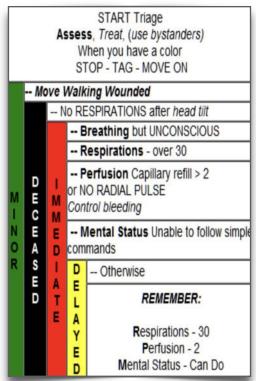


## The Front Door MCI: Mass Casualty Incident Notification and Triage



The START Triage System: The Las Vegas mass shooting and Paris café bombings had a large percentage of patients self-transport to the closest hospital regardless of hospital capabilities or capacity. It is a common trend for low acuity walking wounded to arrive at a medical facility before EMS notification of incoming critical patients. Performing rapid triage of those arriving will save lives and prioritize resources. Maryland EMS personnel use the START Triage System to classify patients as category GREEN, YELLOW, RED, or BLACK. This system can be used for a massive influx at the front door of an ED during an apparent MCI. JumpSTART is a pediatric adaptation that requires rescue breaths prior to categorizing BLACK.

TRIAGE SHOULD TAKE LESS THAN 60 SECONDS...

THOSE WHO ARE
CAPABLE SHOULD MOVE
TO ONE SIDE TO PRIORITIZE
THE NON-MOBILE

Triage should take less than 60 seconds per patient. Initial sorting of patients can be done by asking those who are capable to move to one side, in order to prioritize the non-mobile.

EMRC Radio Call: There has been an incident and you are asked how many patients you can accept. You need information to give a reasonable answer. Anticipate rapidly evolving and sometimes inaccurate initial details.

- Where is the incident? (closer = more walk-ins and shorter time until the arrival of the critically ill)
- What are the types of injuries/mechanism (trauma, noxious gas, gastrointestinal)
- Patient population (assisted living facility, field trip, school)
- Estimated patient number by category (usually overestimated in early stages)

Now What? At UM Capital Region we have two MCI levels: Alpha (>15 Patients) and Bravo (≤15 with need for additional resource activation outside the ED). Upon notification of an MCI requiring further resources, notify the nursing coordinator and then the administrator on call (reached through the operator).

