



Multi-Casualty Incident (MCI) Guidelines for the MICN

Public Health Department
Emergency Medical Services Agency

Please have MICNs review

Initial Notification of MCI

- Attempt to assign a single MICN to MCI radio communications
- Consider, based on hospital policy and in consultation with administration and supervisors, activation of “surge” or Hospital Emergency Incident Command System (HEICS) plans.

Polling and Communications

- When polled for bed availability during an MCI **ALWAYS** provide **FULL** “menu” of availability, e.g. “# Red, # Yellow, # Green”
 - Do not provide availability in terms of “critical” or “minor,” “we can take them all,” etc.
 - Expect that at time of initial polling for bed availability information from the field will be limited (may have an estimated number of patients)
 - Information may not be available regarding the exact nature of patient’s injuries, i.e. “Neuro,” “ortho,” “internal hemorrhage,” etc
- The following (see chart) has been determined by hospital staff and administration as each hospital’s **INITIAL** bed availability.
 - Post MCI Triage and Polling quick guide beside ED radio communications equipment.
 - When polled evaluate the current level of ED saturation, and surgical/specialty availability to **UPDATE CURRENT BED AVAILABILITY**
 - Update ReddiNet with bed availability as soon as possible. Ensure patient information is updated in ReddiNet upon their arrival (may be completed by admitting/clerk/tech).

Hospital	Red Tag/ Immediate	Yellow Tag/ Delayed	Green Tag/ Minor
Arroyo Grande	1	1	2 or more
French	1	2	2 or more
Sierra Vista - TC	4	3	10
Twin Cities	3	4	12
Marian - TC	3	6	12

Keys for Correlating Hospital Bed Availability to MCI START/JumpSTART triage

START Triage Assess, Treat, (use bystanders) When you have a color STOP - TAG - MOVE ON		
M I N O R	D E C E A S E D	I M M E D I A T E
		D E L A Y E D
-- Move Walking Wounded		
-- No RESPIRATIONS after head tilt		
-- Breathing but UNCONSCIOUS		
-- Respirations - over 30		
-- Perfusion Capillary refill > 2 or NO RADIAL PULSE		
<i>Control bleeding</i>		
-- Mental Status Unable to follow simple commands		
-- Otherwise		
REMEMBER:		
Respirations - 30		
Perfusion - 2		
Mental Status - Can Do		

- Keep in mind the following generalities when determining availability:
 - **Red Tags** – Significantly decreased mental status (unable to follow simple commands), poor perfusion, markedly elevated respirations (likely decompensated shock, or significant injury affecting cardiopulmonary systems)
 - Unstable vital signs, and/or significantly decreased mental status.
 - **Critical, likely to deteriorate rapidly.**
 - Likely to require aggressive resuscitation, blood products, airway control, and/or surgical intervention immediately upon arrival
 - Examples: Serious head-injuries likely to require neurosurgery, significant thoracic trauma, internal or external hemorrhage resulting in decompensated shock
 - **Yellow Tags** – alert and responding, may be disoriented, unable to ambulate
 - May still have very significant injuries, potentially life-threatening, but are compensating at time of field assessment
 - **May still deteriorate, but deterioration is unlikely within time to transport and initial ED evaluation**
 - May still require complex interventions and/or surgery, but can likely be delayed while red tags are cared for
 - Examples: significant orthopedic injuries, slowly progressing head injuries, slowly progressing internal injuries
 - **Green Tags** – able to walk and respond appropriately at time of triage

- Unlikely to have life-threatening injuries, but may still have significant injuries that could deteriorate
- May be suitable to be placed in chairs, triage, or mobile disaster resources set up in hospital parking lot
- Examples: may still include significant orthopedic injuries that do not interfere with ambulation, may include mild head injuries like concussion, other injuries/symptoms that do not significantly impair a patient's ability to follow commands and ambulate



Multi-Casualty Incident (MCI) Triage and Polling Guidelines

Public Health Department

Emergency Medical Services Agency

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Please Post Beside Base Station Radio

“INITIAL” HOSPITAL BED AVAILABILITY

When polled by MedCom or Alerted via Reddinet:

- Consider current ED saturation and available resources
- **REEVALUATE** current bed availability from “initial” bed availability in chart
- Respond to polling with “# Reds, # Yellows, and # Greens”

Hospital	Red Tag/ Immediate	Yellow Tag/ Delayed	Green Tag/ Minor
Arroyo Grande	1	1	2 or more
French	1	2	2 or more
Sierra Vista - TC	4	3	10
Twin Cities	3	4	12
Marian - TC	3	6	12

START Triage – Patient Acuity

<p>START Triage Assess, Treat, (use bystanders) When you have a color STOP - TAG - MOVE ON</p>		
MINOR	IMMEDIATE	
	-- Move Walking Wounded	
	-- No RESPIRATIONS after head tilt	
	-- Breathing but UNCONSCIOUS	
	-- Respirations - over 30	
	-- Perfusion Capillary refill > 2 or NO RADIAL PULSE	
DECEASED	Control bleeding	
	-- Mental Status Unable to follow simple commands	
	-- Otherwise	
DELAYED	REMEMBER:	
	Respirations - 30	
	Perfusion - 2	
	Mental Status - Can Do	

Red Tags – Unstable Vitals

- Likely to deteriorate/expire in < 1 hr without advanced interventions

Yellow Tags – Serious injury/illness

- Compensated at time of initial triage
- May require significant interventions
- Unlikely to deteriorate in next hour

Green Tags – Injury/Illness that is NOT interfering with ability to ambulate or follow commands

- May still have significant injuries
- Treatment can likely be delayed