



Fall 2025 Disaster Training

Berkeley Medical Reserve Corps

Agenda

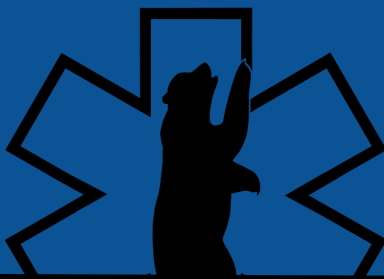
- What is an MCI?
- Tagging
- Transporting
- Progression of MCI
- Casualty Collection Point
- ICS & Radio Use
- Practice

What is an MCI?

A **mass casualty incident (MCI)** is “an event that overwhelms the local healthcare system, where the number of casualties vastly exceeds the local resources and capabilities in a short period of time.”

Triage is a system of sorting patients by level of priority to ensure that resources are being allocated to those that need them most.





Tagging

Priority Levels

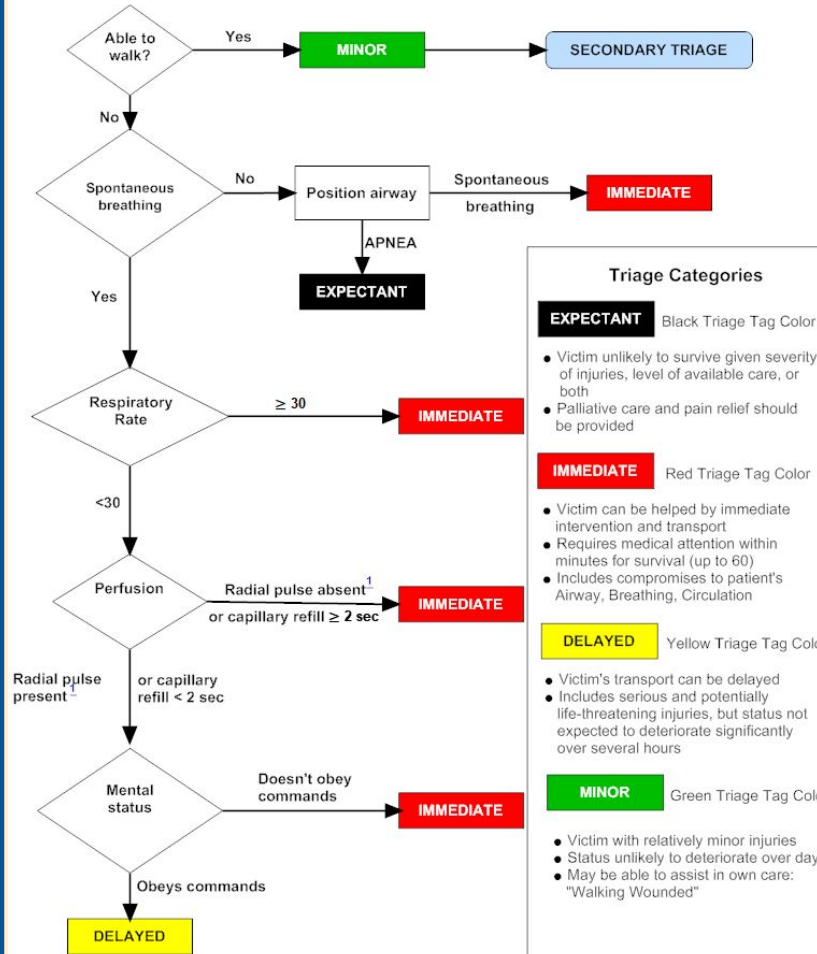
RED/Immediate: Highest priority, critically ill but potentially salvageable

YELLOW/Delayed: Patients with injuries that are unlikely to cause immediate loss of life

GREEN/Minor: Ambulatory patients with minor complaints

BLACK/Deceased: Lowest Priority, patients with no reasonable chance of survival

START Adult Triage



START Triage (for adults)

Can they walk? If yes, **green tag**

Are they breathing after repositioning airway? If no, **black tag**

Respirations: 30 or less?

Perfusion: Radial pulse with cap refill <2 sec?

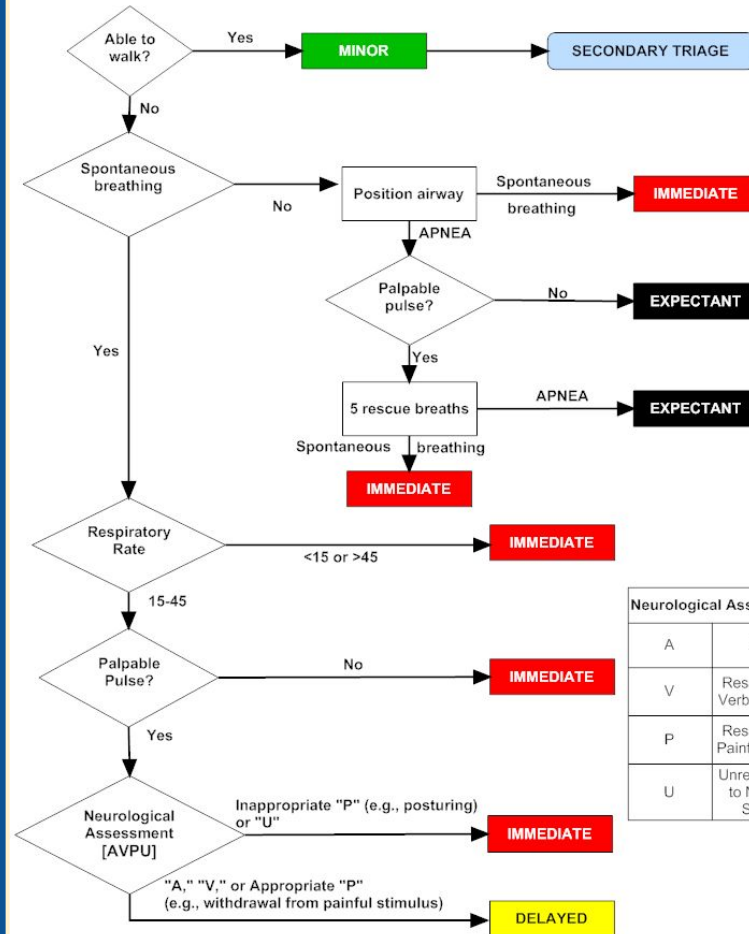
Mental Status: Can they follow basic commands?

If yes to all, **yellow tag**

Otherwise, **red tag**

30 2 Can Do

JumpSTART Pediatric Multiple Casualty Incident Triage



Neurological Assessment	
A	Alert
V	Responds to Verbal Stimuli
P	Responds to Painful Stimuli
U	Unresponsive to Noxious Stimuli

Use JumpSTART if the Patient appears to be a child.

Use an adult system, such as START, if the patient appears to be a young adult.

jumpSTART Triage

*For children (approx. 1-8yrs)

Differences

Deliver 5 rescue breaths if apneic with pulse after repositioning airway

Respirations: Between 15 and 45?

Perfusion: Palpable pulse?

Neurological: A or V from AVPU?

Tagging Summary

If pt. can walk: **GREEN**

If pt. can't walk but pass RPM tests: **YELLOW**

If pt. can't walk and fail any RPM test: **RED**

If pt. remain apneic after repositioning airway: **BLACK**

Field Interventions

Only treat life-threatening injuries during triage!

Supplies in triage packs:

- OPAs
- Tourniquets
- Occlusive Dressing
- Gauze



Practice!

Patient is a child found crying and holding their ankle. Ankle appears broken.

R: 35 BPM.

P: Brachial pulses present.

M: Holds your hand on command.

Practice!

Patient is a child found crying and holding their ankle. Ankle appears broken.

R: 35 BPM.

P: Brachial pulses present.

M: Holds your hand on command.

Yellow Tag

+ splint ankle prior to transport

Practice

Patient found supine and unconscious. Spurting gash on right thigh.

R: Patient is apneic. After a jaw-thrust, the patient begins to breath at 6 breaths/ minute.

P: Capillary refill is 4 seconds.

M: Patient is unconscious.

Practice

Patient found supine and unconscious. Spurting gash on right thigh.

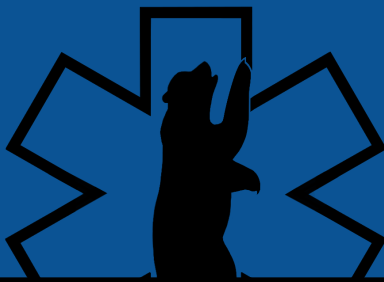
R: Patient is apneic. After a jaw-thrust, the patient begins to breath at 6 breaths/ minute.

P: Capillary refill is 4 seconds.

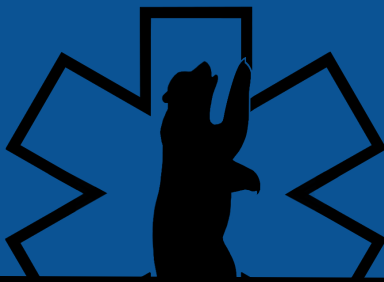
M: Patient is unconscious.

Red Tag

+ OPA + tourniquet



Progression of MCI



Transport

Evacuaid

With 2 people: one person and the head and one at the feet

With 4 people: two people on each side

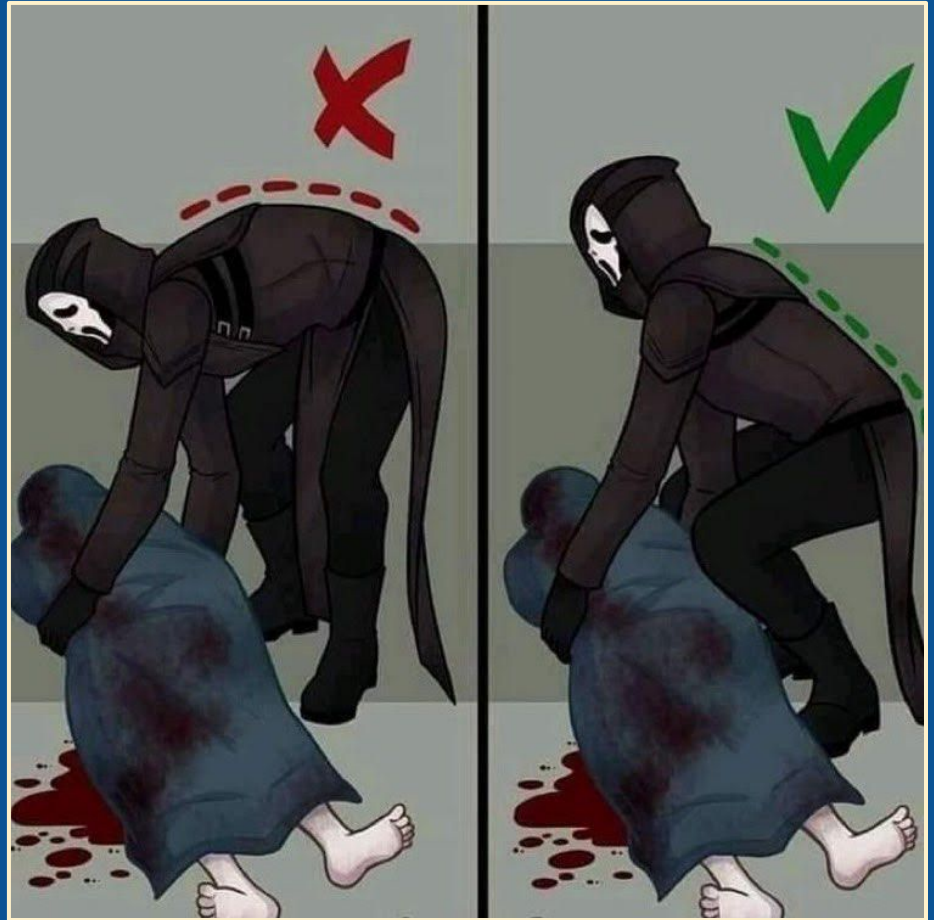
→ **Underhand Grip**

→ Can move people using either sit-pick or roll and shift

Mostly: go feet first; uphill: go head-first



Please lift with your
legs and not your
back!



Sit-Pick

For short distances only

→ Onto evacuaid

→ To safer location



Transporting to the CCP

Green Tag Patients

- Ambulatory patients will be guided to CCP

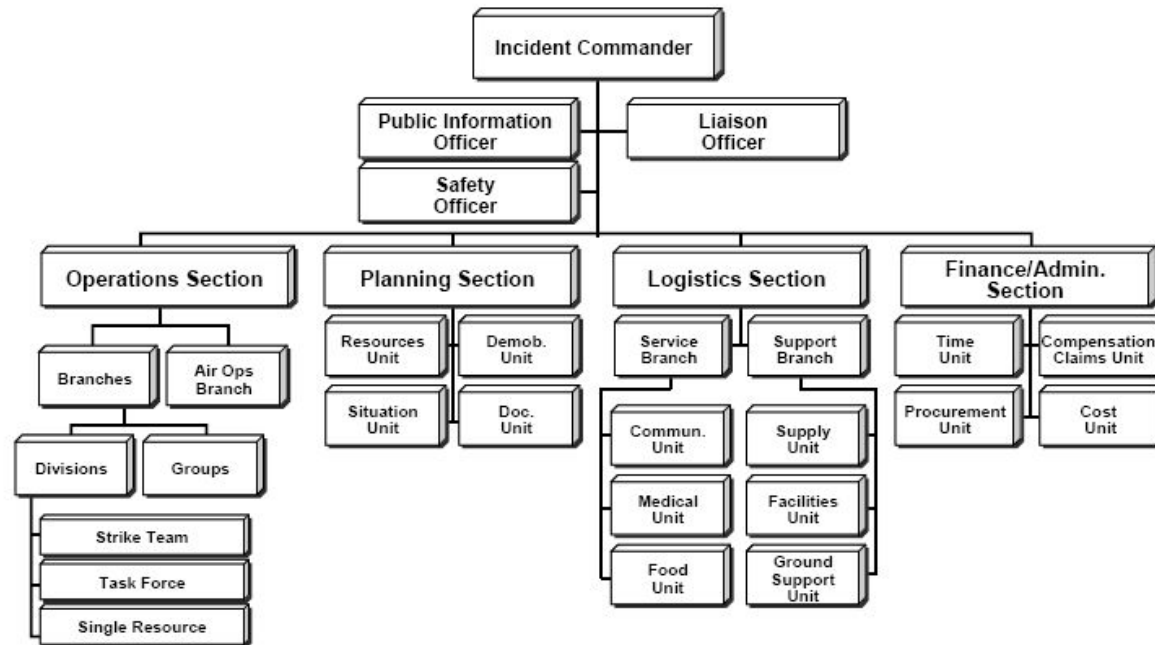
Yellow Tag Patients

- C-collar, backboard if called for
- Splint before transport if resources allow

Red Tag Patients

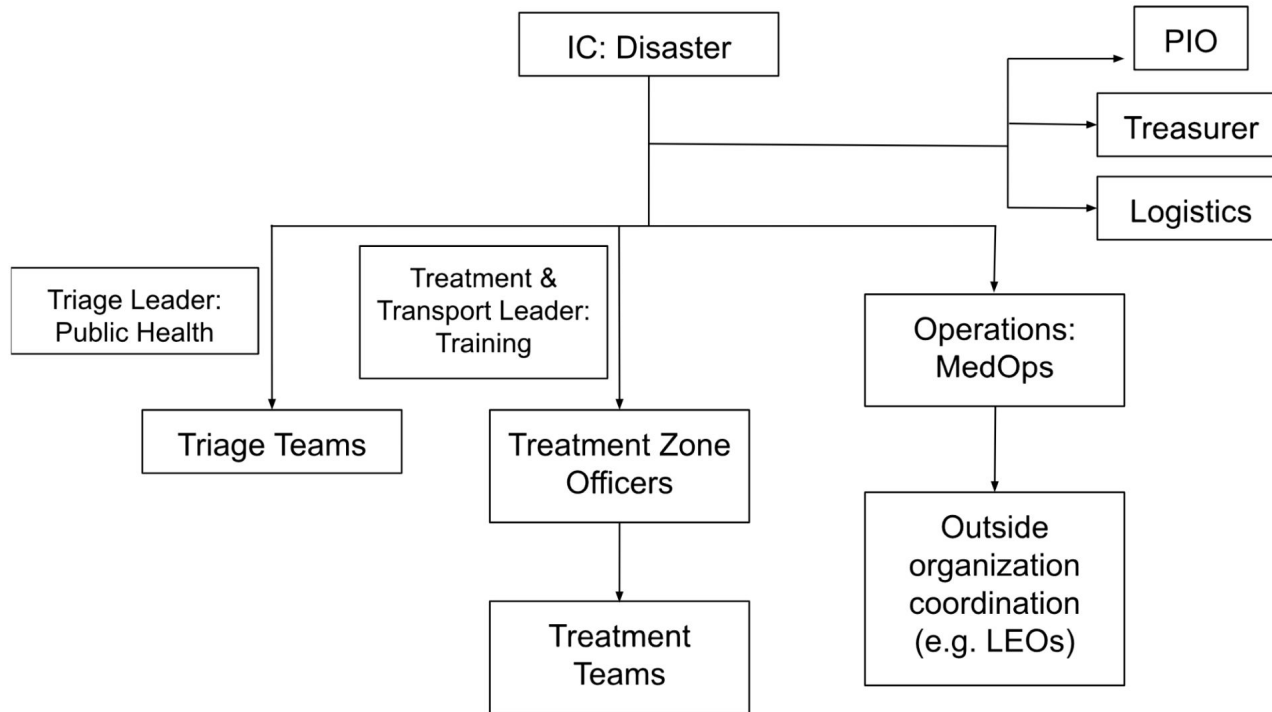
- Priority transport!
- Do not take full spinal precautions
- Stop major bleeds

ICS Structure



ICS Structure

Our Structure **new**



Team Structures ****new****

Team Composition:

- Lead: FTO
- 4-5 general members

All members in teams will participate in treatment and triage

During the Drill:

- 7 Triage Teams
- 4 Treatment Teams

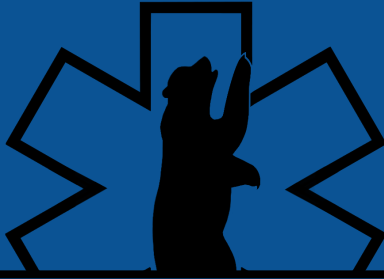
Teams will rotate, but due to the number of teams, some will only be triage

Progression Overview

1. Scene Safety
2. Treatment teams establish treatment zone while transport teams begin triage
3. Call for ambulatory (**Green Tag**) patients to gather
4. Triage non-ambulatory patients (**Red**, **Yellow**, and **Black** Tags)
5. Transport patients to CCP and treat

Staggered Entry

1. First round of entry
 - IC, director, triage leader, treatment leader
 - We will be scouting the scene and making sure its safe to enter
2. Second round of entry
 - 2 triage teams and all treatment teams
 - Treatment teams will set up CCPs (green, yellow, red, black) ASAP
 - Triage team's main goal is to gather all the green patients
3. Final round of entry
 - IC will call in the remainder of the triage teams
 - Each triage team will be assigned to a zone



Casualty Collection Point

Organization of CCP

CCP: Casualty Collection Point

After pts. have been transported to the CCP, they will get tag cards and be sorted into their zones:

Green Zone

Yellow Zone

Red Zone

Personal Property Receipt/
Evidence Tag *2538699*

Destination _____
Via _____
2538699

TRIAGE TAG *2538699*

☐ S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M
Solution Laceration Unlabeled Delegation G.I. Distress Entress Mors

AUTO INJECTOR TYPE ☐ 1 ☐ 2 ☐ 3
AUTO INJECTOR TYPE ☐ 1 ☐ 2 ☐ 3

Yes	No	Primary Decon
Yes	No	Secondary Decon

Solution

Blunt Trauma	
Burn	
C-Spine	
Cardiac	
Crushing	
Fracture	
Laceration	
Penetrating Injury	

Age _____

☐ Male ☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

MORGUE
2538699

IMMEDIATE
2538699

DELAYED
2538699

MINOR
2538699

Personal Property Receipt/
Evidence Tag *2538699*

Destination _____
Via _____
2538699

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Age _____

☐ Male ☐ Female

Other: _____

VITAL SIGNS

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Time	Drug Solution	Dose

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2538699

IMMEDIATE
2538699

DELAYED
2538699

MINOR
2538699

Treatment in the CCP

Assessment:

- Vitals
- Trauma Assessment (DCAP-BTLS)
- AxO

Reassess often and document on triage tags!

Possible Interventions:

- Shock Control
- Bleeding Control
- Splinting/wrapping
- Airway management


Yes	No	Primary Decon
Yes	No	Secondary Decon
Solution		
Blunt Trauma		
Burn		
C-Spine		
Cardiac		
Crushing		
Fracture		
Laceration		
Penetrating Injury		

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Other: _____

VITAL SIGNS			
Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose



The diagram shows a front and back view of a human figure. Above the figure are three hazard symbols: a yellow radiation symbol, a blue biohazard symbol, and a yellow chemical symbol. Below each symbol is a checkbox. A barcode is located between the two figures. Below the figures are checkboxes for 'Male' and 'Female'. A label 'Age' points to a space between the figures.



ICS & Radio

ICS Positions

Incident Commander (Disaster Directors)

- All triage teams report to IC via radio

Triage Leader (Public Health Directors)

- Manage triage teams/keep track of pt. numbers in the field
- Triage teams report straight to IC!! Triage Officer is like a supervisor who's not directly involved in radio commands.

ICS Positions cont.

Treatment & Transport Leader (Training Directors)

- Establish CCP zones with Treatment Zone Officers
- Manage zone officers/keep track of pt. numbers and transport priority in CCP
- Just like the triage lead, treatment lead is a supervisor for the CCP who's not directly involved in radio commands

Treatment Zone Officer (FTOs)

- FOR TRIAGE TEAMS BRINGING PATIENTS IN:
 - ◆ Let them know what chief complaint is
 - ◆ They'll let you know where to place the patient
- Same as treatment officer but for specific zones (Green, Yellow, and Red)



Communication is key!

Radio Use



→ Arrival on scene

◆ “Dispatch this is Triage 1, we have arrived in zone 1.”

→ Number and type of patients

◆ “Dispatch this is Triage 1, we have 3 red, 2 yellow, and 4 green tagged patients in sector 1.”

→ When there are no more patients in a sector

◆ “Dispatch this is Transport 1, all patients have been transported from sector 1 to the CCP”



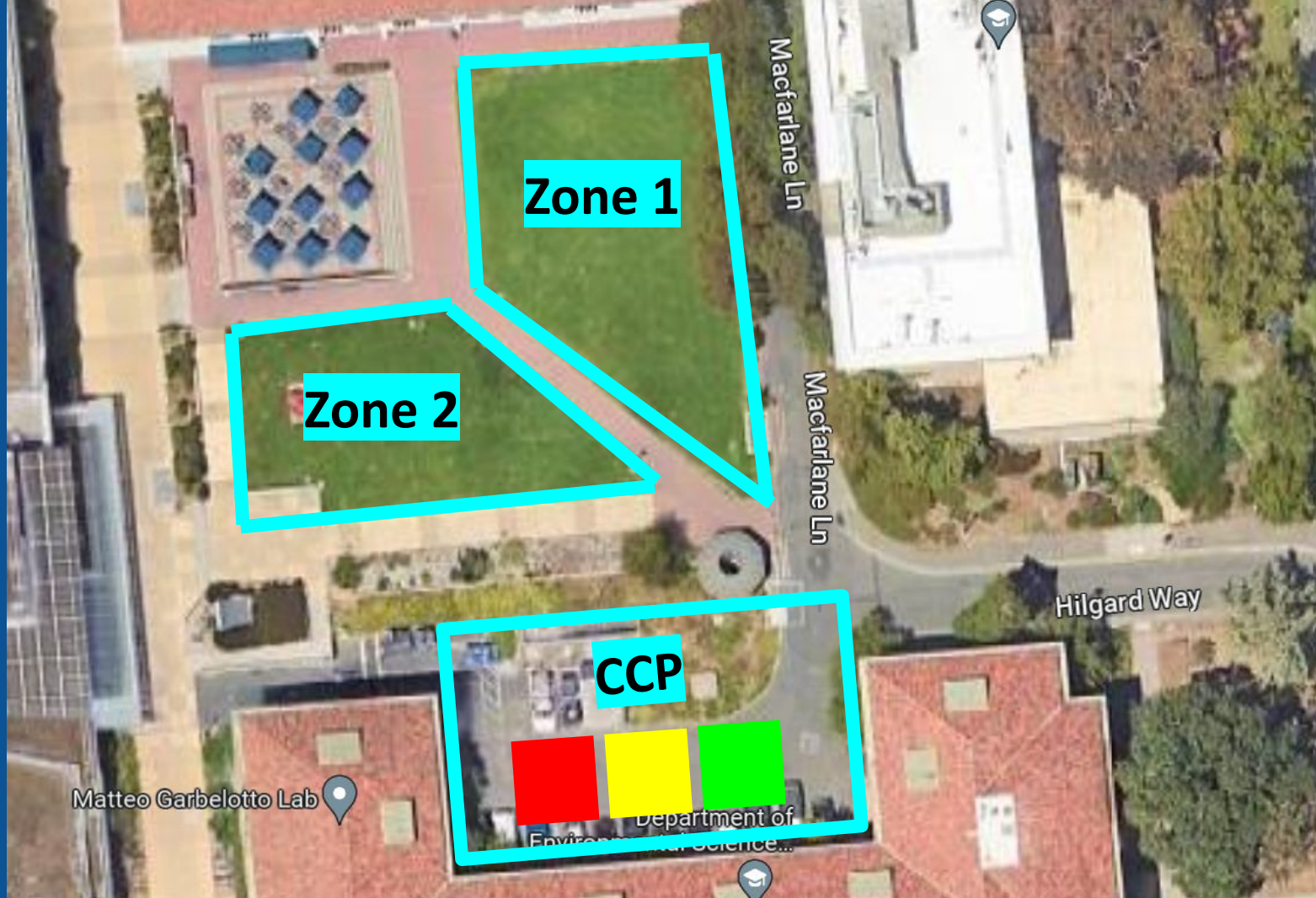
Macfarlane Ln

Macfarlane Ln

Hilgard Way

Matteo Garbelotto Lab

Department of
Environmental Science...





BMRC



Patient





BMRC



Patient

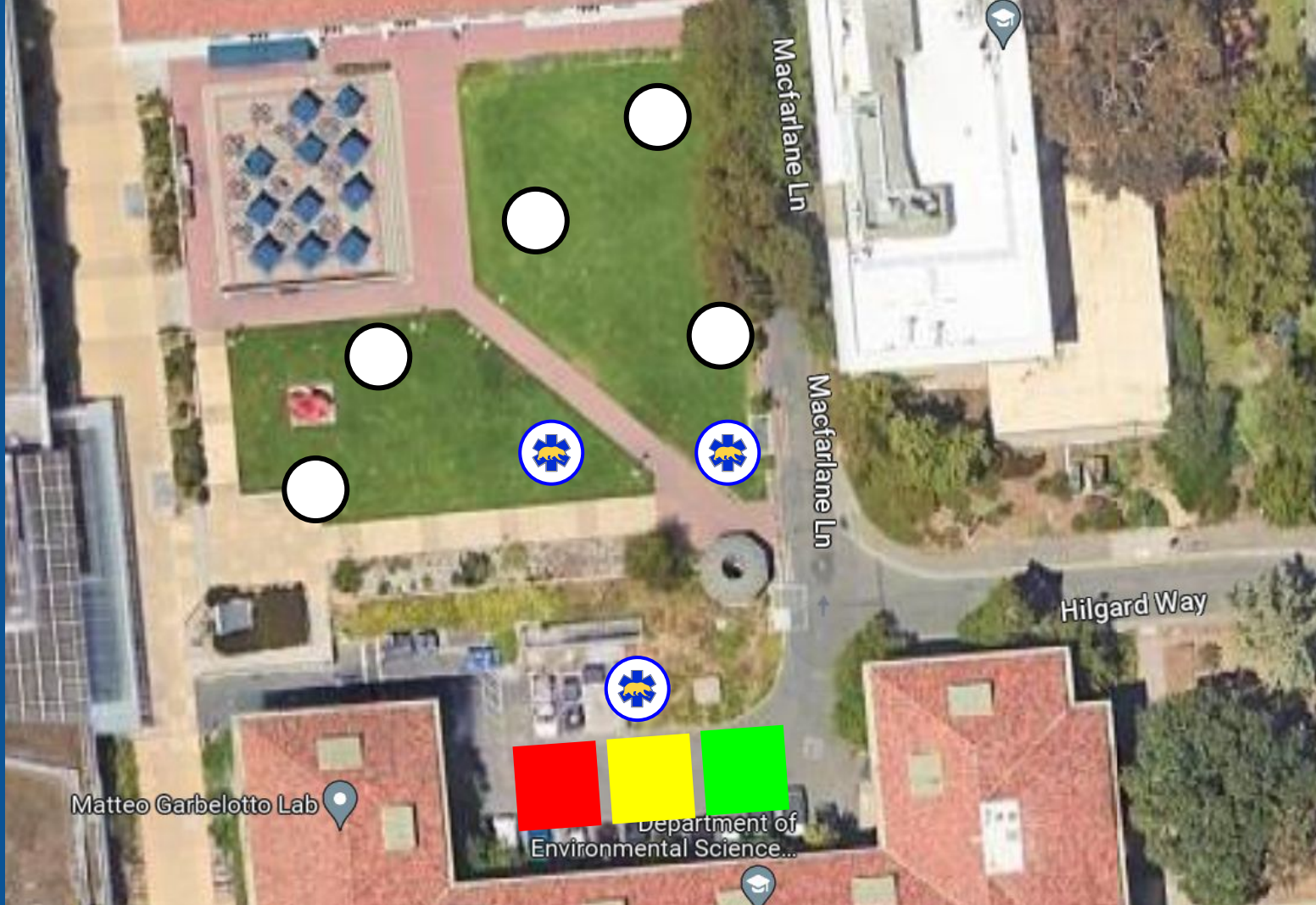




BMRC



Patient

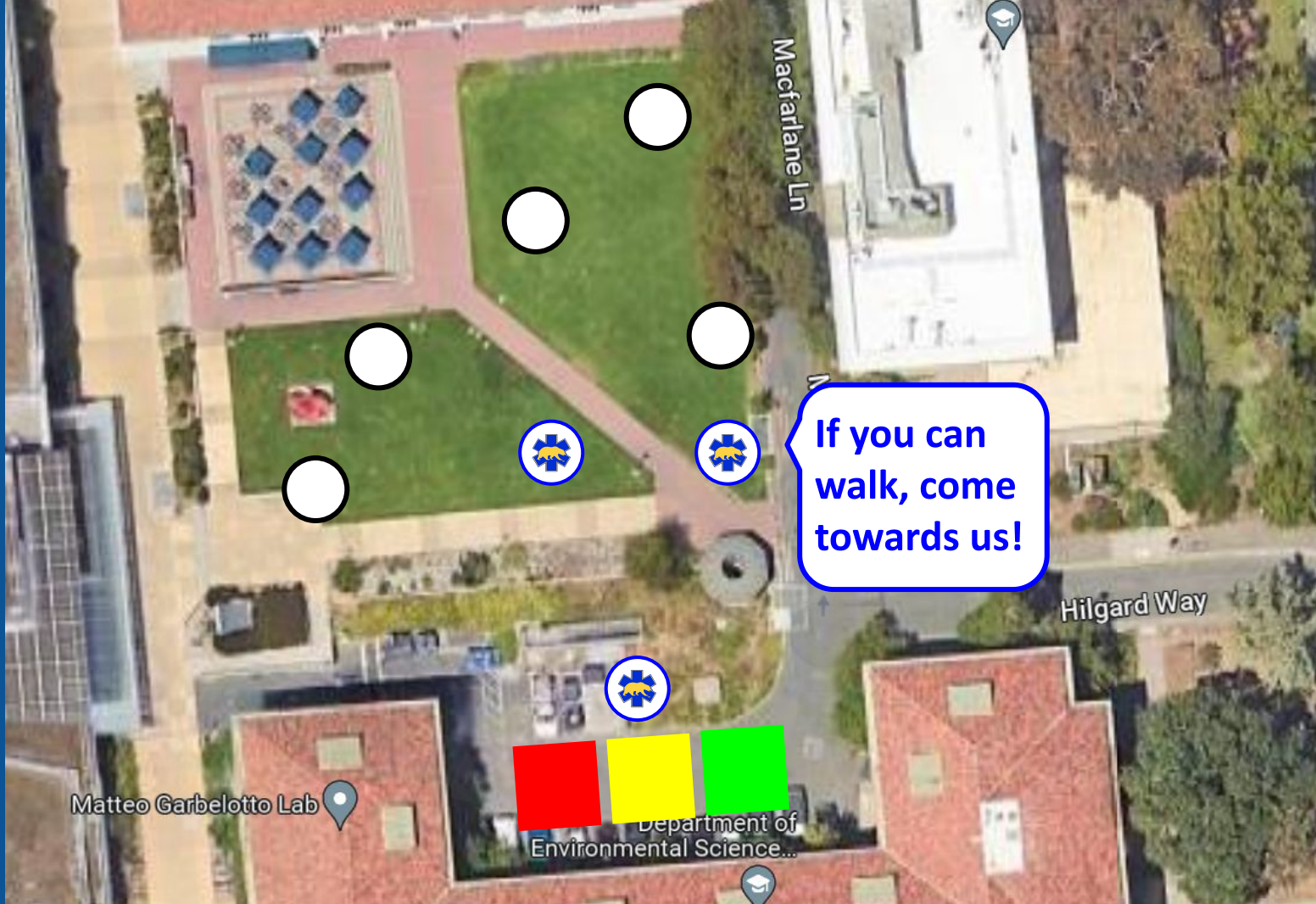




BMRC



Patient





BMRC



Patient



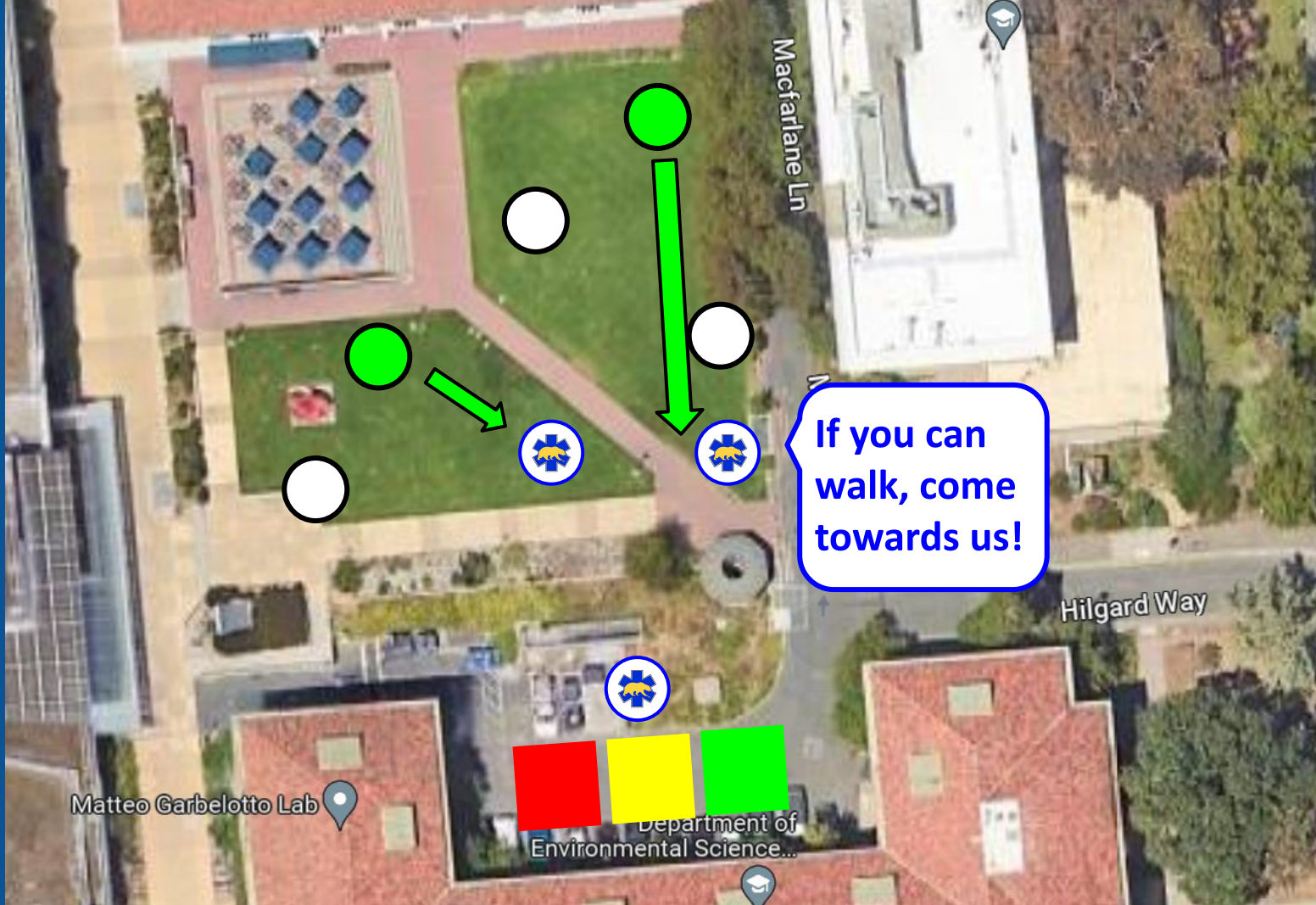
Green Tag



Yellow Tag



Red Tag





BMRC



Patient



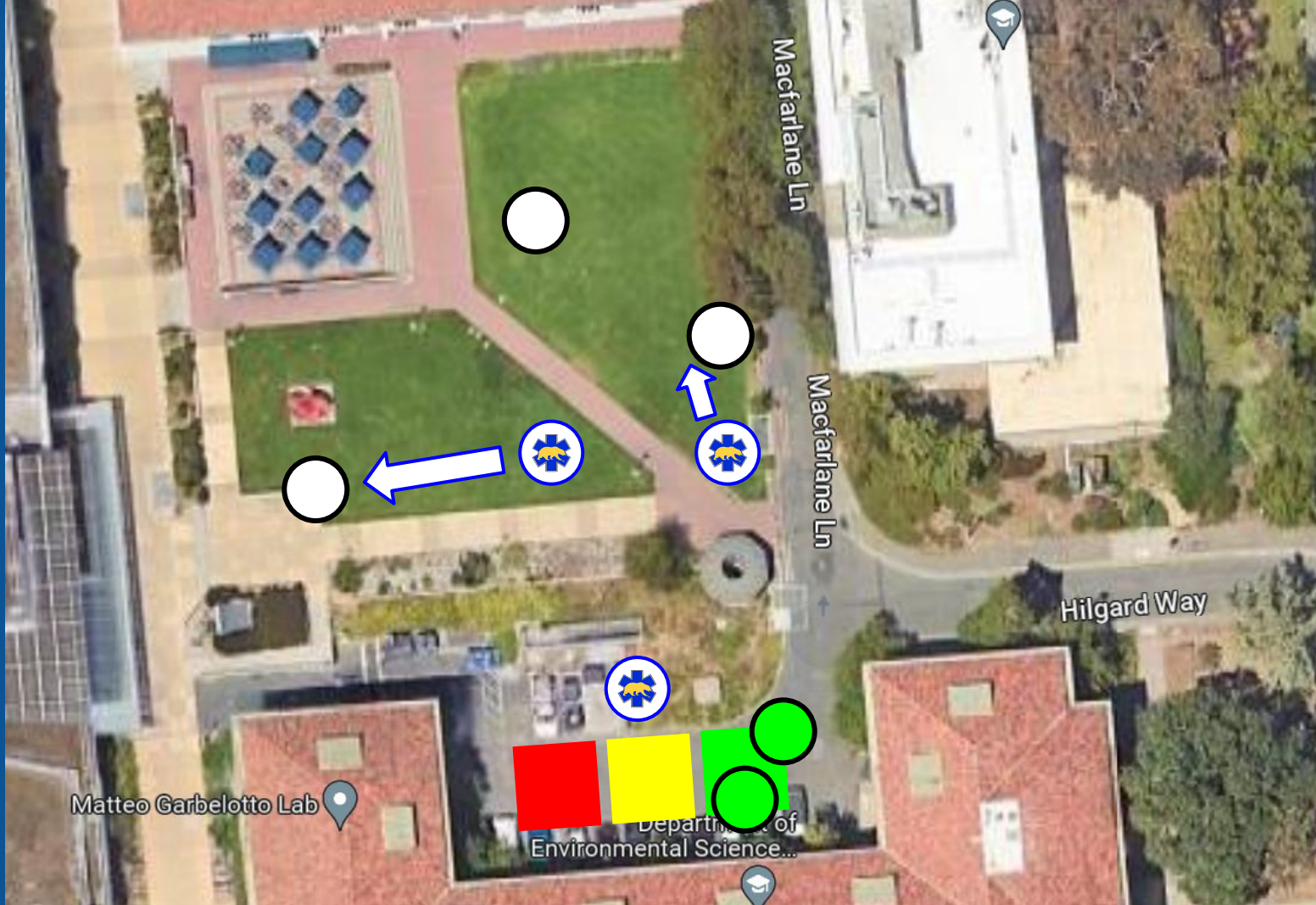
Green Tag



Yellow Tag



Red Tag





BMRC



Patient



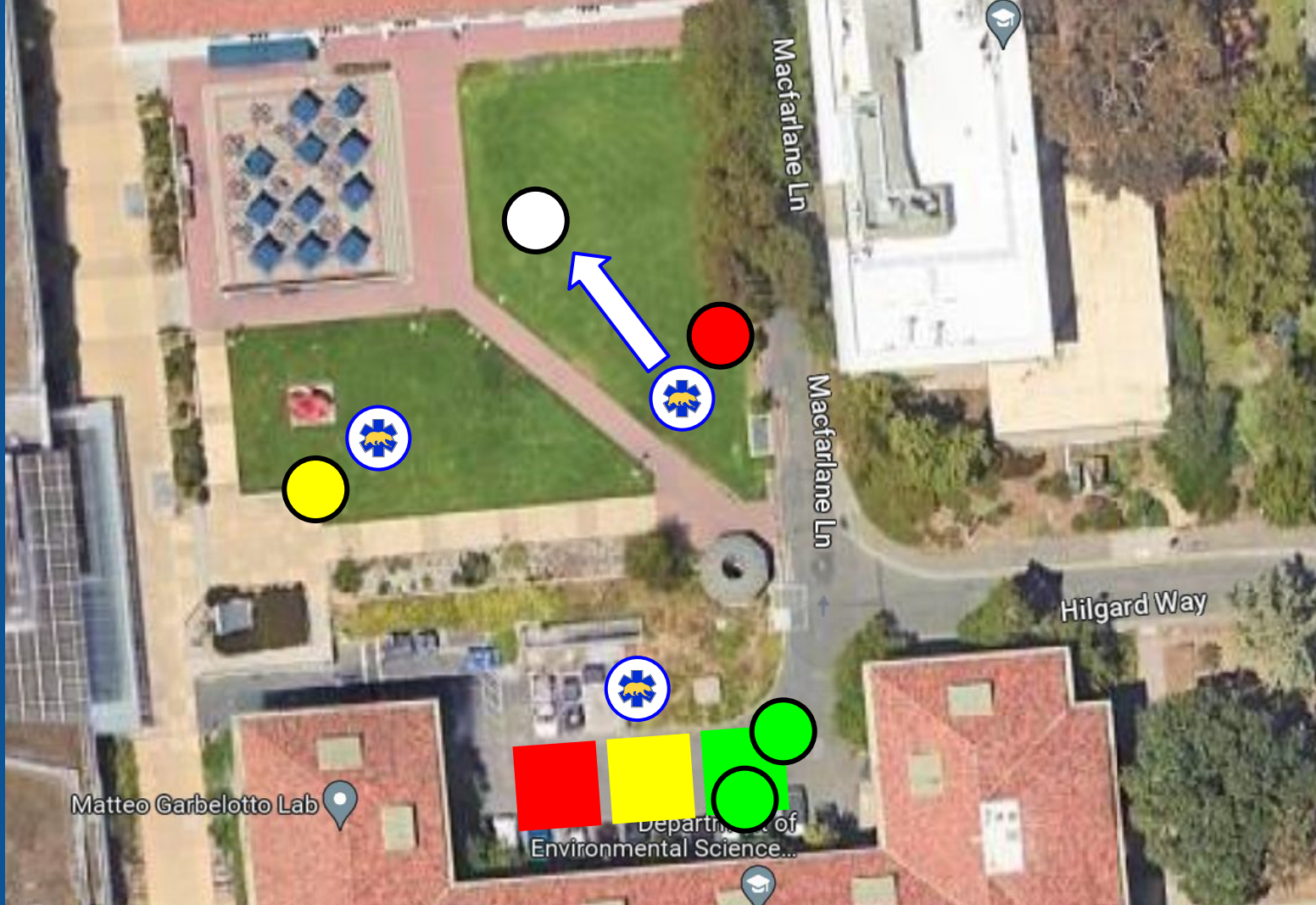
Green Tag



Yellow Tag



Red Tag





BMRC



Patient



Green Tag

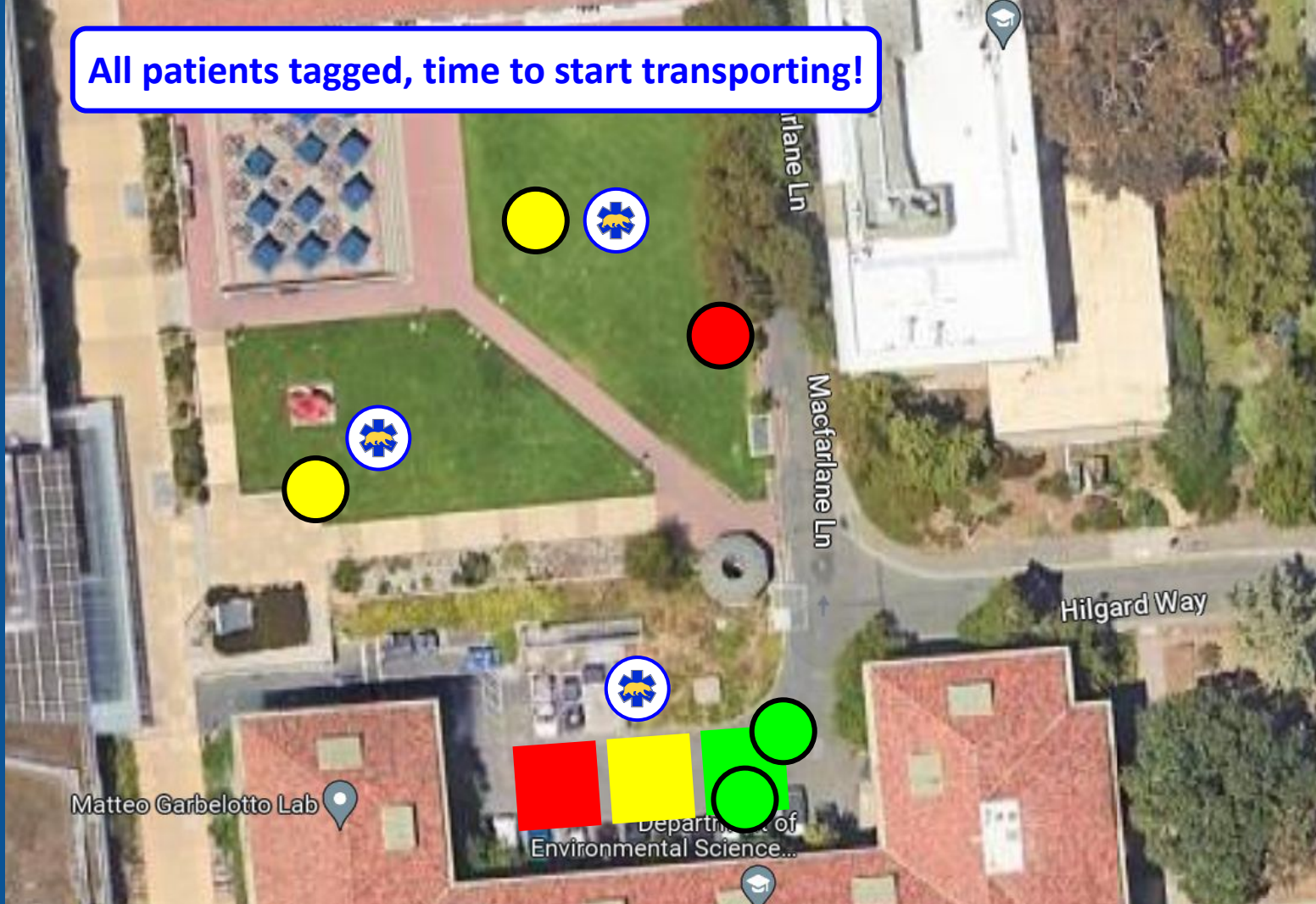


Yellow Tag



Red Tag

All patients tagged, time to start transporting!





BMRC



Patient



Green Tag

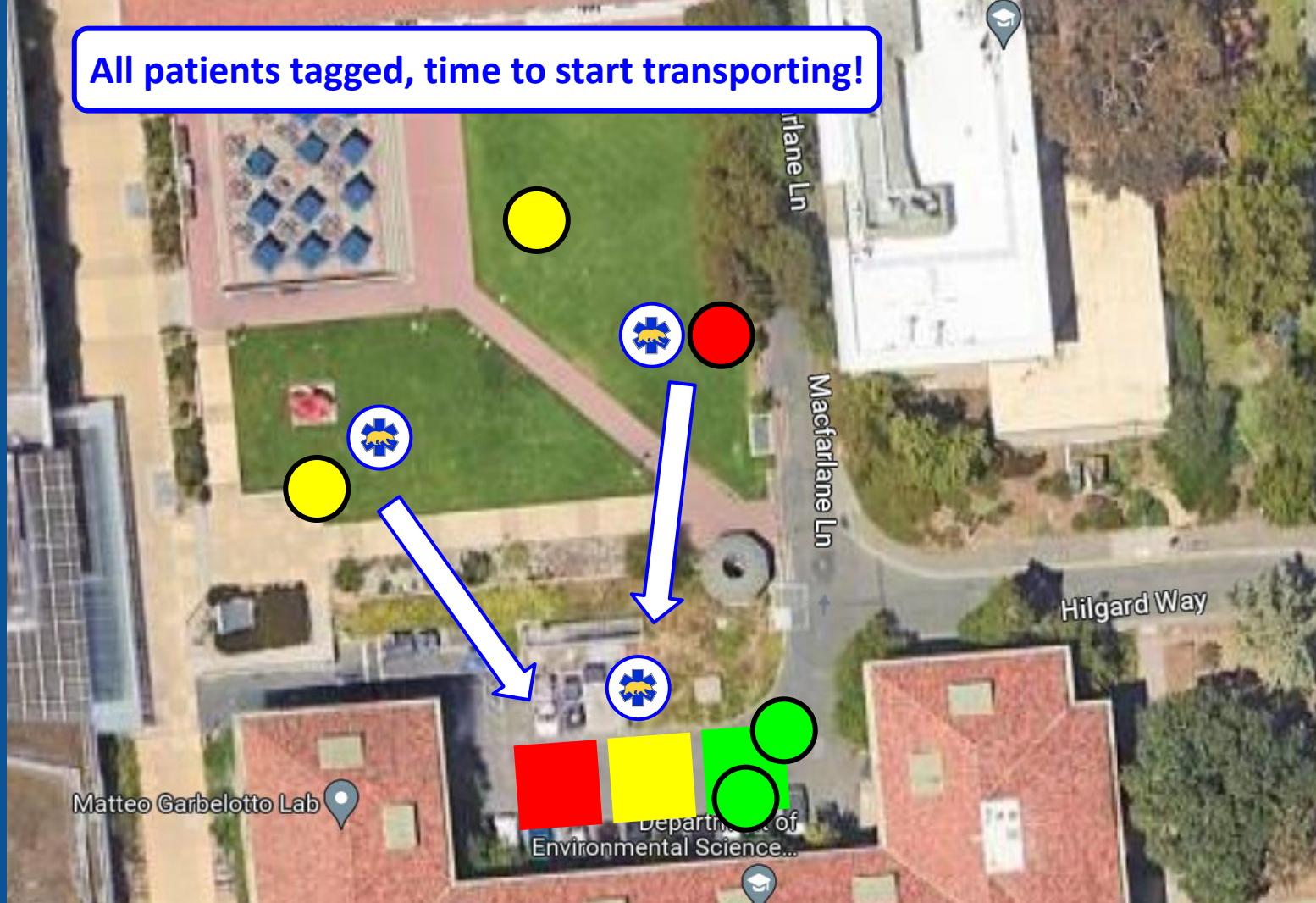


Yellow Tag



Red Tag

All patients tagged, time to start transporting!





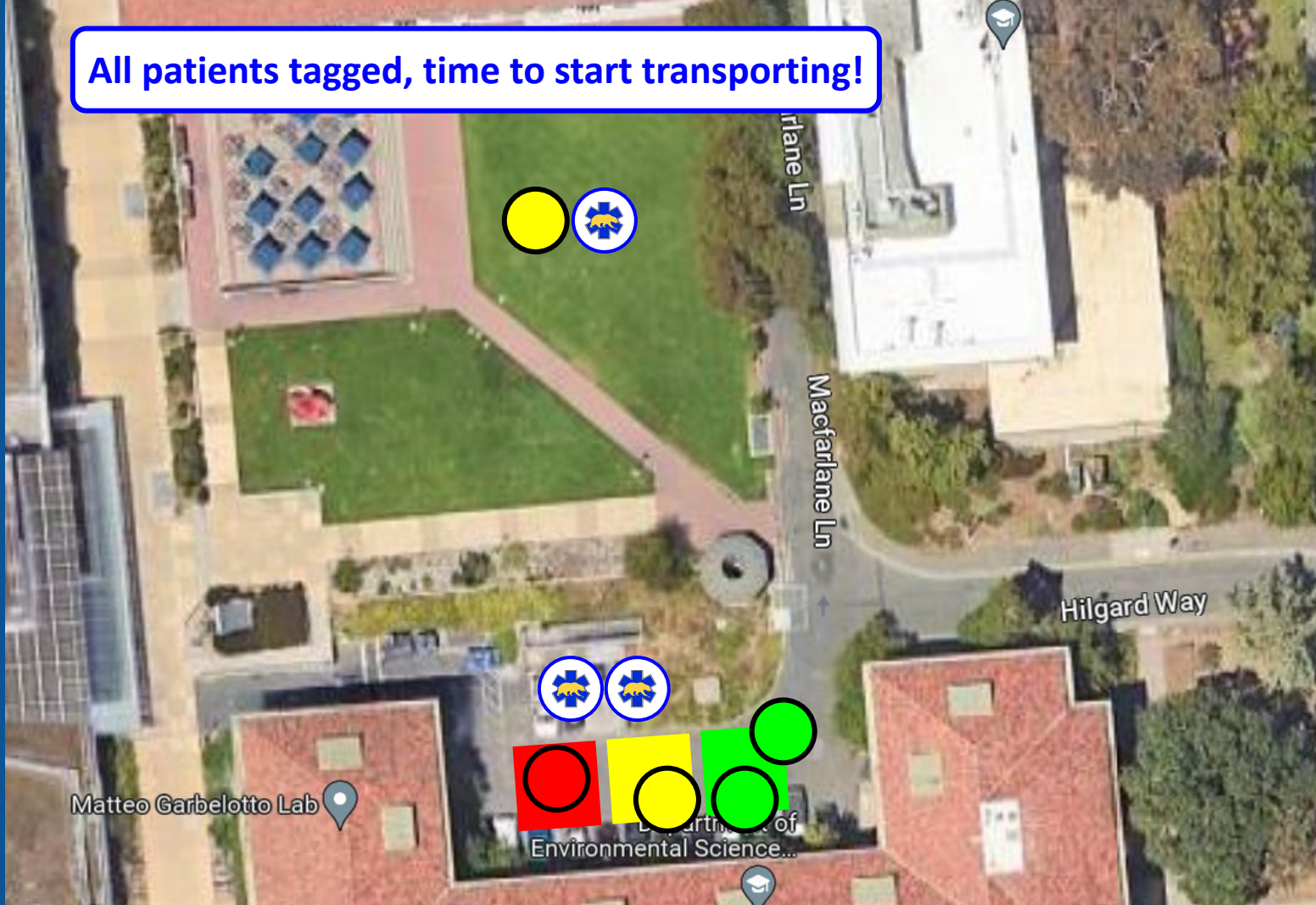
All patients tagged, time to start transporting!



Green Tag



Red Tag





BMRC



Patient



Green Tag

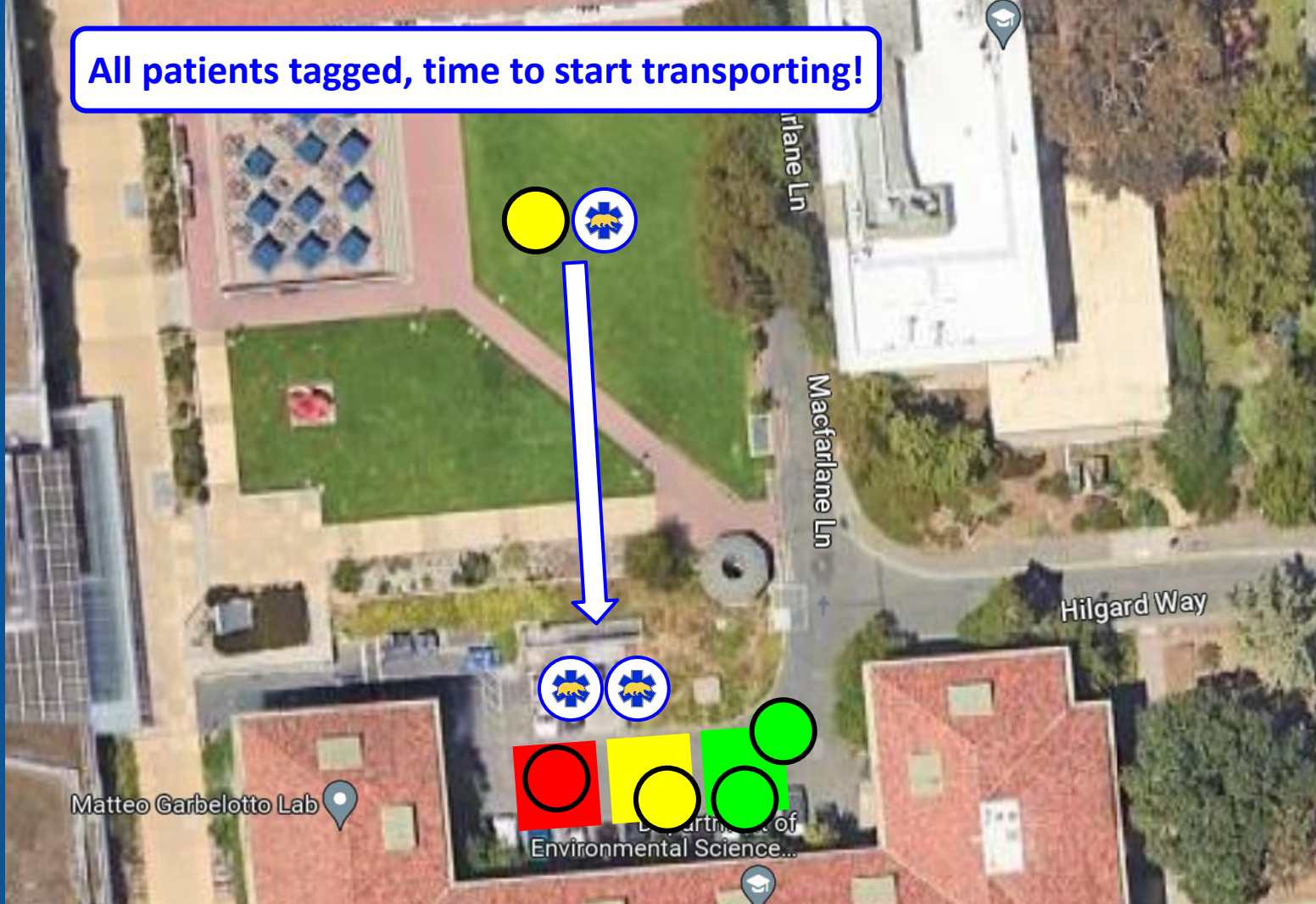


Yellow Tag



Red Tag

All patients tagged, time to start transporting!





BMRC



Patient



Green Tag



Yellow Tag



Red Tag

All patients tagged, time to start transporting!





BMRC



Patient



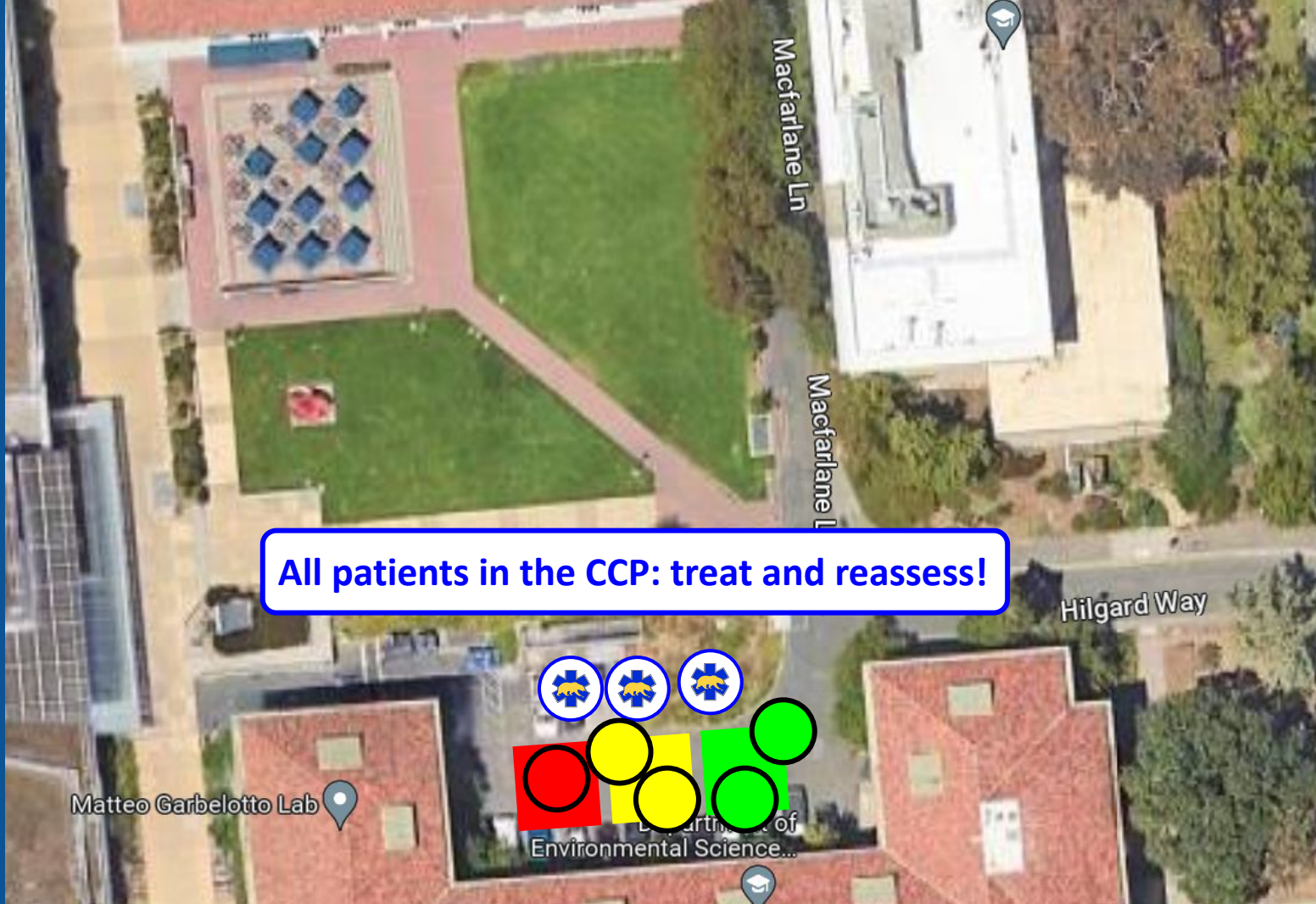
Green Tag



Yellow Tag



Red Tag





BMRC



Patient



Green Tag



Yellow Tag



Red Tag





BMRC



Patient



Green Tag



Yellow Tag



Red Tag



Logistics

Location: GPB Lawn

Meet: front plaza of morgan hall

Time: 1030-1400

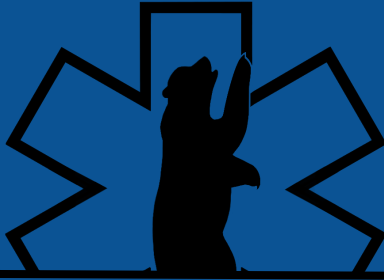
Dress Code: Full Uniform

Pizza and Water After!!



Logistics





Practice!
