

MASS CASUALTY, TREATMENT, AND TRANSPORT

The following material represents a broad guideline for the common practice of our EMS providers when dealing with a mass casualty event. A much more comprehensive overview of the important role and responsibilities of EMS responders in a mass casualty event is found within our **Field Operations Guide (FOG)**.

Included in this County Operating Procedure section are the following:

1. General Principles of Triage, Treatment, and Transport
2. References
 - A. START
 - B. JumpSTART
 - C. Combined START/JumpSTART
 - D. Triage tags

RECOMMENDATIONS

1. Triage:
 - ✓ Initial triage should be rapid with an emphasis on identifying severe but survivable injuries.
 - ✓ A single system should be used throughout our EMS system. START and Jump/START are simple and effective tools for initial triage.
 - ✓ A triage tag or identifier should be applied at the time of initial EMS contact.
 - ✓ Secondary triage should be applied at the scene (treatment area) with a focus on identifying patients whose outcome will depend primarily on time critical hospital based interventions (surgery/critical care).

2. Treatment:

A. A few immediate lifesaving treatments should be done as soon as possible at the time of initial EMS contact.

- I. Open the airway.
- II. Stop severe external bleeding.
- III. Treat open (sucking) chest wounds.

B. Secondary treatment

- I. Spinal immobilization (prior to moving the patient).
- II. Definitive airway placement and oxygen administration.
- III. Needle decompression of tension pneumothorax.

3. Transport:

A. All RED (critical) patients should be the priority for earliest transport to receiving hospitals with an emphasis on those that need immediate surgical interventions.

B. EMS staffed transport vehicles should be loaded to full capacity with all RED patients and provided ALS level EMS during transport, if possible.

C. When ambulance capacity is exceeded, alternative transport vehicles (buses, etc.) should be considered to move the less severely injured EMS personnel should be assigned to the vehicles.*

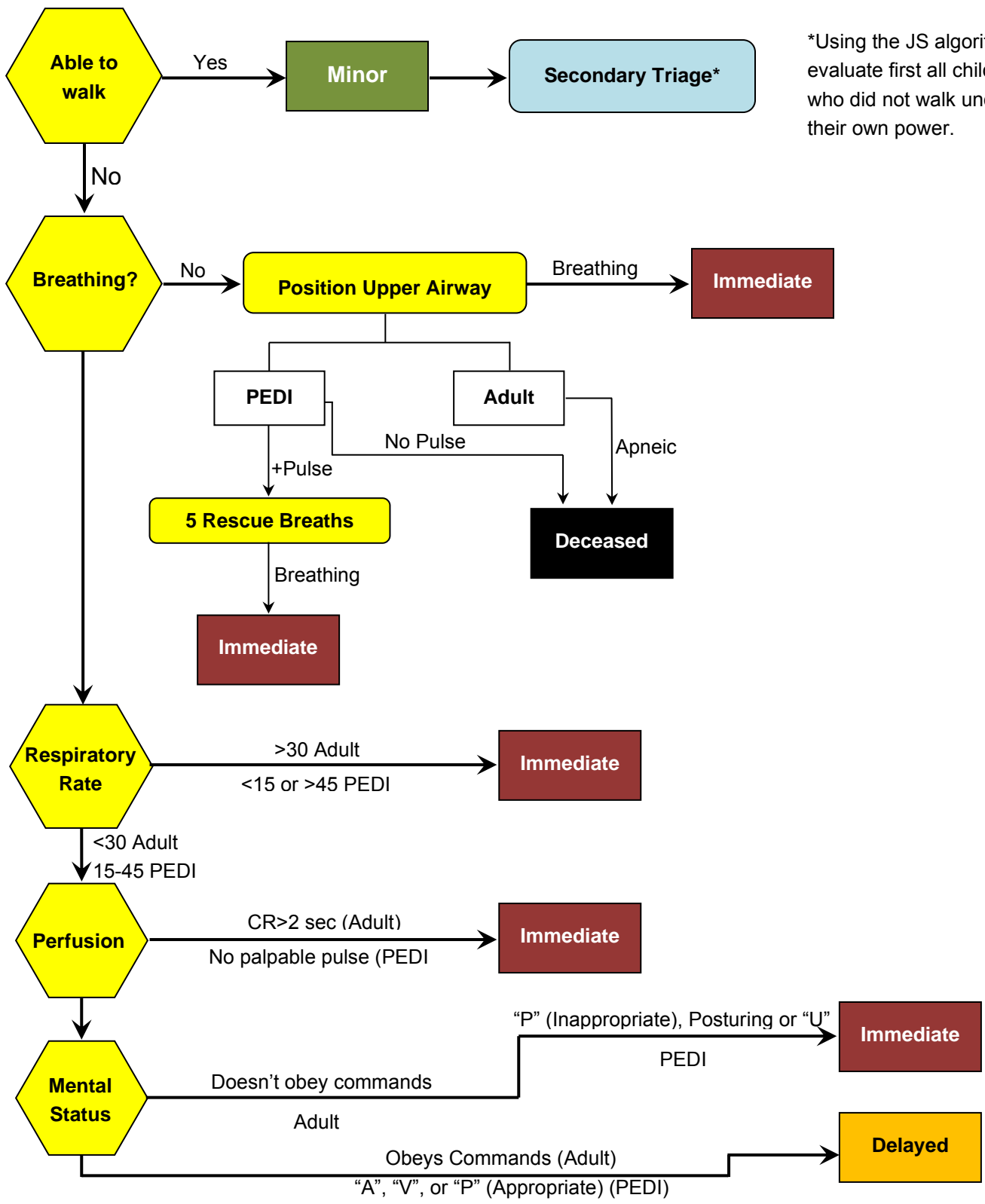
SEE FOLLOWING PAGES FOR ALGORITHM AND FIGURES

*The number and level of certification of EMS providers assigned to transport vehicles will depend upon the need for immediate triage and treatment of victims who initial remain at the scene.

Fig 1.2 START and JumpSTART

START		JumpSTART	
Move the walking wounded	Minor	Move the walking wounded	Minor
No respirations after head tilt	Deceased	No respirations No peripheral pulse	Deceased
Respirations Over 30/min	Immediate	Respirations above 45/min less than 15/min	Immediate
Perfusion No radial pulse Cap refill +2/sec	Immediate	No respirations with peripheral pulse, give 5 ventilations via barrier. Respirations resume.	Immediate
Mental status Unable to follow simple commands	Immediate	Perfusion No peripheral pulse Cap refill +2/sec	Immediate
Stable RPM	Delayed	Mental status AVPU	Delayed
		AV	Immediate
		PU	Immediate

Fig 1.3 Combined START/JumpSTART Triage Algorithm



*Using the JS algorithm, evaluate first all children who did not walk under their own power.

Fig 1.4 Wrist Band

CONTAMINATED

Personal Property Receipt/ Evidence Tag *W0193596*

Destination _____ Via _____ *W0193596*

All Risk® TRIAGE TAG *W0193596*

S L U D G E M
Solvation Laceration Ultrasound Defecation G.I. Distress Emetics Miosis

AUTO INJECTOR TYPE 1 2 3
 AUTO INJECTOR TYPE 1 2 3

Yes No Primary Decon
 Yes No Secondary Decon

Solution

<input type="checkbox"/>	Burn Trauma
<input type="checkbox"/>	Burn
<input type="checkbox"/>	C-Spine
<input type="checkbox"/>	Cardiac
<input type="checkbox"/>	Crushing
<input type="checkbox"/>	Fracture
<input type="checkbox"/>	Laceration
<input type="checkbox"/>	Penetrating Injury

Age _____
 Male Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

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Comments/Information

Patient's Name _____

RESPIRATIONS R Yes No **PERFUSION P** + 2 Sec. - 2 Sec. **MENTAL STATUS M** Can Do Can't Do

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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EVIDENCE

MORGUE
Pulseless/Non-Breathing

IMMEDIATE
Life Threatening Injury

DELAYED
Serious Non Life Threatening

MINOR
Walking Wounded

EVIDENCE

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FAA **EVIDENCE**

DECONTAMINATED YES NO

Name _____

Comments _____

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