THE STUDY VAULT

Clinical Chaos

Mass Casualty Response

SKILL SNAPSHOT

Purpose

- Uses incident command, rapid triage, limited lifesaving interventions, and resource coordination to achieve the greatest overall

When to use

- Patients exceed immediately available resources or the incident meets local MCI activation criteria.

Supplies needed

- MCI plan; triage tags/tape; PPE; radios; hemorrhage/airway supplies; transport tracking; decontamination resources.

PREP + PATIENT SETUP

- Ensure scene safety and identify ongoing hazards, contamination, secondary devices, and need for specialized teams.
- Declare/activate MCI early and establish incident command.

VAULT TIP

- In an MCI, organization is a clinical intervention: command, sort, treat briefly, track, and distribute.

STEP-BY-STEP

1. Use unified command and assign triage, treatment, transport, staging, safety, and communications roles.
2. Do not self-deploy into an unsafe zone. Use correct PPE and decontamination pathway.
3. Apply the jurisdiction's system, such as SALT: Sort, Assess, Lifesaving Interventions, Treatment/Transport.
4. Global sort: direct walking patients to a designated area; ask nonwalking patients who can follow commands to wave/make purposeful movement.
5. Individually assess in priority order. Perform only rapid lifesaving interventions allowed by protocol: control major hemorrhage, open airway, limited antidotes, chest decompression, or autoinjector use.
6. Assign category consistently: immediate, delayed, minimal, expectant, or dead according to system and resources.
7. Tag visibly with category, unique identifier, key findings/interventions, and time. Do not delay movement for detailed documentation.
8. Move patients to organized treatment areas by category; maintain secondary triage because condition/resources change.
9. Transport according to priority and destination capability; distribute patients across facilities and track every movement.
10. Preserve scarce supplies and personnel. Avoid prolonged one-patient procedures when others need immediate lifesaving care.
11. Maintain responder accountability, communication, family/public-information coordination, and evidence/security needs.
12. Demobilize deliberately, reconcile patients/resources, decontaminate equipment, document exposure, and conduct operational/psychological debrief.

SAFETY REMINDERS

- Scene safety and command come before patient entry.
- MCI triage priorities differ from routine ED triage.
- Re-triage repeatedly as condition and resources change.
- Do not create a second victim.

COMMON MISTAKES

- No command structure.
- Overtreating first patient found.
- Poor patient tracking.
- Transporting all patients to nearest hospital.

DOCUMENTATION

- Activation/command/roles.
- Triage category/tag and changes.
- Lifesaving interventions.
- Treatment/transport destination/time.
- Exposure, resource use, after-action findings.