



Background

Day-to-day emergencies	<ul style="list-style-type: none">• The greatest good for each individual patient
Large-scale disasters	<ul style="list-style-type: none">• The greatest good for the greatest number of potential survivors

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General Principles of Mass Casualty Triage

Treat first	<ul style="list-style-type: none">• The most seriously injured who have a reasonable possibility of survival
Treat last	<ul style="list-style-type: none">• Those who have the least severe illnesses or injuries or are very unlikely to survive
Separate	<ul style="list-style-type: none">• Those who require minimal or no treatment and get them to safety

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General Principles of Mass Casualty Triage

Mass casualty triage:

- Systematic method
- Organization of casualties
- Occurs at the scene

Mass casualty triage decision making encompasses:


- Presence of a life-, limb-, or vision-threatening condition
- Available lifesaving interventions
- Availability of transportation assets

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Mass Casualty Triage Systems

- CareFlight
- CESIRA
- Homebush
- JumpSTART
- Military triage
- Pediatric Triage Tape (PTT)
- **SALT Triage**
- Simple Triage and Rapid Treatment (START)
- Triage SIEVE




Win Henderson/FEMA

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Mass Casualty Triage Systems

- The US is moving toward national standardization in mass casualty triage
- Federal Interagency Committee on EMS is implementing the Model Uniform Core Criteria (MUCC) as the national standard for Mass Casualty Triage
- SALT triage meets the MUCC criteria
- All agencies should use a MUCC compliant triage system which will be interoperable with SALT



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SALT Triage

- SALT Triage designed based on the best scientific evidence

Sort

Assess

Lifesaving interventions

Treatment/transport

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SALT Mass Casualty 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
- Autoinjector antidotes

↓

Breathing

Yes → **Dead**

No → **Dead**

↓

– Obeys commands or makes purposeful movement?
– Has peripheral pulse?
– Not in respiratory distress?
– Major hemorrhage in control?

All Yes → **Minor injuries only?**

Yes → **Minimal**

No → **Delayed**

↓

Likely to survive given current resources

Yes → **Immediate**

No → **Expectant**

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*LSI: Lifesaving Interventions

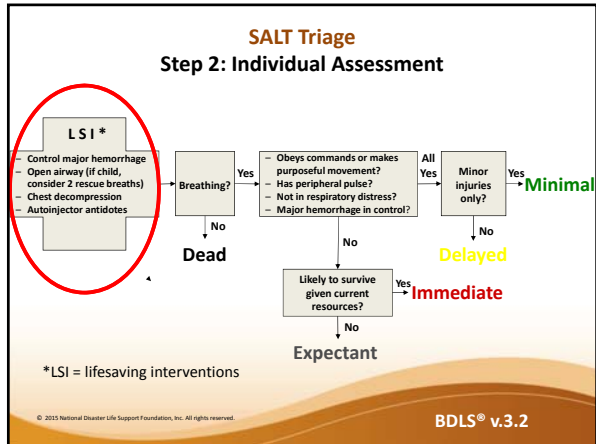
SALT Triage Step 1: Global Sorting

Step 1 – Sort: global sorting

- Walk Assess 3rd
- Wave/purposeful movement Assess 2nd
- Still/obvious life threat Assess 1st

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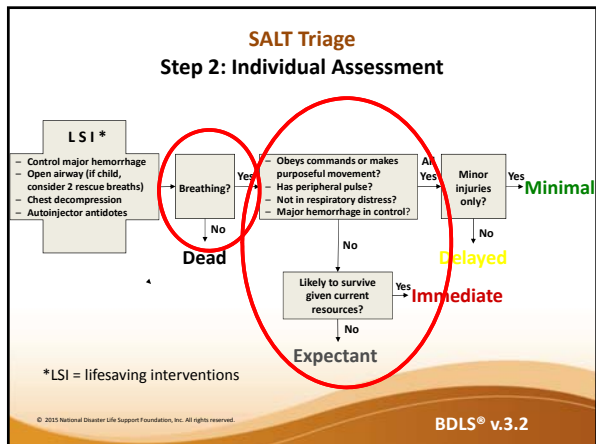
Rapidly identify most at-risk by sorting into groups!
Limitations: Many... hearing, language, fear, injured family...



Individual Assessment What can I do?

Lifesaving interventions
Control major hemorrhage
Open airway
Decompress chest
Autoinjector antidotes

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**Individual Assessment
Triage Category Assignment**

Response to interventions
Responds to commands?
Peripheral pulse?
Respiratory distress?
Bleeding stopped?

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**Individual Assessment
Triage Category Assignment**

Casualties overwhelm available resources

I	D	M	E	D
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Goal of disaster triage:
Do the greatest good for the greatest number of potential survivors

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IMMEDIATE

Highest priority of casualties to receive care

- Immediate, life-threatening conditions
- Require immediate management in order to survive
- Response to lifesaving interventions:
 - Any **NO** answer + resources are available

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DELAYED

Require prompt medical attention for survival

- Condition can tolerate a short delay in treatment
- Expected to survive despite that short delay
- Response to lifesaving interventions:
 - All **YES** answers + **does** need access to additional or definitive health care

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MINIMAL

- Minor injuries or illnesses
- Expected to survive even if medical treatment not received
- Response to lifesaving interventions:
 - All **YES** answers + does **NOT** need access to additional or definitive health care

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EXPECTANT

Casualties with low probability of survival

- Not expected to survive given available medical resources
- Response to lifesaving interventions:
 - Any **NO** answer + resources are **NOT** available

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DEAD

Casualties with complete absence of life

- Not breathing after basic airway-opening maneuvers, including two rescue breaths if a child
- Attempt basic life-sustaining efforts only if sufficient personnel available
- It is important to *NOT* move dead casualties, unless the remains are blocking access to live casualties

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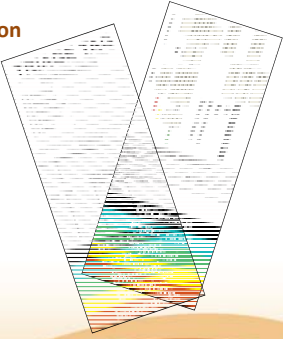
Triage Categories

Immediate	Requires immediate care for a good probability of survival
Delayed	Requires care that can be safely delayed without affecting probability of survival
Minimal	Sick or injured but expected to survive with or without care
Expectant	Alive, but with little or no chance of survival given current available resources
Dead	A fatality with no intrinsic respiratory drive

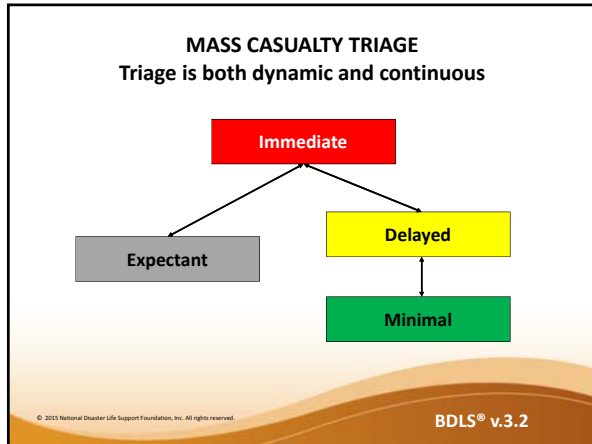
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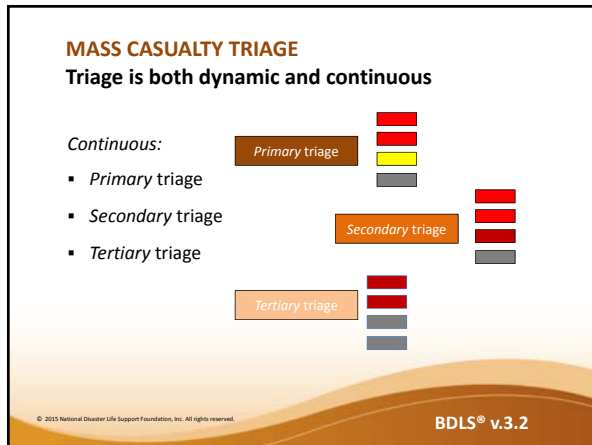
Triage Tags and Casualty Care Documentation

- Communicate findings
- Triage tag
- Category assignment
- Category change
- Patient tracking



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Casualty Transport and Evacuation

- Casualties must be prioritized for treatment as well as transport to definitive care.
- Avoid overwhelming the closest hospitals:
 1. Transport priority patients to local hospitals
 2. Transport stable patients to more distant hospitals or treatment facilities stood-up for the incident
 3. Treat minor injuries and release from scene

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Casualty Reporting, Identification, and Tracking

- Efforts to identify and track casualties should begin at the scene
- Tracking officer must ensure everyone accounted for
- Systems can range from electronic system, to triage tag, to simply recording information on a piece of tape
- Allow for more information to be added to system as it becomes available

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Mass Fatality Management Generally performed by specialized teams (DMORT)

- Identifying and examining remains
- Moving deceased to the morgue(s)
- Maintaining custody of bodies until released
- Determining and reporting cause of death
- Returning personal items to family members
- Making final disposition decisions for bodies
- Issuing death certificates



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Professionalism and Ethics in Mass Casualty Care



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Lesson Summary

- Mass casualty event occurs when number of victims overwhelms resources
- Change perspective to greatest good for greatest number
- Initial goal of mass casualty triage to sort and assess casualties to identify those with life-threatening injuries and initiate lifesaving treatment and then evacuate all casualties
- Mass fatalities will often complicate mass casualty events and may require specialized resources and handling

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Questions?