

SAEMS Pre-Hospital Protocols

MULTI-CASUALTY AND DISASTER MEDICAL MANAGEMENT AND COMMUNICATIONS PROTOCOL

It is recognized that not all agencies may have the capabilities listed in this document; as such this protocol provides a general overview of how providers may manage patients with medical complaints following a disaster.

I. **Patient Management:**

A. **Assess scene:**

- a. Survey scene: potential hazards, number of patients, need for specialized help.
- b. Initiate the agency or area approved Incident Command System (ICS)
- c. Practice situational awareness: continual assessment of hazards is the responsibility of every responder.

B. **Basic Triage:**

- d. The SAEMS region recommends the following triage systems:
 - i. START™ (adult patients) or JumpSTART©(pediatric patients)
 1. Ambulatory patients are triaged as Green (minimal/minor)
 2. RPM is then used to group non-ambulatory patients into yellow (delayed) and red (immediate) categories (see Figures 1 and 2)
 - ii. Other agency-specific triage systems as approved by Medical Direction Authority
- e. Casualties are sorted into four (4) categories. Please see Figures 1 and 2 for diagrams illustrating how to use these triage algorithms.
 - i. **Immediate (RED):** Those with serious injuries or medical emergencies that can be treated, given available resources. Examples would include:
 1. Airway difficulties which can be alleviated with head tilt and OPA

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2. Controlled gross bleeding

- ii. **Delayed (YELLOW)**: Those for whom treatment and transportation can be delayed while more seriously injured persons receive care.
- iii. **Minor (GREEN)**: Those with minor injuries who can ambulate without assistance.
- iv. **Dead/Non-salvageable (BLACK)**: Dead or dying patients who do not resume spontaneous breathing after positioning of the head and insertion of an OPA or have no spontaneous pulse. Return to these victims after all others have been triaged and re-triage these patients.

C. Communication:

a. Scene Communications:

- i. Follow approved agency-specific incident management procedures.

b. Direct Medical Communications:

- i. Medical direction may be obtained at any time by contacting a base hospital.

c. Receiving Facility Communications

i. If resources from a single medical facility will be required:

- 1. The Incident Commander (IC) or their designee should communicate the triage report directly or via a Communications Center with the primary receiving facility.
- 2. The receiving facility should provide the IC or their designee their bed availability for Immediate (Red) patients.

ii. If resources from multiple medical facilities will be required:

- 1. The IC or their designee will communicate the triage report to a Communications Center to transmit the triage report simultaneously to all regional receiving facilities.
- 2. If an agency does not have the capability to communicate through their communications center:

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- a. IC or their designee will communicate the triage report to PSCD
 - b. PSCD will activate its designated hospital radio frequency to transmit the triage report simultaneously to all regional hospitals.
 - c. The IC or their designee may also communicate with a local receiving facility who does not receive PSCD communications.
3. Each receiving facility will be responsible for re-establishing contact to indicate the number of Immediate (Red) patients they are able to receive.
- iii. Regional receiving facilities should provide the Incident Commander via their designee or a Communications Center with bed availability for Immediate (Red) patients:
 - iv. When possible the IC or their designee, the Communications Center, and regional receiving facilities should provide scene and receiving facility updates.
- d. Individual Patient Care Communications:
- i. Once en-route, individual providers may provide direct on-line communication with the receiving facility.
 - ii. If field resources are not sufficiently available, ability to provide full telemetry to the receiving facility may be limited, and they may receive only communications limited to courtesy notification of incoming patients.
 - iii. The IC, their designee, or the Communications Center will notify the hospital of any patients sent by alternative means (ie. bus, van, etc.) if known.
- e. Patient Care Information – see Figure 3
- i. Triage Tags may be utilized to identify and track patients.

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1. The main body of the card contains patient information and should be attached to the patient.
 2. Bar code / Number - assists with patient tracking.
 - a. Recorded by the triage or transport officer, the top tear-off portion of the triage tag is kept on scene.
- f. Public Health Notification:
- i. If additional resources are needed, requests may be made through a Communications Center, including but not limited to:
 1. Office of Emergency Management resources
 2. MMRS resources

D. Disposition

- a. Disposition priority:
 - v. First priority for transport to definitive care should be given to those with the highest priority triage level as outlined above.
- b. Ambulance traffic flow:
 - vi. Ambulance crews should remain with their ambulances until given an assignment by the IC or their designee.
 - vii. Keys are to remain in the vehicles at all times.
- c. Destination determination:
 - viii. Ultimate patient destination will be determined by the IC or their designee based on regional hospital bed availability, available prehospital resources, and unique event circumstance.

II. DISASTER SCENE OPERATIONS

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- A. Follow approved agency standard operating guidelines for Incident Management procedures.

III. Administrative & Legal Responsibilities:

- A. Limited resources may affect patient care and providers should provide the best care given available resources. Once a disaster or multi-casualty incident has occurred, the IC may authorize for patients requiring ALS level care can be transported by BLS providers if necessary.

Figure 1: Start Triage

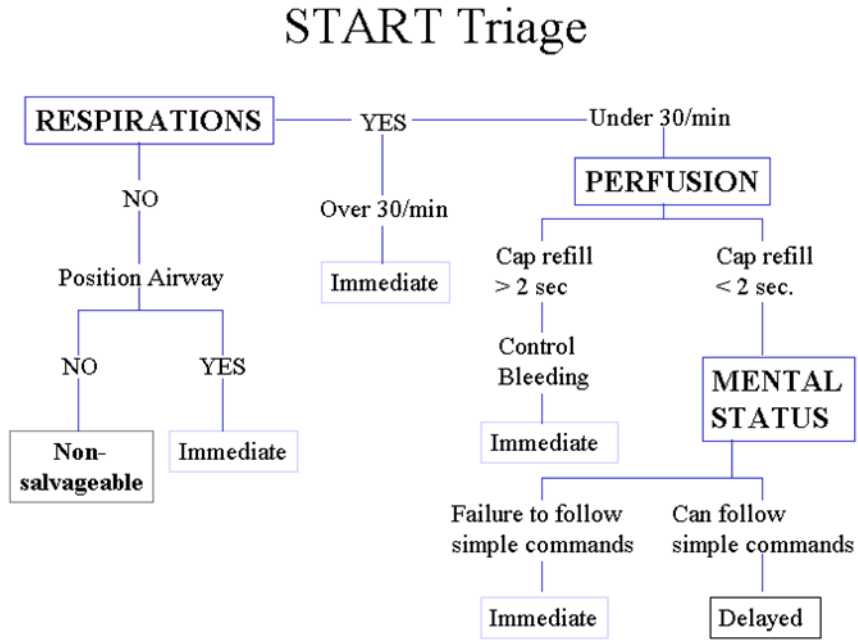


Figure 2: JumpSTART

JumpSTART Pediatric MCI Triage[®]

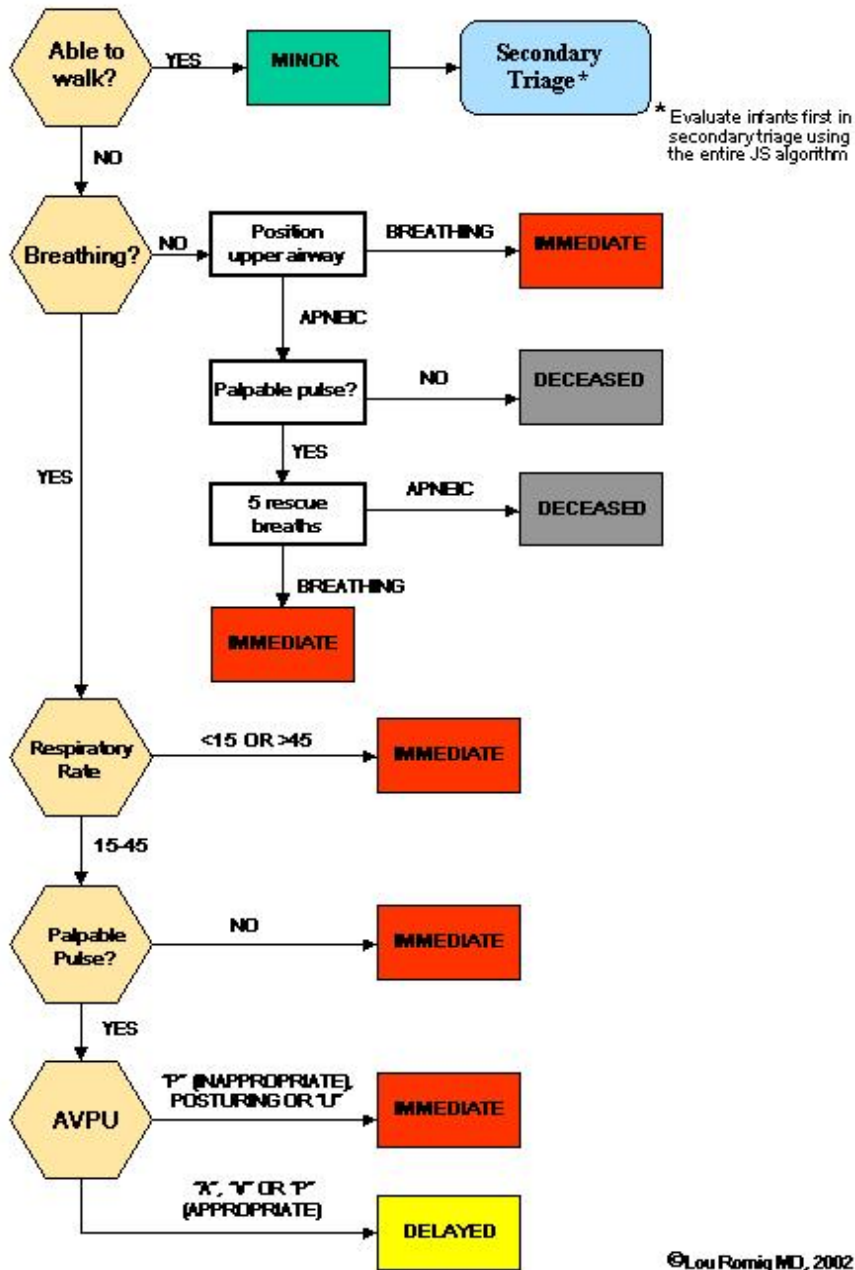


Figure 3: Triage Tag Example

CONTAMINATED

Personal Property Receipt/ Evidence Tag *1456864*

Destination *1456864*

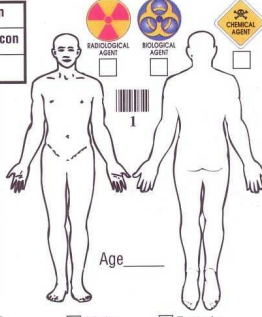
Via *1456864*

TRIAGE TAG

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

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Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

Comments/Information

Patient's Name

RESPIRATIONS Yes No
R + 2 Sec. - 2 Sec.

PERFUSION + 2 Sec. - 2 Sec.

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**

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PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

COMMENTS _____ RELIGIOUS PREF. _____

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CONTAMINATED

EVIDENCE

MORGUE

Pulseless/Non-Breathing

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

EVIDENCE