Disaster Triage
START/JUMPSTART

Finger Lakes Regional Training Center

Objectives:

- Define a Mass Casualty Incident and the unique challenges of an MCI
- Understand the differences between day-to-day triage and triage during an MCI
- Increase the region’s healthcare providers’ awareness of disaster triage

What is the Goal of MCI Management?
GOAL: TO SAVE THE LARGEST NUMBER OF SURVIVORS FROM A MULTIPLE CASUALTY INCIDENT

The Problem

Considerations During an MCI Response
- Supply vs. Demand
- Resource Allocation
- Coordination
- Medical Management
- Ethics
The Objective

Casualties

Resources

What Could Be an MCI For You?

- Transportation Accident
- Fire
- Hospital Overloading
- Hospital Evacuation

What Could Be an MCI For You?

- Sporting Event
- Hazmat Incident
- Loss of Power
- Severe Weather
Managing Mass Casualty Incidents

- Would any of those situations lead to shortage of personnel & equipment resources?
- Would decisions and changes need to be made in how you do business?
  - Altered Standards of Care

Hospital Considerations

- Transition from the EMS patient to hospital patient
- Dealing with self presenting patients

Transportation Distribution

Quarantelli, Delivery of Emergency Services in Disasters, Assumptions and Realities

Injury prevention database, OK Dept of Health
“As bad as the scene was 20 minutes after the blast, it only got worse. Patients who could self-evacuate generally had relatively minor injuries. They arrived on foot, by taxi and by motorcycle, and they were treated as they came in.”

“But then the ambulances started to arrive with the most serious patients—the burn victims.”

Dr. Tjakra Wibawa
Sanglah Trauma Center

Incident Command System

On-Scene Incident Commander

- Triage
- Treatment
- Transport

Immediate | Delayed | Minimal | Expectant

Disaster Triage

START/JUMPSTART
Types of Triage

- **Primary**
  - On scene prior to movement or at hospital (self transports)

- **Secondary**
  - Incident dependent, probably prior to or during transport or upon arrival to hospital

Triage Protocol (START)

Triage Coding

<table>
<thead>
<tr>
<th>Priority</th>
<th>Treatment</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Immediate</td>
<td>RED</td>
</tr>
<tr>
<td>2</td>
<td>Urgent</td>
<td>Yellow</td>
</tr>
<tr>
<td>3</td>
<td>Delayed</td>
<td>Green</td>
</tr>
<tr>
<td>0</td>
<td>Dead</td>
<td>Black</td>
</tr>
</tbody>
</table>
Primary Triage

The first attempt at balancing resources and casualties/injured

**PRIORITY 3**

- Not injured or “Walking wounded”
- Have motor, respiratory, mental function

**DELAYED**
Example
Patient walks over to you and has an obvious broken arm
Respirations are 22
Pulse is 124 (Radial)
He is awake, alert, and crying

Primary Triage
Determining whether there is an airway and breathing

Primary Triage
If breathing, at what rate & is it good enough?
Primary Triage

They have an airway, are breathing. Are they circulating blood sufficiently?

Circulatory Check...

If you are unable to obtain a capillary refill, check the radial pulse. If absent then control any bleeding and prioritize the patient PRIORITY 1.
**PRIORIT Y 1**

- Opening airway, starts to breathe
- Breathing is greater than 30 or less than 10
- Delayed capillary refill time (> 2 seconds)
- Absent radial pulses
- Bleeding that needs to be controlled
- Does not follow instructions

**Immediate**

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**Example**

Patient has an open head
Wound, bleeding controlled

Respirations are 16
Pulse is 88 (Radial)
He is unconscious

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**PRIORIT Y 2**

- Did not move out, when asked
- Airway OK
- Breathing within 11 and 29
- Capillary refill less than 2 seconds or radial pulses present
- Can follow instructions to move unaffected limb

**Urgent**
Example
Patient states he can't move or feel his legs
Respirations are 26
Pulse is 110 (Radial)
He is awake and oriented

EXPECTANT/DEAD
- Still require resources
- Focus of care is comfort
- Psychologically most challenging for healthcare providers

Examples
Patient gurgles but can't maintain an open airway and is not breathing
Weak Carotid Pulse
She is unresponsive
Secondary Triage

- Generally used when there is an extended duration event
- After initial color coding triage
- Healthcare professionals who respond to the scene or PH/Hospital response teams may be utilized to further determine who gets transported from scene first

Pediatric Triage

- Children are involved in mass casualty incidents
- The over prioritizing of children will take valuable resources away from more seriously injured adults
- Triage systems based on adult physiology will not provide accurate triage
### SMART Triage Pack Contents
- Dynamic Tags (20)
- Dead Tags (10)
- Pencils
- Cylume Sticks
- Patient Count Card/Protocol
- SMART Pediatric Tape

### Scenarios

### Scenario #1
An improvised explosive device is detonated at a large outdoor sporting event. At least 50 people are confirmed injured. EMS is on scene, but patients begin to arrive at your hospital before EMS.

Triage and “Tag” the following patients.
Patient #1
Apneic
Pulse-less
Missing LUE

Patient #2
RR 4
Absent Radial pulse
Brain matter exposed
Unresponsive to tactile stimuli

Patient #3
Abd. Tenderness and minor penetrating trauma
Ambulating
A & O x 3
RR 24
Strong radial pulse
Patient #4
Multiple penetrating injuries, blood in ears
RR 20
Airway clear
Strong Radial pulse
Responds only to pain

Patient #5
Extremity fractures, blood in ears
Unable to walk
A & O x 3
RR 26
Strong radial pulse

Patient #6
Small child, screaming
Minor lacs, blood in ears
RR 30
Moving all extremities
Patient #7
- Amputated fingers
- Walking
- A & O x 3
- Dizzy
- RR 24
- Smells like beer

Patient #8
- Sitting
- Chest pain, SOB
- No trauma noted
- RR 34
- Shallow
- Weak radial pulse

Patient #9
- Blood in nose, mouth and ears
- Not breathing
Patient #9

Blood in nose, mouth and ears
Not breathing

What would you do?

Patient #10

Some penetrating trauma
Unresponsive
Apneic
No radial pulse

Patient #11

Arterial bleed from leg
RR 34
No radial pulse
Responsive to pain
Patient #12
Ambulatory
Minor lacs
Crying
RR 24

Patient #13
Not walking
Deviate trachea
RR 40
Weak radial pulse
+JVD
Cyanosis

Patient #14
Open fracture of
RUE
Non-ambulatory
RR 26
Strong radial pulse
A & O x 3
Patient #15
Lying on the ground
RR 36
Coughing
Strong radial pulse
A & O x 2
100% TBS burns
(partial and full)

Patient #16
Unable to stand
RR 24
Strong radial pulse
A & O x 1
Slurred speech
R sided weakness

Patient #17
Lying on the ground
RR 30
Avulsion RUE
Arterial bleed
A & O x 2
“I’m thirsty”
Patient #18
Open fractures BLE
RR 28
Strong radial pulse
A & O x 3
Blood in ears

Patient #19
Standing, hysterical
& screaming
RR 36
Strong radial pulse
A & O x 3
Blood in ears

Patient #20
Child
Cyanotic from nipple line up
Apneic
No brachial pulse
What is the goal of Disaster Triage training?

- Increase familiarity/proficiency of the START and JUMP START triage methodologies
- Increase familiarity with the SMART Tag Triage System
- Train with a standardized methodology and system

Questions???

Thank You!

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