DELAWARE COUNTY
ARES TRAINING
Mass Casualty Operations: Triage

Delaware County ARES Training
Treating Mass Casualties

- Most of the time, EMS and emergency services are adequate to handle an event.
- Dispatch sizes up the situation from the caller, and sends the right amount of trucks.
- EMS on scene is concentrated on jumping in with treatment of their patient(s), preparing them for transport.
Treating Mass Casualties

- But what happens if there are more?
  - More than one victim results in the need for Triage
    - Designed to make sure the ‘worst’ injuries are treated first- with an eye toward saving the most lives.
    - The process helps EMS to make sure the right patients are transported to the right place in the right time.
Treating Mass Casualties

- The first field triage system was developed in 1976.
- Decisions were based on standards:
  - Vital signs/level of consciousness
    - (Glasgow score, irregular BP and resp.)
  - Assess anatomy of injury
    - Penetrating injury to head/chest, flail chest, two or more proximal fractures, crush, amputation, paralysis
Treating Mass Casualties

- Decisions were based on standards:
  - Mechanism of injury
    - Falls, high-risk, crash, ejection,
  - Age
  - Burns
  - Time sensitive extremity injury
  - Pregnancy
  - Provider judgement
Larger scale victim load?

- Now we’re out of balance - too many victims for the EMS providers on hand.
- EMS/Safety must make a dramatic step out of their regular mindset:
  - First on scene becomes Incident Command - DOES NOT TREAT
  - Initial scene assessment - take a step back and size up the whole scene.
Larger scale victim load?

- Incident Command is initiated, and held until the first superior unit arrives.
- Additional Fire/EMS personnel begin the process of triage.
  - This is a rapid, organized means of prioritizing treatment needs
  - Triage teams do not treat
Sorting it all out

- Triage tags are used to determine which priority is applied to each patient.
  - **RED**: Priority 1; needs care now
  - **YELLOW**: Priority 2; Needs acute medical care but not until Category 1 patients are handled.
  - **GREEN**: Priority 3; Walking wounded and non-critical patients found at the scene.
  - Black: Fatality; left in place
Sorting it all out

SMART tags are contained in a pouch carried by triage teams. Also included is a series of questions to determine the priority level.

Earlier systems left this up to the individual—and what to a seasoned veteran looks like a mid-level emergency, can look like a severe injury to a rookie. This system helps solidify the process.
Sorting it all out

The flowchart contained in the SMART triage kit makes a systematic approach to sorting things out quickly.
Next Step- Medical treatment

Now that we have patients sorted out, they are moved in order of priority to the medical treatment area, established at the scene.
After stabilization- Transportation

Red victims are stabilized and moved to a trauma center first.

(Hospitals are alerted to a multi-casualty incident, and have boosted their staffs.)
Then the process is repeated for Yellow, etc.
SMART Tag system

- Record vital information about treatments
- Glowing light stick for maximum visibility in all conditions
- Clearly highlights infected and contaminated casualties
- Stay attached to casualty throughout decontamination
- Clear identification of priority
- Enhanced tracking with detachable barcoded transport strip
SMART Tag system
SMART Tag system

SMART system tags are in a waterproof pouch, with the guidelines included.

There is more effort to keep track of patients- and places for medical personnel to add comments, subsequent vitals, or changes in condition. These are separated and go to the hospitals with the patients.

Additional tracking is kept at the Medical Treatment Area for followup documentation.
What’s it mean to us??

- Communications becomes vital the bigger the event
  - First concern is stability and function of the ‘normally available’ system. Is the regular stuff still working?
What’s it mean to us??

- Communications becomes vital the bigger the event
  - Second concern is communications that exceed ‘normal system’ coverage
    - From the scene to the hospital
    - Covering a larger area with more people
    - Data transfer
    - Video transfer
What’s it mean to us??

- Communications becomes vital the bigger the event
  - Third concern is agency coverage that wouldn’t normally be in the system.
    - Health - public health, inoculation, food inspection, water and sanitation
    - Shelter - Red Cross, others
    - ‘Spontaneous Donations’ and volunteer coordination
    - Sanitation – Clearing debris before it becomes a health threat
What’s it mean to us??

- We will probably need to be conversant in the triage codes, for accurate transmission of information to the hospitals, and shelters
What’s it mean to us??

- We will benefit by knowing what’s going on around us, and why.
What’s it mean to us??

- We will be able to better serve and support our agencies!