Model Uniform Core Criteria for Mass Casualty Triage

A Briefing for NEMSAC

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March 29, 2012
Mass Casualty Triage

• Enables the identification of patient care priorities when demand is greater than resources available
• Many MCI triage methods available with variability in approaches
• Need for interoperability during an MCI
• Recent advances in effectiveness of military MCI triage in Iraq and Afghanistan need to be incorporated into MCI triage systems
• Gaps still remain in the science behind MCI triage
Mass Casualty Triage

• 2006 – CDC (Division of Injury Control) awarded a grant to NAEMSP to make recommendations for adoption of a single national standard for MCI triage

• NAEMSP- Convened a group of subject matter experts

• Rigorous process using available evidence and consensus when necessary

• 2008 - Published proposed national guidelines in *Disaster Medicine and Public Health Preparedness* which became known as “SALT triage”
SALT: Sort – Assess – Lifesaving – Interventions – Treatment/Triage

Step 1 – Sort: Global Sorting
- Walk Assess 3rd
- Wave / Purposeful Movement Assess 2nd
- Still / Obvious Life Threat Assess 1st

Step 2 – Assess: Individual Assessment

LSI:
- Control major hemorrhage
- Open airway (if child consider 2 rescue breaths)
- Chest decompression
- Auto injector antidotes

Breathing:
- Yes ➔ Likely to survive given current resources
- No ➔ Expectant

Obeys commands or makes purposeful movements?
- Yes ➔ Minor Injuries only
- No ➔ Delayed

Has Peripheral Pulse?
- Yes ➔ Immediate
- No ➔ Expectant

Not in respiratory distress?
- Yes ➔ Immediate
- No ➔ Expectant

Major hemorrhage is controlled?
- Yes ➔ Immediate
- No ➔ Expectant

Minor Injuries only?
- Yes ➔ Minimal
- No ➔ Delayed
Development of Model Uniform Core Criteria (MUCC)

• Concerns remain about the number and variability of MCI triage systems

• CDC funded workgroup to develop model uniform core criteria for MCI triage which may be applied to any existing triage system to improve and address interoperability
  – 24 criteria in four categories (Appendix B of the NEMSAC briefing document)
  – Categories: General Considerations, Global Sorting, Lifesaving Interventions, Individual Assessment
  – Published in Disaster Medicine and Public Health Preparedness in 2011

• MUCC are currently endorsed by 13 national organizations with concurrence by HRSA Maternal and Child Health Bureau EMSC Program (Appendix C of the briefing document)
Current Status of MUCC and MCI Triage

• Two articles published on training in and application of the SALT approach
• No head to head study comparing SALT to other MCI systems
• Surveys indicate most states and local jurisdictions mandate particular MCI triage systems. While most use START, other variations exist.
• Several areas are reported to be adopting the SALT approach to MCI triage which introduces more variability
• No current approach to MCI triage is defined in the EMS Education Standards
FICEMS Action

• On December 19th, FICEMS was briefed by the TWG on the potential development of an implementation strategy for MUCC

• FICEMS is requesting input from NEMSAC on the role of FICEMS in implementing the MUCC

• The input is requested on a series of key questions

• Before proceeding, are there any questions on the background information?
Question 1

Should FICEMS support the national adoption of MUCC?

– What reasonable national metrics could be used by FICEMS to measure adoption of MUCC principles by the national EMS community over time?

– Is there a need for a national, state and/or local process, criteria, and organization to determine what triage tools are MUCC compliant?
Question 2

• Should there be an addendum published to the National EMS Education Standards referencing the principles of MUCC?

  – Should additional actions be taken by FICEMS member agencies to support the initial and continuing education of EMS workers in the principles of MUCC, if so what additional actions?
Question 3

What are the most significant common barriers that State, territorial and tribal governments might face in supporting adoption of MUCC?

– Are there specific actions FICEMS member agencies should take to support State, territorial and tribal governments in overcoming these barriers to adoption of MUCC?
Question 4

Are there specific actions FICEMS should undertake to engage non-Federal national EMS stakeholder organizations in supporting national implementation of MUCC?
Meeting of the National EMS Advisory Council

Thursday, March 29, 2012