



## Riley ED Mass Casualty Incident – AA Quick Sheet

- What happened?
- How much time do we have?
- How many patients are expected? (*Expect half of patients to arrive within first hour*)
- What ages are expected?
- Will decontamination be needed?

### **Establish Command and Control** *MEET WITH ED CHARGE RN & ED MDs ASAP*

- Obtain additional RN Support:
  - Send RNs to help care for/move non-trauma patients in the ED (PICU/Floor RNs)
  - Determine need of activation of hospital labor pool
- **Recruit EVS/Supplies/Security/Registration to the ED**
- Notify hospital safety officer, Unit Director (UD), and Daily Administrator (DA)
- Alert/establish hospital incident command

### **Decompress Emergency Department** *GET ALL POSSIBLE PATIENTS UP & OUT*

- Find available RNs to help pull patients up to floor
- Assist with opening beds/space upstairs
- Work with OR and PACU to open space
- Help identify additional care space if needed (MRI suites, Maternity ward, etc)

### **Manage Incident/Implement Incident Command** *DO THE GREATEST GOOD FOR THE GREATEST NUMBER OF PEOPLE*

- Coordinate with ancillary departments (i.e. pharmacy, supply) for additional needs.
- Ensure hospital command is set up to:
  - Activate Family Support Center if needed
  - Implement Public Information Officer (PIO) plan
  - Security is handling traffic control



## Riley ED Mass Casualty Activation – A POD ED Attending Quick Sheet

### **Huddle with your team to gather info (how many/ages/ETA/decon?)**

- ED Charge Nurse assumes Coordination Command of ED
- Decide YOU (*or B-pod MD*) are MD Clinical Command with Trauma – manages critical patients in A-pod
- Contact Trauma Surgery Attending -Diagnoses
  - Give situation report
  - Review triage plan and roles (see reverse)
  - Discuss OR availability and need for AlertMedia MCI Home Call-In

### **RAPIDLY move A-pod patients to other areas of the ED, floors, PICU, or home**

- Charge to assign RN to lead A-pod Decompression
  - Review board with this RN and residents - decide quick dispo for each pt (move/admit/discharge)
- Assign a resident in charge of patient handoff to accepting providers for admissions
- Assign another resident to rapidly discharge safe dc pts

### **Triage, Treat, Track, and Repeat Triage**

- Charge RN to activate Disaster Registration (with SPA team) and white board tracking
- Quick Review of MCI Triage (see reverse) ->Red pts in Apod
- Provide care for “OR READY/RED” patients waiting for ICU or OR (intubations, chest tubes, blood, etc)
- Assign residents to assist with frequent re-triage in A-pod
- B-pod MD to assist with treatment of “OR WAIT” pts
- Track patients – Where are they going?

## Riley ED Mass Casualty Activation – B POD ED Attending Quick Sheet

### Huddle with your team to gather info (how many/ages/ETA/decon?)

- ED Charge Nurse assumes Coordination Command of ED
- Decide roles with A-pod MD – MD Clinical Command stays in A-pod and other manages rest of the ED
- If A-pod MD and Trauma Surgeon request Home Call-In, activate AlertMedia MCI Call-In through the AA
- Call PICU/Hospitalist for brief report and needs (beds, providers to help, etc)

### Decompress Emergency Department

- May receive A-pod patients -> assume care
- Charge to assign RN to lead B-pod decompression
  - Review board with this RN and residents decide quick dispo (move/admit/discharge)
- Assign a resident in charge of patient handoff to accepting providers for admissions
- Assign another resident to rapidly discharge safe dc pts

### Triage, Treat, Track, and Repeat Triage

- Charge RN to activate Disaster Registration (with SPA team) and White Board tracking
- Quick Review of MCI Triage (see reverse) ->Yellow pts in Bpd
- Coordinate care of “OR Wait/Not Critical” pts
  - Assign residents and other hospital providers to help where needed
  - Assign provider in charge of continual re-triage of “NOT CRITICAL” pts
  - If pt status changes to CRITICAL, move to A-pod
- If needed, assist A-pod MD with care for “CRITICAL” pts in A-pod as needed (intubations, chest tubes, blood, etc)
- Track patients – Where are they going?



## Riley ED Mass Casualty Incident – Charge RN Quick Sheet

### Inform

- Get report (how many/ages/ETA/decon)
- Huddle with entire ED team
- Inform AA and request RN support if needed
- Instruct Unit Secretary to send MCI page and provide information for the page

### Assign Roles

- Assign 2 experienced Triage Charge roles
  - 1 for ambulance bay and 1 for waiting room
  - Review Quick MCI Triage (back of this sheet)
- Assign 2 ED Decompression Charge roles
  - 1 to move all patients OUT of A-pod
  - 1 to move B-pod patients out or up
  - Have them review the board with respective docs to make quick dispo decisions
    - Move patients out/up rapidly

### Triage, Treat, Track and Repeat Triage

- Activate Disaster Charting/Registration Plan to track pts
- Discussions with Incident Command:
  - **Staff** – Who do we need? RNs, techs, EVS, pharmacy, SW, chaplain? Recruit from hospital, or call in from home?
  - **Space** – Get creative with ED space (hallways, quiet rms, MRI, etc)
  - **Stuff** – Common shortages: chest tubes/water seals, blood/tubing, gurneys, wheelchairs, linens

**Level 1 Triage  
Trauma 1 Criteria  
EMS "Red"**



**"OR Ready"  
A-pod (Rooms 1-10)  
Trauma  
Team/ED1/PICU**

**Level 2 Triage  
Trauma Alert Criteria  
EMS "Yellow"**



**"OR Wait"  
B-pod (Rooms 11-20)  
ED2/FT MD**

Everything else (EMS "Green", Level 3+, walking well) to D-pod or waiting room -> Hospitalist/Residents

CPR in process - consider Level 1 -> A-pod

Black -> decon room (unless otherwise instructed by Charge)

