MCI/TRIAGE IN THE TACTICAL ENVIRONMENT

- Mike Biamonte, Manager
- FBI-CIRG School of Operational Medicine
MASS-CASUALTY INCIDENTS

• Situations that overwhelm current capabilities
• Require a very different method of operation from other emergency medical calls
MASS-CASUALTY INCIDENTS-MED PLAN

- Variables in mass-casualty incidents
  - Severity of incident
  - Access routes
  - Available resources
  - Response times
  - Levels of emergency training
  - Overall experience of the EMS system
Your goal should be to

Provide the greatest medical benefit for the greatest number of people.

Match patients’ medical needs with appropriate treatment and transportation.
"REGULAR" VS "TACTICAL" DIFFERENCE?
DIFERENCE-EXPERIENCE/RESOURCES/ MANPOWER

“Regular EMS”
- Full time job (maybe)
- Training on MCI’s
- A lot of equipment
- Multiple resources (maybe)

“Tactical”
- 1st priority is to “win the fight”
- 2nd priority is safety of team
- Medical may not be their “full time job”
- May only be 1 or 2 “medics” per team
- Limited training in MCI’s (maybe)
- Limited medical equipment/resources
EVERYONE BLEEDS THE SAME WAY! WHAT’S THE PLAN?

• “Regular EMS”
  • Get patients to a hospital

• “Tactical”
  • Get patients to EMS
EVERYONE BLEEDS THE SAME WAY! WHAT’S THE PLAN?

- “Regular EMS”
  - Get patients to a hospital

- “Tactical”
  - Get patients to EMS

KISS!
TRADITIONAL CASUALTY SORTING

- Triage is the sorting of patients into groups according to their need for treatment.
  - Should be simple and fast
  - Do not worry about diagnosing patients.
- START triage system
CASUALTY SORTING BY COLOR

- Triage tagging
- Almost universal colors (Civ, DoD)
- Tagging uses colored surveyor's tape or colored paper tags.
CASUALTY SORTING

• Triage tagging
  • **Priority One (red tag)**: immediate care; injuries are life threatening.
  • **Priority Two (yellow tag)**: urgent care; can delay up to 1 hour.
  • **Priority Three (green tag)**: delayed care; can delay up to 3 hours.
  • **Priority Four (gray or black tag)**: patient is dead; no care is required.
CASUALTY SORTING

- Yellow: Serious but not life threatening. Delayed.
- Black: Dead or fatally injured.
ARE YOU KIDDING ME??

• I’m so confused!
ARE YOU KIDDING ME??

• I’m so confused!
• Priority 1, 2, 3?
ARE YOU KIDDING ME??

• I’m so confused!
• Priority 1, 2, 3?
• Red, Yellow, Green?
ARE YOU KIDDING ME??

- I’m so confused!
- Priority 1, 2, 3?
- Red, Yellow, Green?
- Critical, non-critical, stable?
- Let’s take a quiz…
OK. QUICK TEST.

• What’s a RED?
OK. QUICK TEST

- What’s a GREEN?
• What's a YELLOW???
EASIER WAY?

• Let’s make things easier.....
SICK...NOT SICK

- Red or green
- Red = Trying to die
- Green = Not trying to die
SICK...NOT SICK

- Red or green
- Red:
  - UNC/AMS
  - Big bleeding/amputation
  - Penetrating trauma to torso
  - They look sick!
SICK...NOT SICK

- Red or green
- Green:
  - Walking wounded
  - Controlled bleeding
  - They look stable!
SICK...NOT SICK

- Reassess every 5 minutes like you would always do.
- If they start to change in one way or the other, adjust accordingly.
CCP

• What works for you?
  • Mission
  • Location
  • Outside/inside
  • 1st floor. Higher?
  • Primary/secondary
  • Accessibility
  • Visible
Example of CCP Location:
• Example of CCP Locations:

- CCP
- Away from Target Windows
- Near Access Road for EMS/Exfil
CCP BASIC STRUCTURE

Choke Point

Triage Officer

Care Provider

Medical Supply Cache

Sick

Not Sick

Point of Injury

EMS/Transport Access

Stop for Triage
FIELD
CPP

Cover from Threat/Crisis
CCP Coordinator/Lead Provider
Buddy Aid Providers
Casualty Priority Marking
QUESTIONS?