

PEM MCI Disaster Education

ACTIVATION CRITERIA:

- ⇒ 8 or more ill or injured patients from a single event
- ⇒ >20 non critically injured patients (ex. c/o exposure/ walking wounded)
- ⇒ Special considerations include a known structure fire in high occupancy buildings, active shooter event in the Metro Nashville area and events involving mass transit (school bus).
- ⇒ Physician discretion



ALERT SYSTEM

The hospital will receive notice of a potential or actual MCI via the Nashville Emergency Medical Services (EMS) System, Nashville Fire Department or other city agency or source and/or unannounced presentation of patients to the hospital.

All available ED staff (MDs, APPs, RNs, CPs, EMTs, transporters) should report to the PED for assistance.

YELLOW ALERT



Standby for potential situation.

Prepare to activate Emergency Operation Plan.

ORANGE ALERT



Activate Emergency Operation Plan.

MOBILIZATION OF STAFF & RESOURCES

⇒ Quickly identify patients that can discharge, need admission, or require moved within the department.

GOAL is to decompress in **20 minutes**.

- * Residents and APRNs get discharge papers and provide handoffs as needed to inpatient teams

⇒ **Equipment and supplies:**

- * **2-way Radios & megaphone**— Labeled, ED cabinet in doctors' area
- * Move available **stretchers, cribs (if applicable), and wheelchairs** to ambulance bay
- * **Extra supplies** based on expected injuries. Communicate with supply team member in ED.
- * **Extra equipment:** IV pumps, monitors, dynamaps, IV poles, glucometers, portable suctions, ventilators, etc.
- * **Collect MTP coolers from blood bank** if applicable (takes about 20 min).
 - ⇒ **SL ONLY** to call and discuss. Blood bank will notify SL when ready to collect.
- * Disperse **crash carts / RSI kits / Broselow Tape / airway bag** as needed
 - * Each airway bag contains a broselow tape
- * **Disaster Response Bag**
 - * **In-house* disasters only (i.e. fire in building, garage collapse)
- * **Disaster Book**—RED book located at the charge station

PATIENT ARRIVAL / TRAIGE / ZONING

⇒ Patients will be roomed according to their triage category: RED = IMMEDIATE, YELLOW = DELAYED, GREEN = MINOR, BLACK = EXPECTANT

⇒ The front triage/waiting area will *ideally* be staffed with 3 RNs, 1 MD, 2 registration liaisons, 4 CPs/transporters, & security.

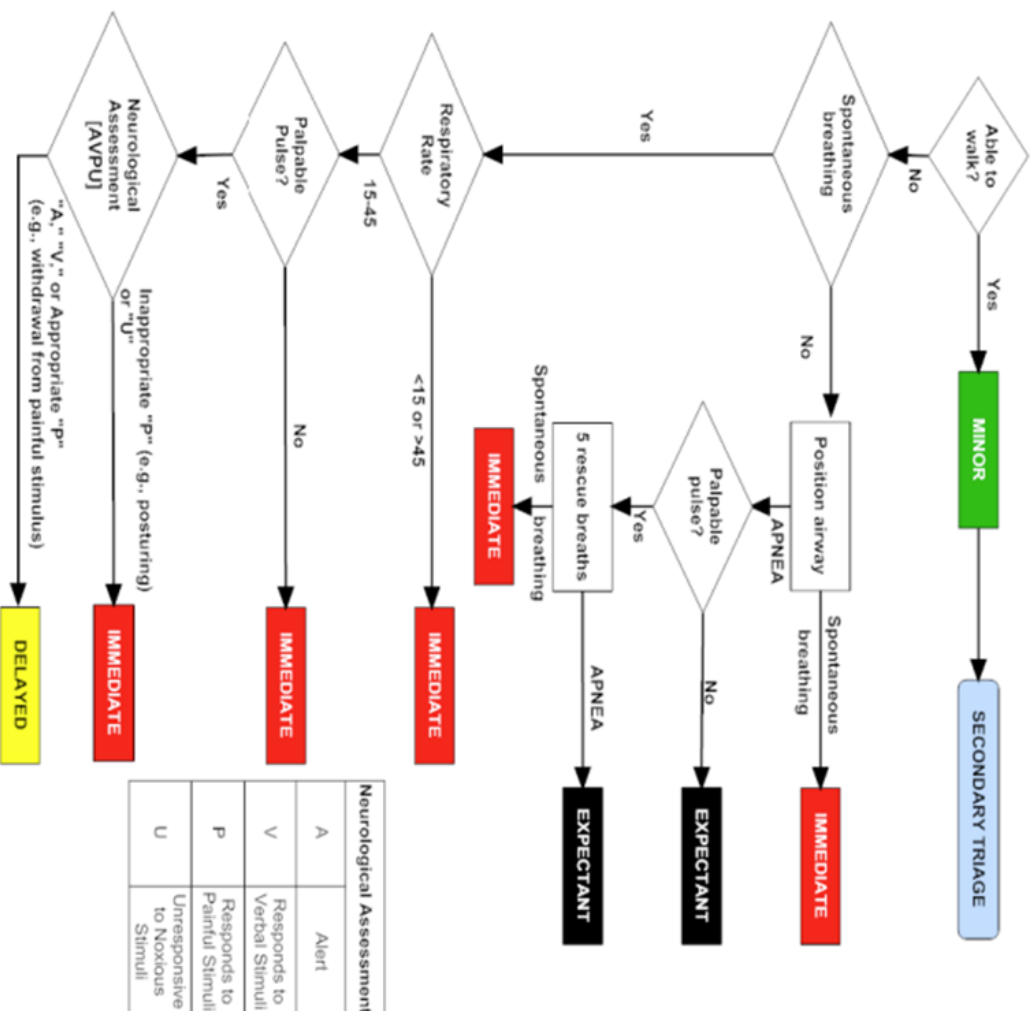
IMMEDIATE: Patients presenting with serious, life-threatening injuries but have a high probability of survival if they receive immediate care.

DELAYED: Patients presenting with serious, but non-life threatening injury.

MINOR: Patients presenting with no / minor injuries that are non-life threatening, but need medical attention.

EXPECTANT MORTALITY: Patients who have expired, or are expected, suggested holding is in Decon room. Additional space in radiology conference room 1503.

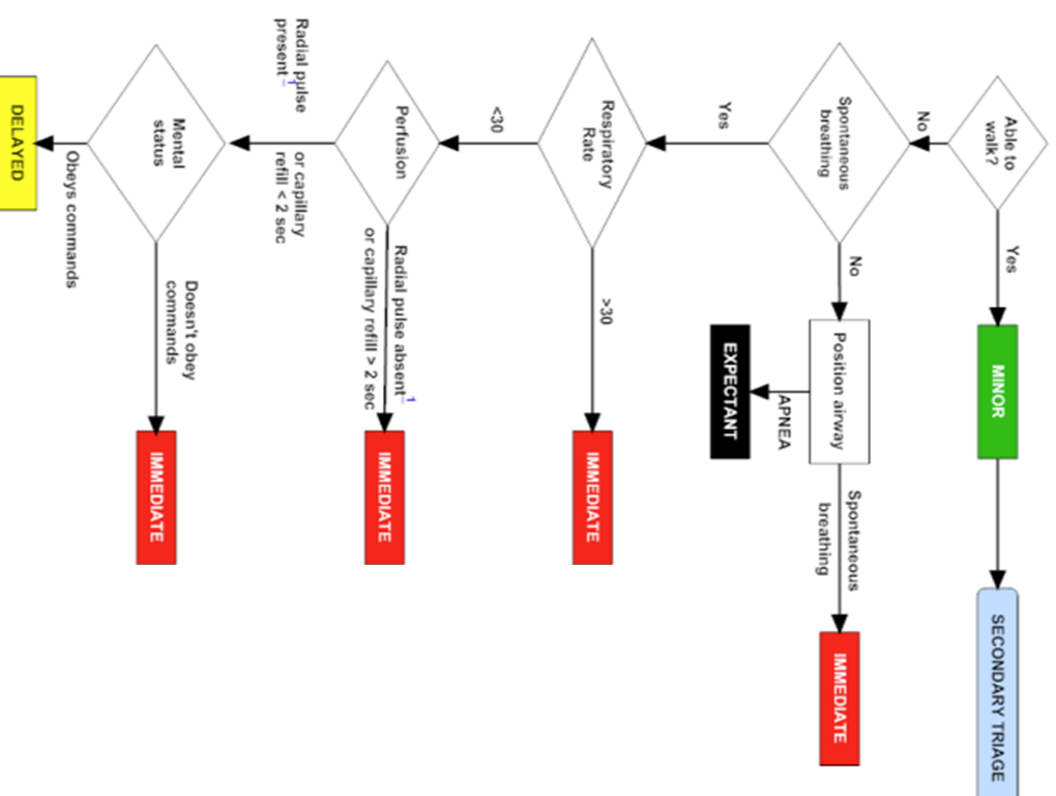
JumpSTART Pediatric Multiple Casualty Incident Triage



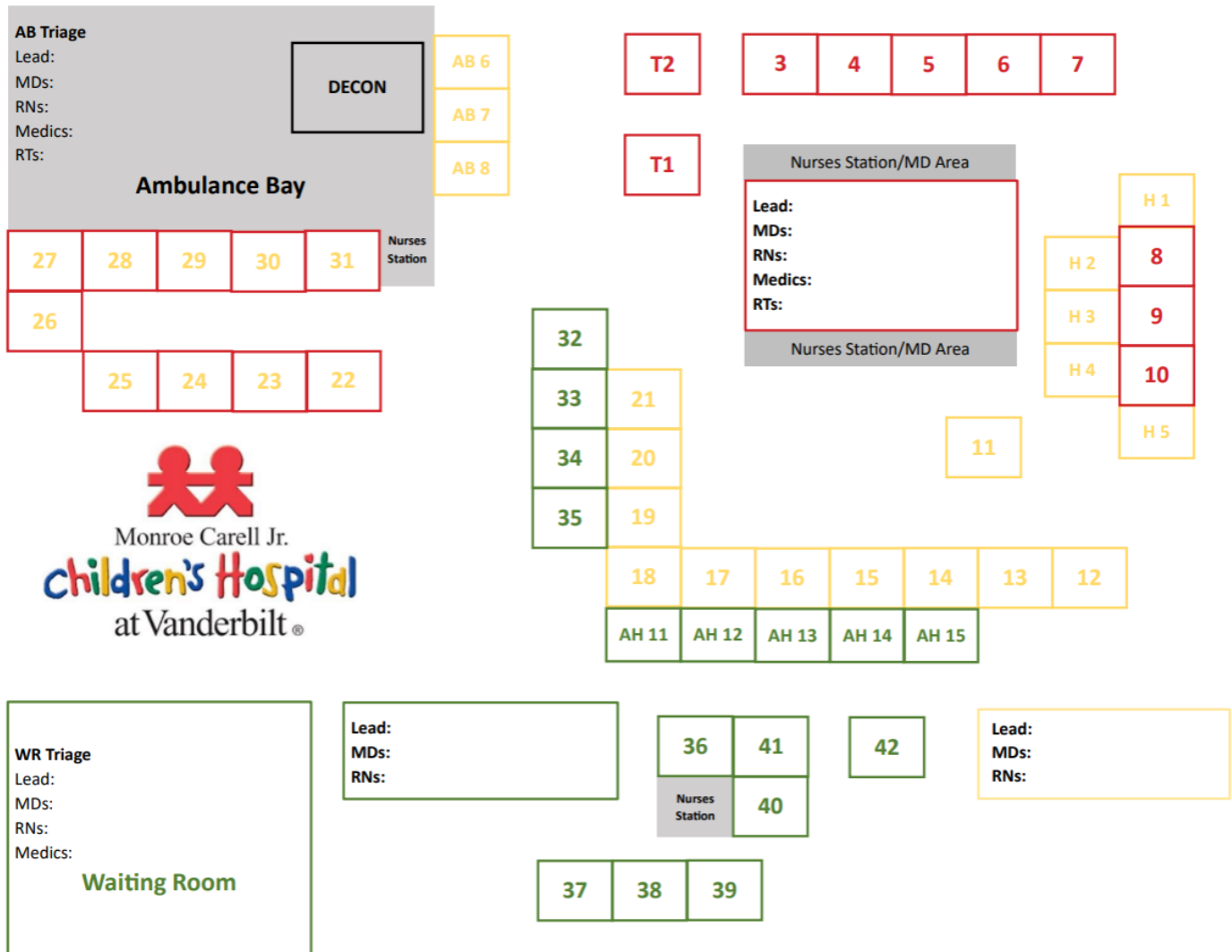
*Pediatric-appearing patients will be triaged using the JumpSTART tool.

*Adult-appearing patients will be triaged using the START tool.

START Adult Triage



ED ZONING:



- **Trauma Bays / Critical Care (P2-P10):** designated as **RED ZONE** for **IMMEDIATE** patients.
- **Observation:** **RED** or **YELLOW ZONE**—**IMMEDIATE** overflow or **URGENT** patients
- **Urgent Care:** designated as **YELLOW ZONE** for **URGENT** patients
- **Fast Track & Waiting rooms:** designated as **GREEN ZONE** for **MINOR** patients
- **EXPECTANT** or **DECEASED** patients will be placed in the decon room by the ambulance bay.

* Backup space will also be available in radiology conference room 1503.

DISASTER PATIENT TRANSPORT

PICU/OR/Floor nursing team will come down to retrieve patients.

PED nurses should NOT leave the unit until the MCI has ended or they are otherwise released by their unit leader.

Other volunteers may be designated to assist with patient transport (residents, transport services, etc.)

Complete the nurse handoff report sheet to give a quick but accurate report for each patient.



MCI RECOVERY:

The Incident Commander will communicate through the hospital Operator, or another communication channel as indicated, when the mass casualty incident no longer exists, and will assist departments to resume normal operations.

NON-DISASTER PATIENT CARE:

Standard ED patients will still arrive, regardless of the MCI. These patients still require appropriate medical care and should be triaged using the standard ESI triage system. Float pool nurses, floor nurses, and extra staff members will be assigned to care for these patients. Patient arriving in critical condition (airway compromise, sepsis, etc.) will still need to be placed in appropriate rooms that meet their medical needs.



DECONTAMINATION

- ⇒ Determine number of patients:
 - * <10: activate PED decontamination room
 - * >10: notify incident command to activate Mass Decontamination plan
- ⇒ Designate “Hot” & “Cold” zones
 - * Hot: patients needing decon
 - * Cold: patients after decon
- ⇒ Establish scene safety.
- ⇒ Complete Pediatric Assessment Triangle
- ⇒ Identify the substance (if possible)
- ⇒ Responder Don of PPE (cap, mask, blue gown, gloves, booties)
 - * If needing full Decon PPE with PAPR, follow Don and Doff procedure in black notebook in Decon cabinet in ambulance bay along with Staff medical monitoring form.
- ⇒ Place patient on wash table, provide assistance if non ambulatory
- ⇒ Remove clothing and put into hazardous trash can in decon room
- ⇒ Remove contaminants (brush off or swab off)
- ⇒ Rinse with warm water (if applicable, follow MSDS)
- ⇒ Apply soap and scrub down patient of excess substance (if applicable, follow MSDS)
- ⇒ Rinse a second time to remove soap and loose debris
- ⇒ Inspect patient for any more contaminants
- ⇒ Dry off patient
- ⇒ Gown up patient with a “Hospital Gown” or disposable scrubs
- ⇒ Bag any personal belongings unsoiled in property bag, complete property record
- ⇒ Responder Doff of PPE (cap, mask, blue gown, gloves, booties)
- ⇒ Transfer patient to appropriate room



AFTER DECON IS COMPLETED:



Once completed, control the decontamination environment, supplies and the decontamination room.
Contact **OCRS**. This group will handle the cleaning materials and room.

DO NOT ASK EVS TO CLEAN THE ROOM OR SUPPLIES!

****Office of Clinical and Research Safety (OCRS)** at (615) 322-2057. **Office Hours:** Mon-Fri 8:00a – 4:30p.

****OCRS After Hours Emergency Number** (615) 875-3779.



Pediatric Trauma Program—Resource

Last Review: 02/2025