Clinical Practice Guidelines:
Other/Multi casualty incidents

Disclaimer and copyright
© 2016 Queensland Government

All rights reserved. Without limiting the reservation of copyright, no person shall reproduce, store in a retrieval system or transmit in any form, or by any means, part or the whole of the Queensland Ambulance Service (‘QAS’) Clinical practice manual (‘CPM’) without the prior written permission of the Commissioner.

The QAS accepts no responsibility for any modification, redistribution or use of the CPM or any part thereof. The CPM is expressly intended for use by QAS paramedics when performing duties and delivering ambulance services for, and on behalf of, the QAS.

Under no circumstances will the QAS, its employees or agents, be liable for any loss, injury, claim, liability or damages of any kind resulting from the unauthorised use of, or reliance upon the CPM or its contents.

While effort has been made to contact all copyright owners this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome, please forward to:
Clinical.Guidelines@ambulance.qld.gov.au

<table>
<thead>
<tr>
<th>Date</th>
<th>April, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>To ensure a consistent approach to the management of Multi casualty incidents.</td>
</tr>
<tr>
<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
</tr>
<tr>
<td>Author</td>
<td>Clinical Quality &amp; Patient Safety Unit, QAS</td>
</tr>
<tr>
<td>Review date</td>
<td>April, 2018</td>
</tr>
</tbody>
</table>

This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view a copy of this license, visit http://creativecommons.org/licenses/by-nc-nd/4.0/.
Multi casualty incidents

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 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 utilised as required. The scene commander and triage officer are to 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 utilises 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’ and utilises 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

- 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

GLASGOW COMA SCORE

EYE OPENING:
- Spontaneous
- To Voice
- To Pain
- None

VERBAL RESPONSE:
- Orientated
- Confused
- Inappropriate Words
- Incomprehensible Words
- No Response

MOTOR RESPONSE:
- Obey Commands
- Localises
- Pain Withdraws
- Pain Flexion
- Pain Extension
- No Response

GLASGOW COMA SCALE TOTAL:

TOTAL GLASGOW
- 13 - 15
- 9 - 12
- 6 - 8
- 2 - 5
- 0 - 1

COMA SCALE
- 4
- 3
- 2
- 1
- 0

RESPIRATORY RATE
- 10 - 29
- 30 or more
- 2 - 5
- 1 - 5
- 0

SYSTOLIC BP
- 90 or more
- 70 - 90
- 50 - 70
- 1 - 49
- 0

12 = PRIORITY 3
11 = PRIORITY 2
10 or less PRIORITY 1
Consider:
- Sieve – initial triage
- Patient movement to casualty clearing post
- SORT – secondary triage
- Appropriate treatment to stabilise for transport

Note: Officers are only to perform procedures for which they have received specific training and authorisation by the QAS.