Module: Public Health Disaster Planning for Districts

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Resource Title: Session 2.2: Mass Casualty Incidents

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Mass Casualty Incidents

Compiled By The Eastern Africa Disaster Management Training Task Force
Narrrated by Dr. Roy William Mayega
Part A:
MASS CASUALTY INCIDENTS (MCIs)
Introduction/Definition

• Any incident where the number of injured overwhelm the capabilities of the first arriving unit(s)

• Usually involve trauma but could be acute radiation, biological weapons, or poisoning from alcohol etc.

• Road traffic injuries, collapsed buildings, are occurring every day
Introduction

• Three things are important in lessening injuries and deaths:
  – Immediate search and Rapid Triage
  – Immediate First Aid Treatment
  – Transport to the nearest medical centre
Story 1: The Bus Collision

• Let a volunteer read for us Story 1 in the introductory part of this session

• **Challenge:**
  – *What things went wrong in this scenario?*
At the Incident

- Be composed; search and rescue should be done methodically
- STOP, LOOK, LISTEN, AND THINK.
- CALL FOR HELP!
- Choose a team leader
- Usually security personnel are needed to secure the incident site (Zone 1 or Ground Zero)
- Wear protective gadgets- gloves, helmet
- Select a medical incident commander to manage: Triage, Treatment and Transport (3Ts)
Equipped Ambulance

- Some ambulances are able to sustain lives that require advanced support
- Call for ambulances
TRIAGE

• A French term meaning pick and sort (select and categorize)
• It involves:
  – Classifying victims in order to assign priorities for medical care and transportation
  – Urgency of the case handling to increase victims’ likelihood of survival
• The aim is to provide greatest good for the greatest number of people injured
Triage Categories

• Uses agreed colors to communicate amongst personnel

• Triage ribbons or cards are used (tied to an arm and clearly visible)

• It tells intervention teams the priority level with which to handle each affected person
The Triage Card
Red Coded

- First priority should be given to them
- Immediate care should be started
- They have a compromised airway, or are in shock

Source Unknown
Yellow Coded

- Second priority
- Urgent care is needed
- They can deteriorate to Red category in a short time
- Impending shock
Green Coded

- Third category
- Walking wounded
- Care can come later
- However, need monitoring for any signs of deterioration
Black Coded

- Either dead or hopelessly wounded
- They should not take priority time and resources
- Concentrate on those that can be saved
How to Triage

• Begin by assessing all non-moving patients where they lie
Start Triage

- Simple
- Triage
- And
- Rapid
- Treatment

- Can be performed by any individual including non-health workers

- Because of scarcity of manpower, all who can should participate
Triage Techniques

• Consider:
  – Respiration:
    • Are they breathing?
    • Breaths per minute
  – Blood Circulation
    • Is there a pulse?
    • Perfusion of blood into the tissues
  – Consciousness
    • Are they conscious?
    • Mental status

Take less than one minute per patient!!!!!
RESPIRATION

- If none, open airway,
- Still none = Label as black
- If restored = label as red
- If present breathing rate:
  Is above 30 = red
  Is below 30 = check blood circulation (Perfusion)
BLOOD CIRCULATION

- Is the same as PERFUSION
- If Radial pulse-nil or Capillary refill greater than 2 seconds=Label as **RED**
- If Radial pulse –present or Capillary refill less than or = 2 seconds – Check mental status
MENTAL STATUS

• Can’t follow simple commands (unconscious/ altered LOC)=Label as RED

• CAN FOLLOW simple commands= Label as Yellow or Green
All Walking Wounded

MINOR

NO

POSITION AIRWAY

NO respirations

DECEASED

Respirations

IMMEDIATE

RESPIRATIONS

YES

UNDER 30/min.

OVER 30/min.

IMMEDIATE

PERFUSION

RADIAL PULSE ABSENT

OVER 2 seconds

CAPILLARY REFILL

UNDER 2 seconds

CONTROL BLEEDING

IMMEDIATE

RADIAL PULSE PRESENT

MENTAL STATUS

CANT' FOLLOW SIMPLE COMMANDS

IMMEDIATE

CAN FOLLOW SIMPLE COMMANDS

DELAYED
Summary

• Triage is the single most important decision involving management of mass casualty incidences
• Triage evaluation involves Airway and breathing, Circulation and mental status
• The Triage teams hand over the serious cases to the First Aid Treatment Teams
• Medical facilities are encouraged to develop Mass casualty plans for their facilities based on operating capacity and resources
• District committees and local authorities should identify key players in Search and Rescue and in First Aid
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