

Disaster Management Plan - VT EMS District 6

Introduction

Basic Questions

Is a mass casualty incident a set number of patients, or is it defined as more casualties than you have ambulances or hospital beds? Are there gradations of mass casualty incidents, some worse and some better than others?

Working Definition

The current DMP draft is designed using this definition...a mass casualty incident is defined as one which generates more patients than available resources can manage using routine procedures. This definition has the advantage of being linked to two critical, interrelated components, system capacity and operational procedures. System capacity is variable based on, among other possible components:

- Number of ambulances
- Minus the number of ambulances out of service or on other duties
- Number of available, qualified personnel
- Personnel efficiency
- Number of appropriate hospital beds
- Minus the number of beds occupied by patients
- Communications system capacity

Operational procedures determine the efficiency of treatment of patients in terms of speed, resource commitment, and outcome. Normal patient care procedures for a single patient incident are relatively inefficient in terms of speed and resource commitment. If these same procedures are used in a mass casualty event, they result in unacceptably long times to clear all patients from the scene. Therefore a mass casualty incident requires the use of emergency procedures, such as START triage, reduced provider to patient ratios, and loading of multiple patients in ambulances.

Systems Approach

Given the definition a system for response to an MCI can be described as needing to address both capacity and procedural issues throughout all phases of an incident. Conceptually, these phases might include:

- Preparedness
- The mass casualty event
- Response and characterizations
- Patient clearance
- Transition to mass fatality incident if required
- Short-distance transport to definitive care
- Long-distance transport to definitive care
- Patient discharge and return

A successful approach to mass casualty incidents must address all of these phases directly through inclusion of new/existing programs to improve performance, for example; requiring awareness and operational training as illustrated in ICS 100 and 200.

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The combination of these two courses has three important impacts on how response to an MCI will function. First, a standard set of initial actions, known as the 5 S's, should be taught to every responder;

- Safety asses the safety of the scene to determine if EMS can enter
- Size-up quickly assess the overall characteristics of the incident including size, area covered, severity, access routes, additional resources needed
- Send advise dispatch and the hospital of the size-up and request additional resources as appropriate
- Set-up take the first actions to assume command(if first on scene) or to establish the Medical Group
- START start performing START triage

Second, the use of START triage has been widely advocated as providing a very rapid means of assessing patients. If rapid assessment is tied to rapid reporting of the results to the Medical Group Supervisor, the earliest possible identification of the number and severity of the patients is known.

Third, this training effectively establishes the organization of mass casualty response as a standardized Incident Command System Medical Group under the leadership of a Group Supervisor, with Unit Leaders for Triage, Treatment, and Transportation.

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