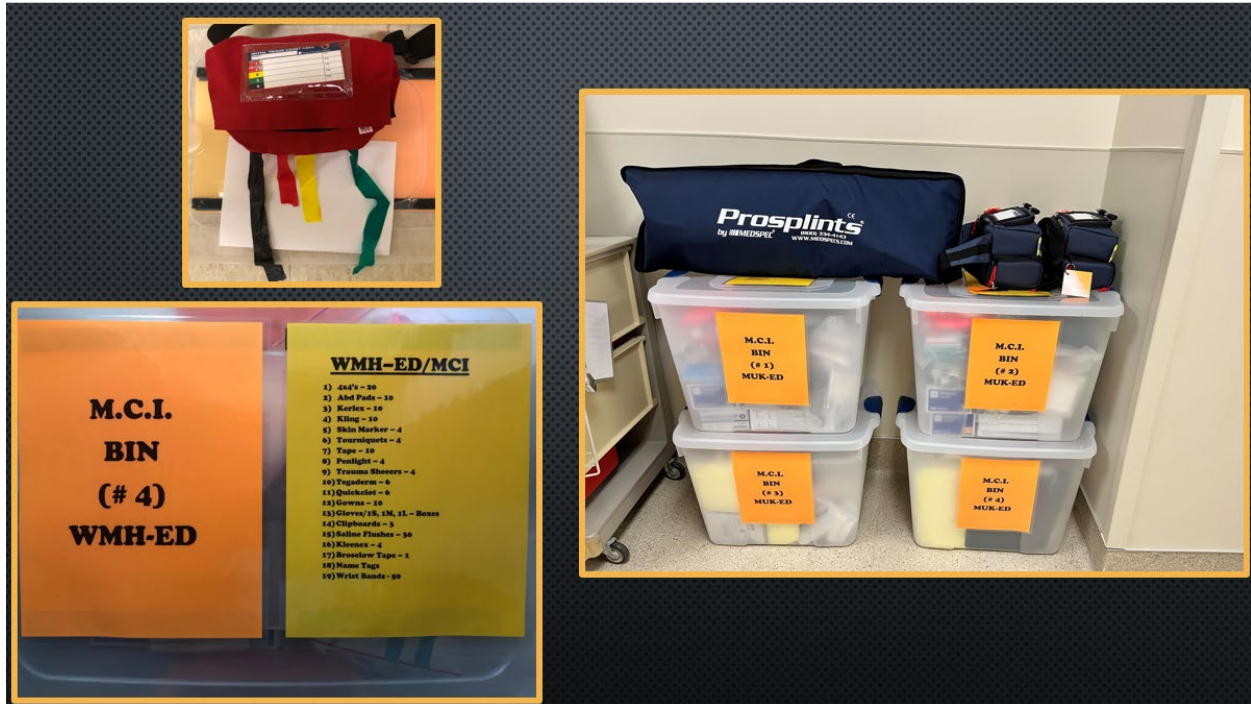


Lessons Learned/Changes Made from the Waukesha Parade MCI Incident

- Make sure that all staff working is aware- overhead announcement, EPIC message
- Request to extra staff- have them call back to one number- Charge RN and main number will be too busy.
- Request staff early- if you don't need them all you can send them home!
- Try to enter as much in EPIC/etc in real time. We had our Hospitalist staff that came down and followed the ED providers around and entered orders for them
- Have info for floor staff to come and help- we have a job sheet that shows how to access our EPIC workflow
- Have all patients enter through the same Triage area (even ones that walk in)
- Apply colored ribbons for Triage colors- very hard to apply MCI bands in a high stress situation (we have not officially decided when an actual MCI tag will be applied, if they don't come in with one from EMS. Probably with the Primary RN or in Yellow or Green triage)
- Measure kids with Brosleow tape in MCI triage and document (we have specific bands for this)
- If you have Peds patients without parents/adult family present, ensure that a staff member is present with them all the time- can be any staff member- just for comfort and keeping them safe
- Transport patients to Radiology- it took too much time to have Radiology come and get the patients (this is our normal work flow). We had a line out of Radiology with patients, all had someone with them (floor staff helped with this)
- If possible, have an ED Provider, Trauma Surgeon, Radiologist in CT for immediate eval of films (I know that this might not always be possible, but fantastic if you can!)
- Tracking forms for patients-both of all MCI patients and patients being transferred out (who transferred, to where, etc. We found that some patients were being transported but we did not track what EMS service took them out)
- We created a "workboard" to help keep what staff was where straight
- Get extra supplies ASAP- Code carts, Intubation kits, RSI kits, Ccollars, Ambu Bags, computers, beds, wheelchairs, blankets
- Name labels for all Staff- large and on front of gown
- Visitor labels on parents/visitors/non-patients upon arrival
- Be ready for patients to self-present and come by Law enforcement with no prior care
- Use Law enforcement to cover all entrances
- Ensure counselling, etc for staff afterwards and require all to attend! (we found it was "less scary" to have 2 staff go at a time)

Our updated MCI Bins



Bin contents:

- 4 x4- 20
- Abd pads- 10
- Kerlix- 10
- Kling- 10
- Skin marker- 4
- Tourniquets-4
- Tape- 10
- Penlight- 4
- Trauma Sheers- 4
- Tegaderm- 6
- Quickclot- 6
- Gowns- 10
- Gloves- 1 box of each size
- Clipboards- 3
- Saline flushes-30
- Kleenex- 4
- Broselow tape- 1
- Name tags
- MCI Wrist bands
- Pro-splints- for MCI triage only

Workboard



Other MCI areas working on- some lessons learned from recent drills

- MCI Blood Bank Cooler – activated like a Massive Transfusion but get coolers of Oneg and Opos sent up for immediate use
- OR Liaison to help coordinate what patients needs to go to the OR, when, what equipment needed, what staff/surgeons
- Lockdown of OR with Security or Law enforcement
- At smaller outlying hospitals, think right away about calling for resources to transfer patients out