



National Association of Emergency Medical Technicians
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**Comment to draft ASPR Mass Casualty Triage White Paper
August 29, 2018**

Dear Shayne,

The National Association of Emergency Medical Technicians (NAEMT) thanks ASPR for the opportunity to comment on the Mass Casualty Triage – Paradigms and Pitfalls White Paper. Please accept the following feedback from our organization.

- **Expand patient care measures** – The patient care measures are heavily focused on penetrating trauma. With the increased use of motor vehicles as weapons, the document should include measures appropriate for MCIs.
- **Incorporate a pre-defined response matrix** – The use of first alarm medical or ambulance strike teams is crucial to having sufficient resources to execute the triage, treatment and transport roles.
- **Incorporate automatic mutual aid for rural settings** – Early identification of mutual aid is also essential. In a rural setting, the fluid deployment of ambulances may not produce enough transport resources. School or medical buses should be considered as additional resources.
- **Automate the dispatch center for resourcing** - Dispatching enough resources during the initial receipt of the call is critical and should be reinforced. Medical priority dispatching can be used to code an MCI, allowing the computer aided dispatch to send the appropriate amount of resources. **THIS MUST BE AUTOMATED** since calls quickly overwhelm the communication center and distracts or delays the dispatchers from identifying and marshalling sufficient resources.
- **Remove reference to scanners** - Scanners in the field do not work due to readiness connectivity and dozens of other barriers.
- **Expand MCI triage training** – DRILL, DRILL, DRILL. More training is needed on all aspects of an MCI, including but not limited to how to organize the treatment area, how to coordinate transport, trouble shooting and unusual situations. Medical surge exercises need to include a triage component.

- **Ensure regular training between EMS and hospitals** - to prepare for large incidents with significant patient surge. Training should cover:
 - Improving real time communication between Incident Command and hospitals.
 - Implementing automated pre-notification of area hospitals most likely to be affected by significant patient surge.
 - Allocating EMS resources to affected hospitals for triage, tracking, and decompression of affected facilities.

- **Involve law enforcement and volunteer fire in the MCI triage process** – Law enforcement and volunteer fire services need more triage training and involvement in an incident. Law enforcement enters the ‘hot zone’ while EMS is staged beyond the ‘warm zone’. Volunteer fire services do not have as much training and involvement in MCI triage as their paid fire service counterparts.

If you have any questions or would like to further discuss the comments below, please feel free to contact us.

Sincerely,

A handwritten signature in blue ink that reads "Dennis W. Rowe". The signature is fluid and cursive, with the first name "Dennis" being the most prominent part.

Dennis Rowe, EMT-P
NAEMT President