

NORTH CENTRAL CT EMS COUNCIL'S MEDICAL ADVISORY COMMITTEE MASS CASUALTY PROTOCOL FOR PATIENT DISPERSAL TO RECEIVING HOSPITALS

Purpose

The purpose of this protocol is to assure that the treatment of patients at the scene of a mass casualty incident and transportation to receiving hospitals is done in accordance with accepted medical and communications standards. *Radio traffic should be kept to a minimum.*

In accordance with the Statewide program of Mass Casualty Care in Connecticut, patients requiring advanced life support shall have effective medical control communications providing guidance for, advanced life support care without the need for individual orders, alternative transportation for patients receiving advanced life support when insufficient MICU units are available, and assurance that trauma patients are taken to appropriate trauma centers. Communication to hospitals and requests for medical control will be processed through the individual that has assumed responsibility for the EMS function at the scene of an incident.

Scene Management

Upon arrival at the scene of a mass casualty incident, the EMS provider sets up EMS Scene Control and designates an EMS Scene Control Officer as per its Mass Casualty Incident Plan. As soon as possible, CMED should be advised of the scope of the incident. CMED will alert the hospitals closest to the scene of the incident. During the incident, CMED will provide periodic updates to the hospitals in the affected area. These hospitals are requested to report to CMED, any changes in their status during an incident that may affect scene management.

Treatment / Communication at the Scene

All EMS personnel providing treatment at the scene of a Mass Casualty Incident will follow standing orders protocols. It is not necessary to contact medical control of the individual Services. The Sponsor Hospital nearest to the incident will be assigned to the designated Treatment Officer. If communication to medical control is necessary, CMED will provide a Med Channel for the designated Treatment Officer. This should **not** be considered an "open patch". The Treatment Officer should establish communication with CMED first to assure that a physician is patched into the channel.

A. TREATMENT AT THE SCENE

Advanced Life Support Procedures to be performed under Standing Orders at the scene of a mass casualty by personnel that have been trained accordingly are as follows:

Airway Management:

Nasal / Endotracheal Intubation
Cricothyrotomy

Breathing:

Needle Decompression

Circulation:

IV Therapy
External Jugular I.V.
Intraosseous Infusion (pediatric patients only)
Defibrillation / Cardioversion
External Pacing

Medications:

ACLS Drug Protocols

Extremities

MAST / Splinting - Hare Traction

B. DISPERSAL OF PATIENTS FROM THE SCENE

Patients will be sorted according to METTAG criteria of RED / YELLOW / GREEN. Upon receiving direction from the EMS Scene Control Officer, CMED will contact all area hospitals to determine RED / YELLOW / GREEN capabilities.

Red - Rapid transport

Yellow - Delayed transport

Green - Ambulance transport not required

Black - Clinical death

According to pre-established ratios, and in collaboration with CMED, the designated EMS Officer will determine what hospital(s) patients are transported to.

C. COMMUNICATIONS PRIOR TO TRANSPORT OF PATIENTS TO HOSPITALS

All communication should be in accordance with the North Central CMED Mass Casualty Incident Communications Protocol.

A Med Channel is utilized by the Loading Officer during the transportation phase of the incident. In MCIs of more than 10 patients, the Loading Officer should give concise patient Mettag reports to CMED for hospital notification, or in batches directly to the hospitals. This will prevent ambulances log-jamming the system with lengthy individual reports. As patients are assigned to designated hospitals, CMED / EMS Officer will communicate the information on the METTAG; specifically, METTAG Number, Color, Sex, Age and Major Injury for each patient. *If a problem arises once a particular ambulance is dispatched to a designated hospital and there is a need for medical control, the Receiving Hospital will assume the responsibility of giving Medical Control.*

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approved by Medical Advisory Committee 4/95*