Maryland Triage System
Incident Command

Revised Jan 2019
Establishing the Multi-Casualty Incident Command System

The program highlights appropriate components of the National Incident Management System (NIMS) related to Emergency Medical Services.
Enabling Objectives

Upon completion of this training the participant will be able to:

• Identify the positions and the organizational structure of the Incident Command System (ICS) as it applies to a Multi-Casualty Incident
• Explain the responsibilities of the first unit arriving on scene
• Explain patient flow through the ICS Multi-Casualty structure
National Incident Management System (NIMS)
Expanded Organizational Structure

Incident Command
- Safety Officer
- Information Officer (PIO)
- Liaison Officer

Operations Section Chief
- Staging Manager
- Hazmat Branch Director
  - Entry Group Supervisor
  - Decon Group Supervisor
  - Research Group Supervisor
- Fire / Rescue Branch Director
  - Division A Supervisor
  - Division B Supervisor
  - Rescue Group Supervisor
  - Extrication Group Supervisor
- Multi-Casualty Branch Director
  - Medical Group A Supervisor
  - Medical Group B Supervisor
  - Medical Group C Supervisor
  - Transportation Group Supervisor

Planning Section Chief
- Logistics Section Chief
- Admin / Finance Section Chief

Medical Unit Leader
- Medical Comms. Coordinator
Multi-Casualty Initial Response Organization (example)
The Company Officer establishes or assumes command and the engine personnel begin Triage utilizing Simple Triage and Rapid Treatment (START) or (Jump-START) process by triaging victims and at the same time, assess any additional hazards (fuel spills, unstable vehicles, etc.). A Paramedic from the ambulance / medic unit becomes Medical Communications Coordinator (Med. Comm.) while the second member (PM or EMT) begins establishing Treatment Areas with the Immediate Area first.
First Unit/Incident Command

- Assess and Secure the Scene
- Ensure safety
- Establish or assume command
- Direct incoming units
- Request additional resources *(Order Early and Order Big)*
- Establish *Triage Unit Leader*
First Unit/Incident Command

- Establish *Medical Communications Coordinator*

- Notify hospitals (EMRC)

- Establish initial *Treatment Area*

- Establish *Transportation Group* (when personnel available)

- Maintain the 5 S’s of the Multi-Casualty Incident:
  - Safety, Size-up, Send, Set Up, and START/JumpSTART Triage
Triage Unit Leader

- Coordinate with Treatment Unit Leader to determine if triage will be conducted in:
  - Incident/extrication area
  - Designated **Casualty Collection Point (CCP)**
  - Treatment area
- Approximate number and severity of victims
- Report this information to command
- Supervise:
  - **Triage Teams**
  - **Porter Teams (Litter Bearers)**
  - Additional resources
Triage Unit Leader

- Ensure safety of all personnel
- Ensure triage of patients is based on START or JumpSTART Algorithm
  - Primary Triage (ribbons only)
- Communicate resource requirements to IC or Medical Group Supervisor
- Provide frequent progress reports
- Establish Morgue if necessary
Treatment Unit Leader

• Identify and establish *Treatment Areas*
  • Consider weather, size, accessibility, safety, and hazmat potential
• Assign *Treatment Area Managers*
• Notify IC of *Treatment Area* locations and give status report
Treatment Unit Leader

• Establish communications with *Triage Unit Leader*

• Ensure each patient is issued a *MIEMSS Triage Tag* and does **NOT** leave area without one attached

• Utilize *Patient Tracking Forms* and/or *Treatment Area Manager logs* to track patients for each area
Treatment Unit Leader

- Request sufficient medical caches and supplies as necessary
- Provide access for *Medical Care Support Units (MCSU)*
- Establish communications with patient *Transportation Group Supervisor*
  - Consider delegating this task to Treatment Dispatch Manager
- Maintain accountability/safety for all patients and personnel
- Assess mental and physical well being of personnel
Treatment Area Managers

Red Immediate Manager
Yellow Delayed Manager
Green Minor Manager

- Define *Entry* and *Exit* points
- Clearly identify each area and delineate each area’s boundaries.
- Morgue needs to be distant from treatment areas.
- Prepare equipment and supplies.
- Brief *Treatment Crew(s)*
- Ensure *Secondary Triage* is completed.
- Ensure each patient has been issued a *Triage Tag*.
- Prepare and maintain a *Treatment Log Sheet*.
Treatment Dispatch Manager

- Receive information from Treatment Area Managers
- Establish and maintain communications with Medical Communications Coordinator
- Coordinate with Treatment Managers and Medical Communications Coordinator to transport patients to appropriate medical facilities
- Utilize Triage tags for patient movement and/or mark the hospital destination on Transport Record of the Disaster Triage Tag
- This position is often combined with another position
Transportation Group Supervisor

- **Establish One Way Traffic Flow**: There should always be a clear, unobstructed flow of transport units in and out of the transport area. Transport units should pull up, load, leave, but NOT execute a back-up of the vehicle.

- Prepare and maintain a **Log Sheet**

- Establish exit point

- Assign *Communications (SYSCOM/EMRC) and Air/Ambulance Disposition Coordinators*
Medical Communication Coordinator

• Contact EMRC/Communications Center
  • Advise type of incident
  • Provide location
  • Describe incident
  • Provide approximate patient count
    (by priority if possible)
  • Request call down of hospitals

• Establish *Communications Log*
Medical Communication Coordinator

- Receive bed availability from *Communications Center*
- Communicate availability to *Ambulance Disposition Coordinator*
- Update hospitals on incident status every 30 minutes
- Advise hospital(s) when incident is terminated
Air/Ground Ambulance Disposition Coordinator

- Receive bed availability from Medical Communication Coordinator (EMRC)
- Prepare log sheet for each hospital and their “tickets”
- Update information on Patient Tracking forms
Each Treatment Area has a Manager

Transport Supvr. and Med Comm Coord. – Do Not Duplicate these roles in the incident

Loaders may be actual ambulance crew

Patient Transport Recorder – Reports to Ground Amb Coord. Gateskeeper for all ground evacuated patients

Staging Manager reports to Ops Section

SIMPLE MULTI-CASUALTY INCIDENT

Transport Supvr. and Med Comm Coord.
Tracking Patient Flow
Treatment Unit Leader

- Attach triage tag to ribbon
  - Each patient **must** receive a triage tag

- Circle priority at initial assessment
Treatment Unit Leader

- Remove treatment peel-off label and place on treatment log
  - Note time on tag
Direct crew to appropriate patient area

Red Immediate Patients
Yellow Delayed Patients
Green Minor Patients
Expectant
Morgue
Treatment Area Managers

- Log patient into area
- Take "other" barcode label and place on log
Treatment Area Managers

- Assign crew to care for patient
  - Reassess ABC’s
  - Stabilize life threatening conditions (airway, needle decompression, tourniquet, antidote)
- Immobilize
- Treat major fractures
- Package patient for transport to appropriate facility
- Utilize triage tag to note assessment and treatment interventions and/or on triage tag
- Ensure patient can be transported safely
Transportation Group Supervisor

- Coordinate loading of patients
- Assign
  - Medical Communication Coordinator
  - Air/Ambulance Disposition Coordinator
Transportation Group Supervisor
Patient Loading

- Contact Staging for transport units
- Contact Treatment Dispatch Manager /Treatment Areas for patients ready to load
- Scan triage tag and insert **Unit Number and Priority**
- Write information on tear-off transportation record section (commonly called “**Ticket**”) part of triage tag

- Peel off a barcode label and place on log sheet
Patient Loading

• Load patient into transport unit

• Tear off *Transportation Record* ("Ticket") and hand to driver
Patient Loading

- Remind provider to update or complete **Transport Line** on the Tag once hospital is assigned.

- On hospital arrival, place **Barcode Labels** on official printout copies of the *Electronic Patient Care Report (ePCR)* or electronic *Maryland EMS Data System (eMEDS)* and hospital chart.
Medical Communication Coordinator

- Receive ticket from *Ambulance Disposition Coordinator*
- Communicate information to hospital
  - Unit, jurisdiction, and number
  - Number of patients with priority of each
- Initial ticket in the “*Notified*” field
Patient Loading

• Direct Transport Unit to Ambulance Disposition Coordinator

• Maintain **One Way** traffic flow
• Do NOT have unit back up or back in
Ambulance Disposition Coordinator

• Receive *Transport Record* (commonly called “Tickets”) from driver

• Transport “Tickets” go from the driver to the Disposition Coordinator
Ambulance Disposition Coordinator

Discusses the destination hospital (appropriate for patient condition) with the Medical Communication Coordinator.
Give driver destination and confirm directions
Write destination and transport time on ticket
Give ticket to

Medical Communication Coordinator
Ambulance Disposition Coordinator

- Receives “ticket” back from Medical Communications Coordinator
- Tracks available beds at hospitals
- Places “ticket” label on hospital destination logs and notes time
The Process in Review

- Incident Occurs
- Walking wounded sent to *Casualty Collection Point*
- Triage of Patients
  - Patient receives a ribbon by *Triage Unit Leader* or designee
  - Only attempt to life-saving interventions (Airway, Needle decompression, Tourniquet, Antidote)
- Patient is moved to various treatment areas at direction of *Treatment Unit Leader* and receives triage tag and treatment
The Process in Review

- **Treatment Dispatch Manager** coordinates with **Transportation Group Supervisor/Patient Transport Recorder**
  - Arranges for patient to be moved to transport vehicle
  - Triage tag to remain with patient at all times
- **EMS Staging Manager** dispatches ambulance to designated pick-up area
- Driver is given **Transport Record “Ticket”** piece of triage tag
- Proceeds to **Ambulance Disposition Coordinator**
The Process in Review

- Driver gives “Ticket” to Ambulance Disposition Coordinator
  - Coordinates with Medical Communication Coordinator for hospital availability and dispatch
- Driver is given hospital transport information prior to leaving scene
- Patient is transported to designated hospital
- Arrival time should be placed on triage tag
Maryland Triage System

Maryland Institute for Emergency Medical Services Systems
653 West Pratt Street
Baltimore, MD 21201
410-706-3996