



London Health Sciences Centre

Southwest Ontario Regional Base Hospital Program

PARAMEDIC ROUNDS

Mass Casualty Incidents and Triage

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Outline

- Objectives
- Introduction
- Case Presentation
- Philosophy of Mass Casualty Triage
- Triage Tag System
- Medical Directives
- Summary
- Discussion

Objectives

- **At the end of this presentation the paramedic will be able to:**
- **Describe the basic principles of mass casualty triage**
- **Relate the actions required to optimize care for the maximum number of salvageable patients**
- **Modify your plan of action to address all patients once additional resources have arrived**
- **Integrate the General Traumatic Arrest Protocol into standard MCI principles and practice**

Introduction

- Triage is a system utilized at mass casualty incidents for sorting or categorizing patients based on the severity of their injuries and need for critical intervention, relative to the available resources.
- Recent case of mass casualty incident
- Different interpretation of which medical directive should be applied
- Discussions among crews regarding the Triage Tag System

Case Study

- Crew dispatched code 4 for an multi vehicle collision (MVC) with several critical patients
- Supervisor arrived on scene approximately five minutes after first crew
- Second unit fifteen minutes away
- First crew performs triage and discovers two VSA patients on scene along with one critical patient

Case Study

- VSA patients do not meet obvious death criteria
- Crew attends to critical patient first
- Patient goes VSA shortly after crew arrival
- Supervisor assists crew with resuscitation efforts and packaging for transport
- Second crew arrives and first crew departs scene with VSA (witnessed) patient

Case Study

- Supervisor patching to base hospital physician for termination of resuscitation (TOR) on both VSA patients just as second crew arrives
- No attempts at resuscitation have been attempted on either VSA patient
- TOR is granted for both patients and they are left with the police on scene

Philosophy of Mass Casualty Triage

- Situation: Number of casualties overwhelms the available resources needed to treat everyone who needs treatment
- Issue: How to organize the resources available to provide the greatest good to the greatest number of people?
- Philosophical principle is Utilitarianism

The Dilemma

- Do you use the limited resources available to treat people who are likely to die?

Normal Situation

- Treat the most injured person first, and the least injured last

Mass Casualty Incident

- Even though the most seriously injured may still be alive, they may not be salvageable.
- They will require use of resources that may save other people's lives
- This puts other people in peril
- Use the resources on the most seriously injured person who is likely to live

Triage Tag System

START - Simple Triage and Rapid Treatment System

- **Green Tag** - minor - care can be delayed for > 1 hour
- **Yellow Tag** - delayed urgent care - delay up to 1 hour
- **Red Tag** - immediate care - life threatening
- **Black Tag** - VSA or likely to become so before transport can be completed

Black Tags

- VSA
- Alive but likely to become VSA prior to arrival at hospital
- Out of hospital traumatic VSAs rarely survive
- Examples

Medical Directives

- Almost all Mass Casualty Incidents will be traumas but they could also be medical
- Use the appropriate directive
- Blunt or penetrating trauma, medical
- Unless the person is “obviously dead” according to 3.3 they are just VSA or likely dead
- When more resources are available then the black tags are looked at again and field pronounced if appropriate

Summary

- It is all about the resources available
- It is a dynamic situation that changes as more resources become available
- Requires judgement
- High stress

Discussion and Questions?

