Clinical Practice Guidelines:
Other/Multi casualty incidents

Policy code	CPG_OT_MCI_0221
Date	February, 2021
Purpose	To ensure a consistent appproach to the management of multi casualty incidents.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
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Multi casualty incidents

February, 2021

A multi-casualty incident (MCI) exists when the initial response becomes overwhelmed. This occurs when the number of casualties and/or the severity of their injuries exceed the capacity of the initial crew or crews, preventing effective management and transport. The successful management of a MCI requires the effective use of resources to create balance between the available supply of health personnel and equipment, and the multi-casualty incident.

Experience has shown that in the event of a MCI, patient care is optimised if ambulance crews conform to a pre-arranged and rehearsed plan. Scene management should include consideration of various factors including; safety, site assessment, liaison, command, communications, triage, treatment and transport.

The first unit on scene adopts the command and triage responsibilities ensuring pertinent information is received and given to the communications centre ensuring appropriate resources are available and used as required. The scene commander and triage officer must complete their tasks until relieved by a senior clinician or supervisor.

- The scene commander provides an initial windscreen sitrep then collects information necessary for a METHANE report. The scene commander is the contact between the scene and the communication centre.
- The triage officer uses the 'Sieve' triage process to facilitate the prioritisation of treatment and patient movement from the impact area to the casualty clearing post. Patient numbers and priorities are reported back to the scene commander.

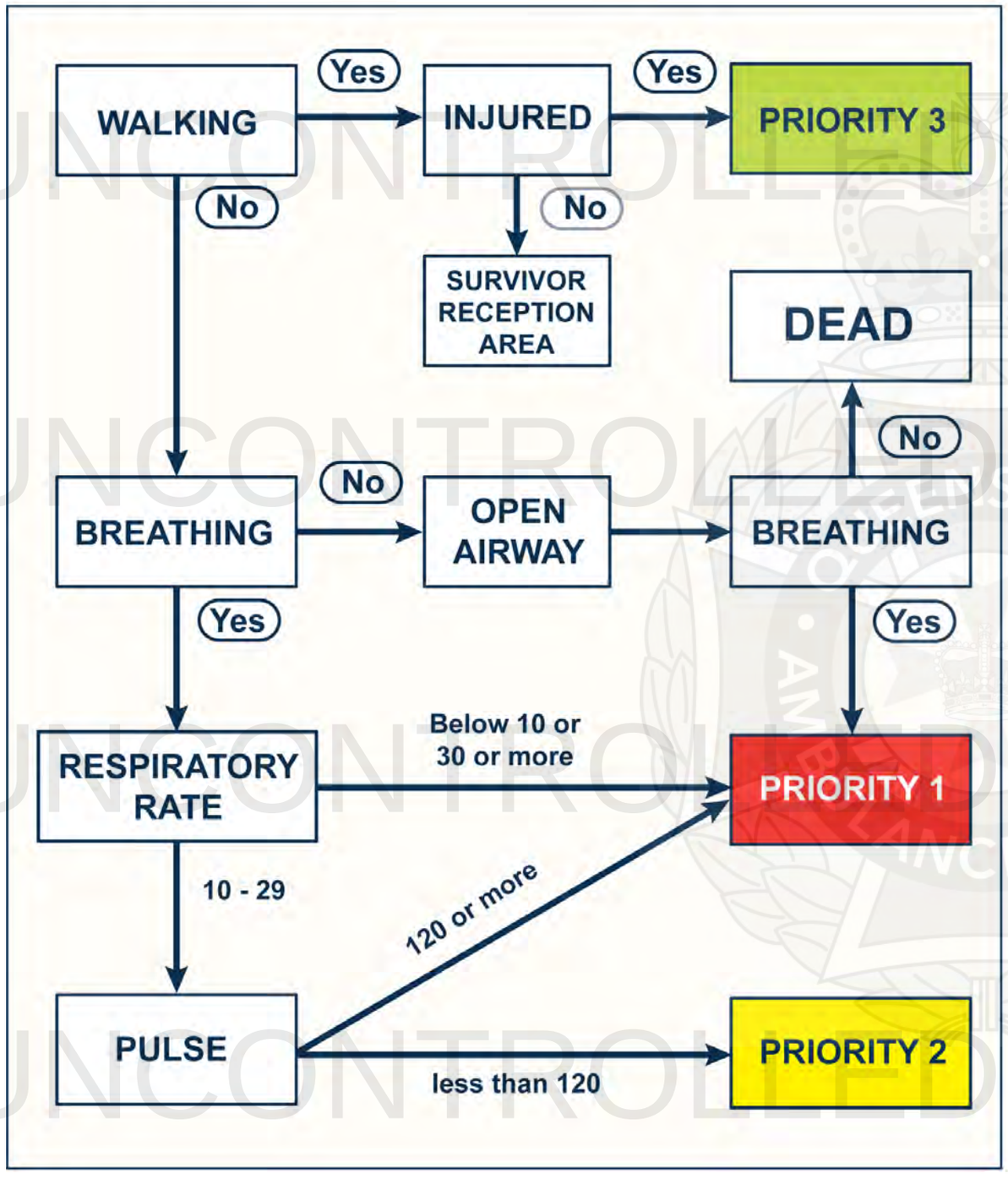
During the triage process each patient is given a triage tag with their assessed priority colour and number visible. Patients are then moved from the impact area to the casualty clearing post where patients are assigned to various areas according to the triage priority.

At the casualty clearing post the Triage Trauma Score will validate the casualty's priority for transport. This is referred to as 'SORT' which uses the patient's GCS, respiratory rate and systolic BP to arrive at a score corresponding to a priority level. Transport can commence once enough resources are on scene to manage casualties. Patients are then transported from the scene ensuring the right patient, to the right destination, in the right time.

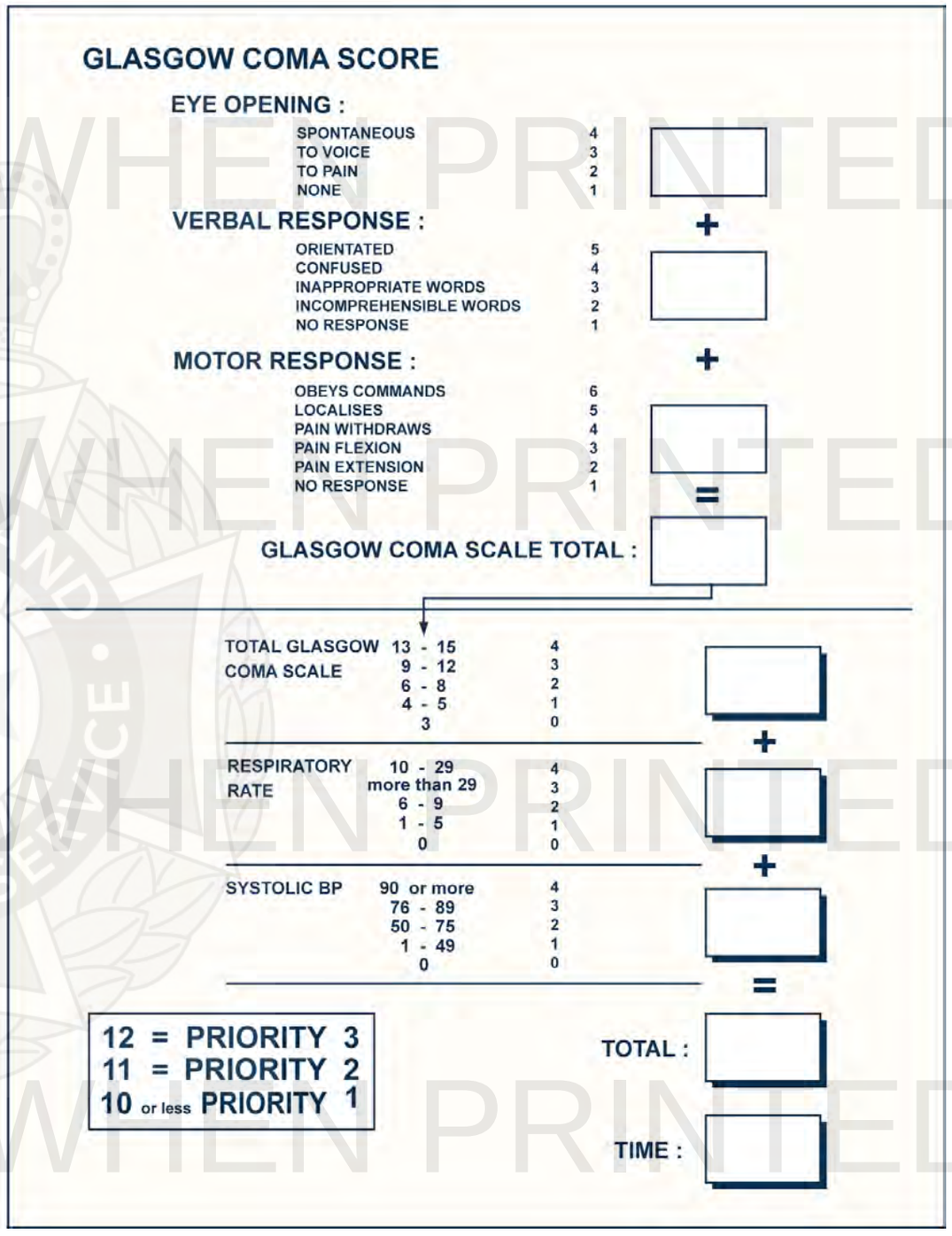
Additional information

- The QAS emergency response for a MCI comprises strategic, operational and tactical levels, consistent with the *QAS Incident Management System*[1] framework established by the *QAS State Major Incident and Disaster Plan*.[2]
- Children are often over prioritised taking valuable resources away from more seriously injured adults. Children are not small adults and triage systems based on adult physiology do not triage children accurately.
- Early identification and notifications of a Chemical, Biological, Radiological, Incendiary and Explosive Incident (CBRIE) is important to ensure safe access, incident containment and appropriate response.
- If appropriate, the QAS Scene Commander may request the assistance of Medical Evacuation or 'MedEvac' teams by contacting the appropriate OpCen.

Adult Triage – Sieve



SORT



METHANE:

- **M** ajor incident confirmation
- **E** xact location
- **T** ype of incident
- **H** azards identified
- **A** ccess via
- **N** umber of patients (adult/paediatric) nature and priority of injured
- **E** mergency services/resources required

CPG: Clinician safety
CPG: Standard cares

Windscreen Sitrep

CBRIE Incident?

Y → **Manage as per:** **CPG: CBRIE**

N

Scene Commander

Consider:

- Site Assessment
- Scene Assessment
- METHANE report

WHERE APPROPRIATE DELEGATE ROLES:

- Liaison Officer
- Marshalling Officer
- Transport Officer

Triage Officer and all further personnel

Report all pertinent information to Scene Commander

Consider:

- Sieve – initial triage
- Patient movement to casualty clearing post
- SORT – secondary triage
- Appropriate treatment to stabilise for transport

Transport to hospital following direction from Scene Commander or Transport Officer
Pre-notify as appropriate

Note: *Clinicians must only perform procedures for which they have received specific training and authorisation by the QAS.*