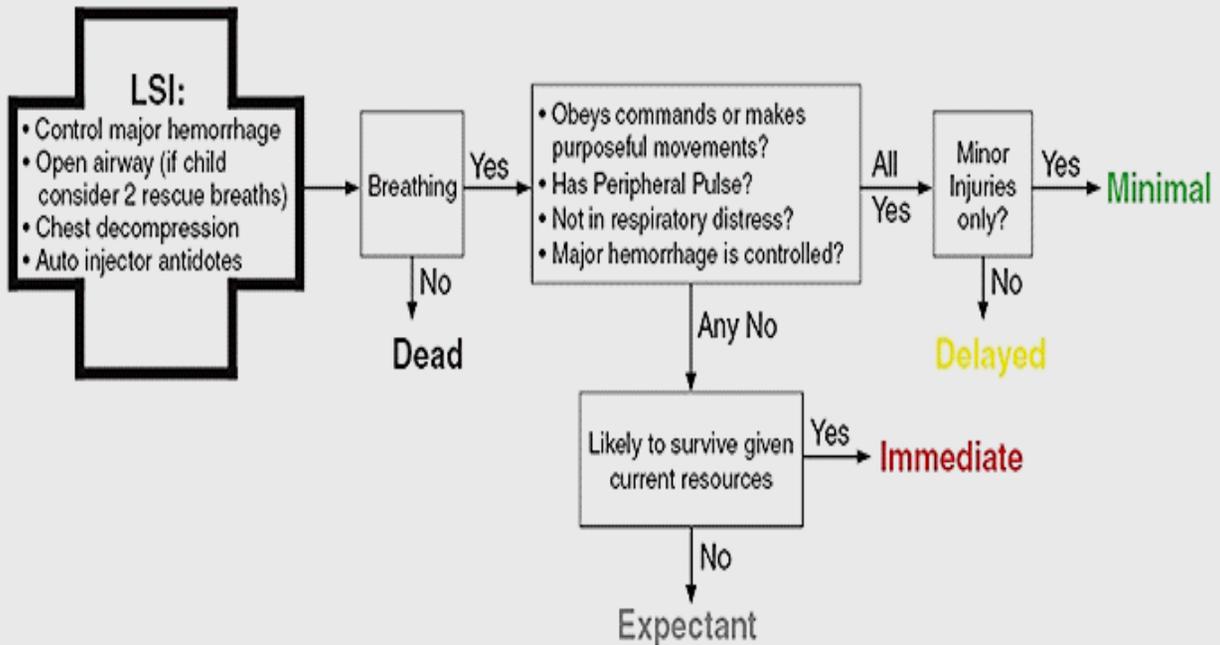
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## SALT Mass Casualty Triage



Step 2 – Assess: Individual Assessment



Hazmat & MCI 9.1