Disaster Triage
START/JUMPSTART

Finger Lakes Regional Training Center

UNIVERSITY of ROCHESTER
MEDICAL CENTER

AGENDA

- Housekeeping & Ground Rules
- Introduction
- Presentation
- Scenarios
- Additional Resources
- Evaluation/Certificate

HOUSEKEEPING & WEBINAR GROUND RULES

- The FLRTC (Anne D'Angelo & Eileen Spezio) will be your HOST for the webinar
- Christopher Tarantino will be your PRESENTER/Instructor
- Webinar Will Be Recorded
- All Phones will be placed on Mute by the Host
- Refrain from Placing Phone on Hold
- Use CHAT function for questions – send to ALL PANELISTS (host and presenter)

HOUSEKEEPING & WEBINAR GROUND RULES

- Ensure your First/Last Name listed as PARTICIPANT – if not, please send CHAT to the HOST
- OR - if hosting large group please email or fax sign-in sheet to FLRTC by end of the day
  - eileen_spezio@urmc.rochester.edu fax:(585)756-5098
- Presentation available on website: wrhepc.urmc.edu
- Scenarios:Polling Feature – all answers are anonymous.
- Course Certificates will be available to those registered on LMS (post course evaluation)
- Please check CHAT for reminders and resources from HOST

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INSTRUCTOR INTRODUCTION

Christopher Tarantino, MEP CMCP
- CEO – Epicenter Media & Training
- Digital Communications Specialist/Reservist – FEMA
- HazMat Technician & Rescue Specialist – Monroe County Fire Bureau
- Firefighter/EMT – Chili Fire Department
- Instructor – FEMA, National Disaster Preparedness Training Center, National Disaster Life Support Foundation, Finger Lakes RTC, others

- +10 years in emergency response/management
- Experience with major disaster response, training/exercises, and at local, county, state and federal levels
- Has taught healthcare, first responders and other public safety professionals in more than 30 different states in the U.S.

AGENDA

- Objectives
- Presentation
- Scenarios
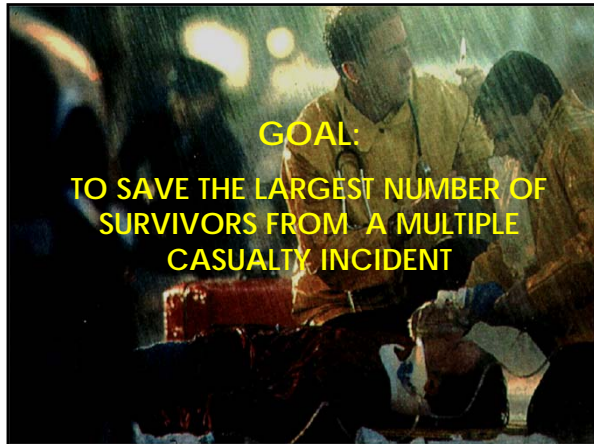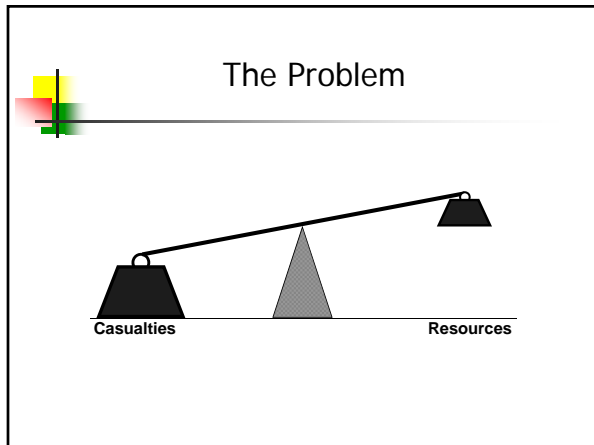- Additional Resources
- Evaluation/Certificate

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

Casualties   Resources

Considerations During an MCI Response

- Supply vs. Demand
- Resource Allocation
- Coordination
- Medical Management
- Ethics

The Objective

Casualties — Resources
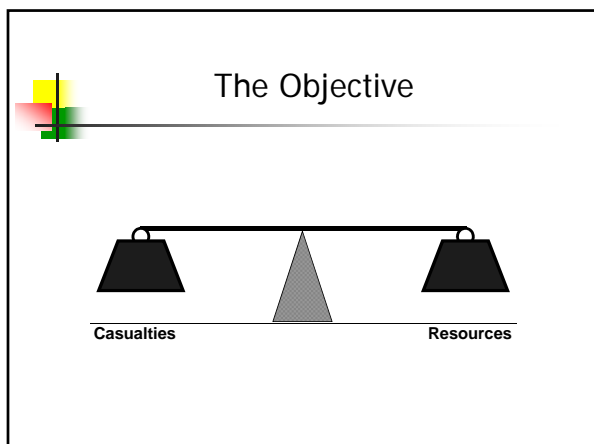
What Could Be an MCI For You?

- Transportation Accident
- Fire
- Hospital Overloading
- Hospital Evacuation

February 2008: 390 Pile Up

January 2005: 390 Bus Accident

What Could Be an MCI For You?

- Sporting Event
- Hazmat Incident
- Loss of Power
- Severe Weather

Watkins Glen Speedway

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
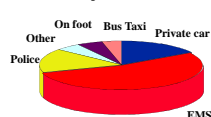- Dealing with self presenting patients

Transportation Distribution

Patient transport - Oklahoma Bombing

On foot Other
EMS Private car
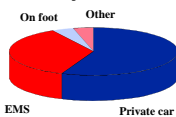
Injury prevention database, OK Dept of Health

Patient Transport - 29 US Disasters

On foot Bus Taxi Private car
Other
Police EMS

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

BALI NIGHT CLUB BOMBING

"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".
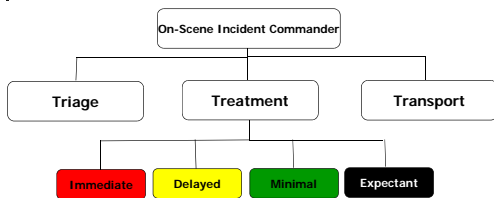
October 12, 2002

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

"By then, though, the operating rooms were completely full. They had to wait".
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

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Triage Protocol (START)

Triage Coding

Priority	Treatment	Color
Immediate	1	RED
Urgent	2	Yellow
Delayed	3	Green
Dead	0	Black

Primary Triage

The Scene

Primary Triage

WALKING → (Yes) → PRIORITY 3

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
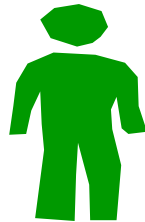
Primary Triage
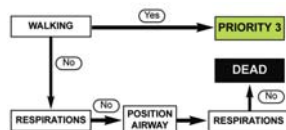
Determining whether there is an
airway and breathing

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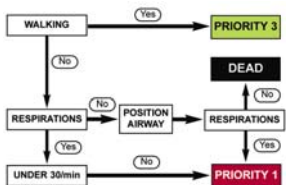
If breathing, at what rate & is it good enough?

Primary Triage
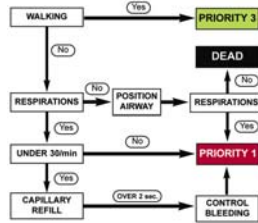
They have an airway, are breathing.

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.

Primary Triage

A

B

C

Mental
Status
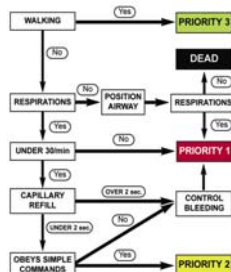
PRIORITY 1

- 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
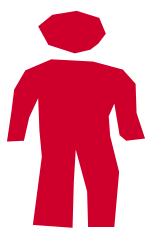
Example

Patient has an open head
Wound, bleeding controlled

Respirations are 16

Pulse is 88 (Radial)

He is unconscious

PRIORITY 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
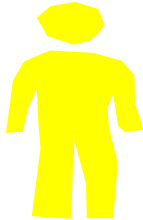
Example

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

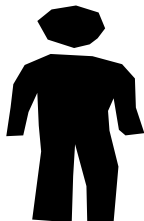- Psychologically most challenging for healthcare providers

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
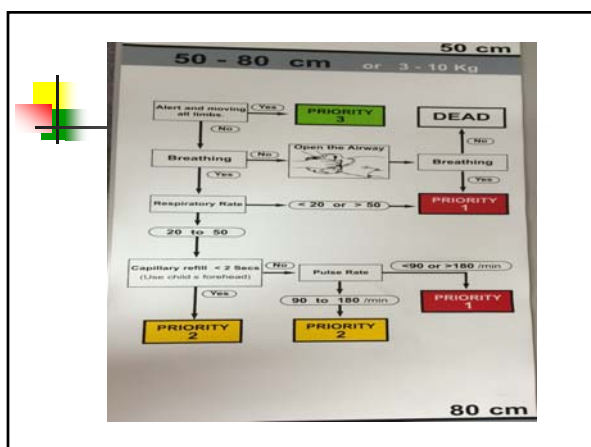

Secondary Triage

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

The SMART Tape ™

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50 cm
50 - 80 cm or **3 - 10 Kg**

80 cm

SMART Tag Triage System

SMART Triage Pack Contents

- Dynamic Tags (20)
- Dead Tags (10)
- Pencils
- Cylume Sticks
- Patient Count Card/Protocol
- SMART Pediatric Tape

Scenario – Practical Application

Instructions

Individual patients will be shown on the screen (with signs/symptoms)

1. Follow SMART Triage methodology
2. Identify important info (not all signs/symptoms are pertinent)
3. Submit your answer via webinar polling platform

Answers will be shown after poll closes!

Scenario

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.
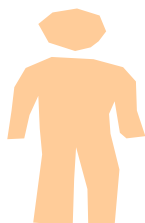
Patient #1

Apneic

Pulse-less

Missing LUE
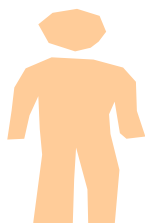
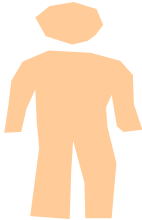## Patient #2

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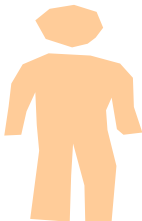Unresponsive to tactile stimuli

Patient #3

Abd. Tenderness and minor penetrating trauma

Ambulating

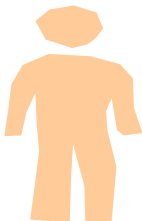A & O x 3

RR 24

Strong radial pulse

Patient #4

Multiple penetrating injuries, blood in ears

RR 20

Airway clear

Strong Radial pulse

Responds only to pain
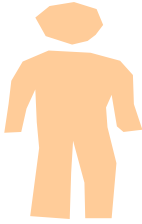
Patient #5

Extremity fractures, blood in ears

Unable to walk

A & O x 3

RR 26
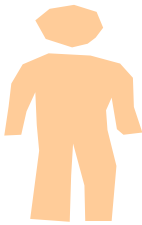
Strong radial pulse

Patient #6

Small child, screaming

Minor lacs, blood in ears

RR 30

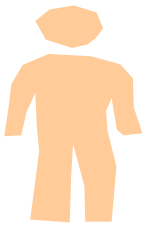Moving all extremities

Patient #7

Amputated fingers

Walking

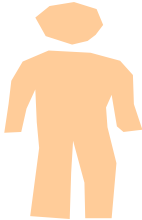A & O x 3

Dizzy

RR 24

Smells like beer

Patient #8

Sitting

Chest pain, SOB

No trauma noted
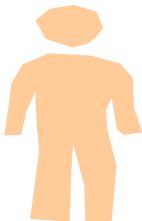
RR 34

Shallow

Weak radial pulse

Patient #9

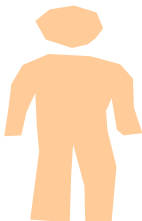Blood in nose,
mouth and ears

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

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

Disaster Triage Training Resources
Visit Our Website at:
WRHEPC.URMC.EDU

Disaster Triage Page

- wrhepc.urmc.edu
  - Preparedness & Response Tools/Resources
    - Disaster Triage

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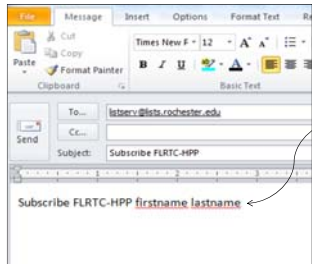
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Subscribe FLRTC-HPP firstname lastname

Questions??
Thank You!

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