EV 09 – Critical Incidents
Session 27 – LERA/Principles of Mass Casualty Response Incident
LD43 – Emergency Management

Date Revised: 12/09/19

Event Goal: To teach recruit officers how to respond to a critical incident

Session Goal: This hands-on training module provides the law enforcement responder with the knowledge and skills needed to support mass casualty operations at the scene of a CBRNE MCI. This session examines the components of triage. It also examines how to prioritize victims for evacuation, treatment, and transport using rapid assessment measures.

Learning Objectives:

- Know the principles and challenges of an MCI resulting from a CBRNE incident
- Demonstrate simple triage conducted in the warm zone of a CNBRNE incident
- Identify the signs, symptoms, and treatment protocols for victims with different CBRNE injuries
- Describe the activities at the triage site in the cold zone
- Identify the basic on-scene actions at a WMD incident **[43.V.M]**
- Identify incident response priorities **[43.V.N]**
- Identify law enforcement First Responder roles and responsibilities associated with responding to a critical incident **[43.VI.A]**

Session Time: 1.5 Hours

Resources:

- Power Point
- Audio/video device
- Classroom with tables

- **Session Summary:** The student will demonstrate the ability to perform triage of mass casualties at the scene of a CBRNE MCI and to support the efforts of on-scene responders to evacuate victims from the incident site through the initiation of definitive medical care.

Outline	Instructor Notes
Principles of Mass Casualty Response A. The definition of an MCI (Mass Casualty Incident) varies from jurisdiction to jurisdiction. It is founded in the concept that the number of victims overwhelms the available resources **[43.V.M] [LD26] [1]** Challenges Faced: a. Multiple events occurring simultaneously b. Mixed CBRNE and Non-CBRNE casualties c. Responder protection and safely d. Non-CBRNE Hazards e. Crime scene management and evidence preservation	Facilitated discussion (1.5 hours) **[LD43]** – Basic on-scene actions at a WMD incident **[LD26]** – Mission of law enforcement when responding to an unusual occurrence **[1] ASK –** What are some challenges when dealing with a MCI? • Answer – triage, casualties, officer safety, exhaustion, locations, etc.

f. Fires g. Hazardous materials h. Falling objects i. Explosions j. Burning fuel k. Collapsed structures l. Heat stress m. Simple exhaustion B. Large Number of Casualties: An MCI disrupts a large segment of the community and may involve several locations. Additional nonlocal EMS units will be providing support through mutual aid agreements. However, this may disrupt normal systems of transportation (e.g., ambulances) because of the increase in number of vehicles. The law enforcement responder's goal is to increase the survival rate of the maximum number of victims by doing the "most good for the most people" **[2]** MCI involves many casualties A casualty is a victim of an accident, injury, or trauma. With mass casualties, large segments of the community are disrupted MCI may involve several locations With MCI the number of injured exceeds the resources available 75-85% of fatalities occur within the first 20 minutes C. Multiple Incidents Occurring Simultaneously: Multiple complicating factors occur simultaneously, making it necessary for responders to perform many tasks. When dealing with an MCI, law enforcement responders may also have to deal with injuries from additional hazards caused by the initial attack. Biological hazards are also possibility in some cases **[43.VI.A] [LD34]** CBRNE hazards and contamination Secondary or Multiple devices Injuries from additional hazards Overwhelming numbers of victims Responder injuries D. Triage: Triage is a system used by medical personnel	**[2] ASK –** What do you think is our primary goal for Law Enforcement to assist in a MCI? • Answer – To increase the survival rate of the maximum number of victims. **[LD43]** – Law enforcement First Responder roles and responsibilities associated with responding to a critical incident **[LD34]** – The primary responsibilities of peace officers as EMS first responders at a medical emergency

and emergency responders to prioritize the care the injured receive. Triage ensures that limited medical resources can treat the greatest number of victims possible. Some injuries require immediate medical care; trauma patients require a surgeon within one hour of injury- the golden hour of emergency medicine. Triage saves lives. At the scene, victims requiring surgical care are transported to hospitals that have been warned victims requiring immediate surgery are on the way. In MCI situations, any medical care given to people expected to die is care taken away from people who may live. E. M.A.S.S. (Move, Assess, Sort, and Send) triage, occurs in the hot zone to identify those in the most need of treatment and to move them through decontamination quickly **[LD34]** Move-Ambulatory victims are verbally directed to move to a designated area. These victims are categorized and taped as Minimal (Green). Nonambulatory victims are asked to move an arm/leg, and are categorized and taped as Delayed (Yellow). Those victims not moving will receive the priority, and are categorized and taped as Immediate (Red). Assess- Respiration, Perfusion/Pulse, and Mental Status (RPM). Rapid assessment is performed using these parameters. Victims are rapidly assessed and triaged based on their ability to move. Sort- Victims are sorted into the following triage categories; in the hot zone, tape is used to delineate the victim's injury category (more detail will be provided regarding these categories in the discussion of S.T.A.R.T.) a. Dismiss (White) b. Minimal (Green) c. Delayed (Yellow) d. Immediate (Red) e. Deceased or Expectant (Black) Send- Victims are sent (evacuated) both safely and promptly to the decontamination areas. Extrication is	**[LD34]** –Assessment criteria for establishing priorities when assessing multiple victims at a single scene

a rescue function involving the safe and rapid removal of entrapped victims and their prompt delivery to a treatment area. Simple triage is used at the scene of an MCI to choose victims who require immediate transport to the hospital to save their lives, as opposed to patients who can wait for help later. In most field situations, the walking wounded are numerous. For each injury, a lightly-injured person can be asked to perform first-aid action for a severely injured victim.	
F. S.T.A.R.T. (Simple Triage and Rapid Treatment) triage occurs just inside the warm zone prior to decontamination to assess the victims and their injuries. A third triage is conducted in the cold zone by medical teams to more fully assess injury priorities. Secondary triage, or retriage, occurs continuously until all victims are treated or transported. The S.T.A.R.T. technique recommends the performance of lifesaving measures only, such as opening the airway, stopping profuse bleeding, treating shock by elevating extremities, and/or employing NAAK/Mark 1 to treat nerve agent exposure **[43.V.N] [LD34]**	
S.T.A.R.T. Assessment Includes: a. Respirations b. Pulse (Blood Flow Perfusion) c. Mental Status (Neurological)	**[LD43]** – Incident response priorities
S.T.A.R.T. method recommends less than 30 seconds per victim as a rule of thumb for scene-management techniques.	**[LD34]** – Appropriate action to take during a primary assessment for assessing a victim
Ambulatory and Nonambulatory- the first step in S.T.A.R.T. is to separate victims into ambulatory and nonambulatory. Anyone who can walk does not need immediate lifesaving help in an MCI. People can, however, change categories, and the walking wounded are usually the largest category of victims. A person in shock may walk initially but may faint in the ambulatory area. Victims with minor injuries may be enlisted to assist with first-aid.	
International Triage Color Code System- The most	

widely accepted international code for triage uses colors on a triage tag, such as: a. White- Dismiss; No or minor injuries (first-aid and home care sufficient: a doctor's care is not required) b. Green-Minimal or ambulatory patients (will require a doctor's care in several hours or days but not immediately). c. Yellow- Delayed; can wait for the care after simple first-aid (e.g., wounds dressed, splints applied), but need to be reassessed frequently. d. Red- Immediate or critical (seriously injured, but have a reasonable chance of survival). e. Black- Expectant; make comfortable. This patient shows obvious signs of death. Included in this category are unresponsive patients with no signs of breathing or with catastrophic trauma, including head injuries and/or chest injuries. G. Rapid Assessment Using RPM- Triage of nonambulatory victims should focus on these three primary areas **[LD34]** Respiratory status: If the victim is breathing adequately (12 to 20 respirations per minute), the responder moves on to the next step. If, however, breathing is inadequate, the responder attempts to clear the airway by either repositioning the victim or clearing debris from the patient's mouth. If these attempts are unsuccessful, the classification is as follows; a. No respiratory effort- Expectant (Black) b. Respirations greater than 30 per minute or needs help maintaining an airway- Immediate (Red) Pulse and blood flow (Perfusion)-Blood Flow (Perfusion) - initial evaluation is made by measuring capillary refill. The responder will conduct capillary refill by compressing a portion of skin or nail bed (finger or toe), and it will blanch white or pale.	**[LD34]** – Appropriate actions to take during a primary assessment for a victim

Release the pressure, and not the following:

a. A pink color should return within two seconds with good circulatory function
b. A longer capillary refill time suggests circulatory compromise.
c. If the responder is unable to obtain capillary refill due to either the victim's color or poor lighting conditions, then the radial (wrist) pulse is checked. Detecting a radial pulse while in PPE Levels A through C may prove very difficult, because layers of gloves worn by the responder will make it difficult to feel a pulse. The first responder, using the index and middle finger, locate the radial pulse on the wrist of the victim. If the radial pulse is present, assume the pressure is adequate.
    1) Each victim falls into one of the following categories:
        a) Capillary refill noted to be more than two seconds or absence of radial pulse-Immediate (RED).
        b) Capillary refill noted to be less than two seconds or palpable radial pulse-go to the next triage step.

Mental status- The third and final level of assessment is the victim's mental status. Depending on the level of consciousness, use the following classifications:

a. Unconscious- Immediate (Red)
b. Change in mental status or cannot follow simple commands- Immediate (Red)
c. Normal mental responses- Delayed (Yellow), then move to the next patient.

H. MCI Triage Tags: Triage tags are a way to show others what was observed on the victim. Tag completion and application communicates to emergency medical personnel the victim's history as they arrive in the definitive triage or treatment areas. Triage tags are to be attached near the victim's head. When completing the triage tags, include the following information only if time, availability, and circumstances permit:

Identify major injuries Status (Green-Minimal, Yellow-Delayed, Red-Immediate, or Black-Expectant or dead, if permissible by jurisdiction) Record vital signs Complete the patient identification information	