



# The Front Door MCI:

## Mass Casualty Incident Notification and Triage

By Karen Baker, MD

START Triage	
Assess, Treat, (use bystanders)	
When you have a color STOP - TAG - MOVE ON	
MINOR	-- Move Walking Wounded
	-- No RESPIRATIONS after head tilt
	-- Breathing but UNCONSCIOUS
	-- Respirations - over 30
	-- Perfusion Capillary refill > 2 or NO RADIAL PULSE Control bleeding
IMMEDIATE	-- Mental Status Unable to follow simple commands
	-- Otherwise
DELAYED	<b>REMEMBER:</b>
	Respirations - 30
	Perfusion - 2
DEGRADED	Mental Status - Can Do

**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).

**MIEMSS TRIAGE TAG DO NOT REMOVE**

DATE: \_\_\_\_\_

UNDETERMINED    AGE    WGT    KG / LBS    PATIENT NUMBER  
 MALE     FEMALE    DOB

NAME: \_\_\_\_\_ \* M D B J A 4 5 1 \*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

**CHIEF COMPLAINT**

Head Injury     C-Spine  
 Blunt Trauma     Penetrating Trauma  
 Burn     Fracture  
 Laceration     Amputation

Medical     Respiratory  
 Cardiac     OB/GYN  
 Psychiatric  
 Haz-Mat Exposure

COMMENTS: \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT: \_\_\_\_\_ DESTINATION: \_\_\_\_\_ TIME ARRIVED: \_\_\_\_\_

TREATMENT \* M D B J A 4 5 1 \*    HOSPITAL \* M D B J A 4 5 1 \*

OTHER \* M D B J A 4 5 1 \*    OTHER \* M D B J A 4 5 1 \*

OTHER \* M D B J A 4 5 1 \*    OTHER \* M D B J A 4 5 1 \*

OTHER \* M D B J A 4 5 1 \*    OTHER \* M D B J A 4 5 1 \*

UNDETERMINED    AGE    PATIENT NUMBER  
 MALE     FEMALE    DOB

NAME: \_\_\_\_\_ \* M D B J A 4 5 1 \*

**CHIEF COMPLAINT**

DESTINATION: \_\_\_\_\_ HOSP NOTIFIED: \_\_\_\_\_

TRANSPORTATION AGENCY/UNIT: \_\_\_\_\_ TRANSPORT TIME: \_\_\_\_\_

**TRIAGE STATUS**

RED    YELLOW    GREEN  
 GREY    BLACK