

Triage/MCI

Management:

1. 14 students - prep for 5 groups max, drop to fewer as appropriate
2. 4 instructors (including me) plus Bob Andre
3. Materials:
 - 3.1. Triage tags
 - 3.2. Flip charts , 3X5 Cards for scenarios, Markers

LESSON: Triage/MCI

Pre-requisites: Students should have read the chapter

INTRODUCE THE INSTRUCTORS – NAME AND AREA

CONCLUDING OBJECTIVES:

1. Know the purpose, use & benefits of the triage process.
2. Know the 4 color triage categories.
3. Understand the 4 steps of the START system for Triage
4. Apply the methods of identifying triage categories
5. Understand the sequence of emergency care for a single patient w/ multiple injuries.
6. Know the main ICS functions and their responsibilities during an MCI

Questions? Other desirable objectives?

Other Points:

“Informal Triage” is often used

Speed is important. Not dealing with a single patient.

SET: (do one of these, no more. 3 min. max.)

1. Scenario: Play this out with the other instructors as victims and me talking through my thinking as I categorize the victims. (Mention Whistler lift incident of a few years ago.) A chair malfunction has left 4 people injured. You are first on the scene. One IP is unconscious, one is screaming asking for help, one is moaning about their right leg, one is bleeding profusely from their head. What will you do?

CONTENT DELIVERY/LEARNING ACTIVITIES:

METHOD:

1. Review the main definitions on a flip chart – get in put from class(5 min)
2. 3 Pre-written flip charts with 5S, Triage Categories, and START. Have separate group tables talk through the topics (5 minutes each)
3. Use 2-4 triage tables and ask teams to categorize and then discuss with class. (5 min each)
4. (If time permits) - Have each instructor assume an injury. Give each group 45 seconds to ask questions of one of the instructors. Have every table then categorize. Discuss. (5 min max)

Flip Charts and/or Posters

A. INSTRUCTORS:

- Each instructors name and area

B.CONCLUDING OBJECTIVES:

- Know the purpose, use & benefits of the triage process.
- Know the 4 color triage categories.
- Understand the 4 steps of the START system for Triage
- Apply the methods of identifying triage categories
- Understand the sequence of emergency care for a single patient w/ multiple injuries.
- Know the main ICS functions and their responsibilities during an MCI

C.5S OUTLINE

D.TRIAGE CATEGORIES

E.START FLOWCHART

F.TRIAGE EXAMPLE TABLES

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LESSON: MCI Management

CONCLUDING OBJECTIVES:

Know the main ICS functions and their responsibilities during an MCI

SET: Simply reference that Triage is a sub-method or skill of the ICS

CONTENT DELIVERY/LEARNING ACTIVITIES

METHOD (5 min total):

1. Create a simple ICS Org Chart with titles
2. Hand out 3X5 cards to tables with responsibilities written on them (no titles) and the areas involved in an MCI
3. Ask the tables to read their cards, and then indicate where they should go on the chart
4. I will put the cards on the chart.

Flip Charts and/or Posters

A.BASIC ICS ORG CHART W/ TITLES AND SPACE FOR PUTTING IN RESPONSIBILITIES

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SUMMARY (both Triage and MCI)

In a round robin manner, ask each table to give one main point against each of the concluding objectives.

HANDOUT:

Outline of OEC Triage Section – Chapter 28:

1. Definitions
 - 1.1. Triage = The sorting of 2 or more patients based on the severity of their conditions to establish priorities for care based on available resources.
 - 1.2. Triage is used when you respond to a MCI = Mass Casualty Incident
 - 1.3. MCI = An emergency situation involving more than one patient that can place such a great demand on equipment or personnel that the system is stretched to its limit or beyond.
 - 1.4. Triage Officer = the 1st rescuer or most experienced rescuer who assigns crews and equipment to priority patients 1st. Should not become involved in patient care.
 - 1.5. Extrication = removal of patient(s) from entrapment or from a hazardous area.
 - 1.6. Triage area = Collecting area for patients to be initially triaged before being sent to the treatment area
 - 1.7. Treatment area = Area where patients are reassessed to determine who should receive limited resources such as ALS.
2. The **5 S** Approach
 - 2.1. **S**afety Assessment – assess the scene for safety
 - 2.2. **S**imultaneous scene size up - Size and severity including: type of incident, number of patients, severity of injuries, area involved and access (toboggans, ATV's, ambulance, etc.)
 - 2.3. **S**end information
 - 2.3.1. Contact dispatch w/ your scene size-up info
 - 2.3.2. Request assistance and additional resources
 - 2.4. **S**et up the scene
 - 2.4.1. Triage ribbon
 - 2.4.2. ID triage areas
 - 2.4.3. Consider scene access and egress
 - 2.5. **S**TART triage process (15 – 30 seconds/patient)
 - 2.5.1. Begin where you are
 - 2.5.2. Relocate green tagged patients
 - 2.5.3. Move in an orderly pattern
 - 2.5.4. Maintain a patient count of casualties
 - 2.5.5. Provide minimal treatment (clear airway, control bleeding)

3. Triage Categories

Category	Priority	General Description	Typical Injuries
RED	Highest	Patients who need immediate care and transport. Treat these patients first and transport as soon as possible	<ul style="list-style-type: none"> • Airway & breathing difficulties • Uncontrolled or severe bleeding • Decreased level of consciousness • Severe medical problems • Shock (hypoperfusion) • Severe burns
YELLOW	Second	Patients whose treatment and transportation can be temporarily delayed (45 min or longer)	<ul style="list-style-type: none"> • Burns w/o airway problems • Major or multiple bone or joint injuries • Back injuries w/ or w/o spinal cord damage
GREEN	Low	Patients whose treatment and transportation can be delayed until last	<ul style="list-style-type: none"> • Minor fractures • Minor soft tissue injuries
BLACK	Lowest	Patients who are already dead or have little chance for survival. W/ limited resources, treat salvageable patients before these patients	<ul style="list-style-type: none"> • Obvious death • Obviously nonsurvivable injury, such as major open brain trauma • Full cardiac arrest

4. START System (Simple Triage And Rapid Treatment)

- a. "Get up and Walk" – and move to a designated area = GREEN
- b. Respiration
 - i. NO – clear airway. Still NO = BLACK
 - ii. YES
 1. >30/min = RED
 2. <30/min – Go to Perfusion
- c. Perfusion (radial pulse)
 - i. Control bleeding
 - ii. No pulse = RED
 - iii. Pulse palpable – Go to Mental Status
- d. Mental Status
 - i. Follows simple commands = YELLOW
 - ii. Fails to follow commands = RED

5. Special priorities:

- a. Injured rescuer or relative of rescuer = RED
- b. Disruptive patient – may be given higher priority
- c. Child – may be given higher priority

6. Triage of patient w/ multiple injuries

- a. Golden hour
- b. ABC's
- c. STAMPLE
- d. Use what you already know!

Notes:

Pronunciation Guide: <http://medical-dictionary.thefreedictionary.com>

HANDOUT:

Outline of OEC Mass Casualty Incident Section – Chapter 29:

1. Mass Casualty Incident (MCI): any call that places such a great demand on available equipment or personnel that the system is stretched to its limit or beyond.
2. Emergency Operations Plan (EOP): a local plan for dealing with a MCI
 - a. Should have specific local roles for management, emergency responders, lift operators, etc.
 - b. Should be coordinated with community EMS system , EOP, and ICS
 - c. Should include functions for:
 - i. Communications
 - ii. Public information
 - iii. Evacuation
 - iv. Emergency medical care
 - v. Security
 - vi. Fire and rescue
 - vii. Public works/Utility repair
 - viii. Logistics
 - ix. Direction and control
 - d.
3. Incident Command System (ICS): a leadership and command system developed to improve the on scene management of emergency situations.
4. NIMS training (Nat'l Incident Management System) available at: www.fema.gov: (click on NIMS)
5. Typical physical areas:
 - a. Command center
 - b. Staging area- organizing arriving ambulances & crews
 - c. Extrication area – where patients are removed from hazards and moved to triage
 - d. Triage area – where initial triage occurs
 - e. Treatment area –reassessment & treatment is provided prior to transport to hospital
 - f. Supply area – supplies are organized for dispersal (blankets, O2, bandages, etc.)
 - g. Transportation area – ambulances & crews organized to transport patients
 - h. Rehabilitation area – focused on the physical and medical needs of emergency workers
6. Medical Response Categories at an MCI: Triage, Treatment, Transport
7. Typical ICS organization:
 - a. See Poster

DEFINITIONS

- MCI: Mass casualty incident
 - More than 1 patient
 - Injuries exceed capacity for care
- Triage:
 - Method for sorting 2 or more patients to establish priorities for care
- Triage Officer:
 - 1st person on scene or most experience rescuer
 - Assigns crews & equipment to patients
 - Not involved in direct patient care
- Greatest good for greatest number
- An algorithm that requires subjective judgments
- Often more than 1 right answer
- Emergency Operations Plan (EOP):
 - a local plan for dealing with a MCI
- Incident Command System (ICS):
 - A leadership and command system developed to improve the on scene management of emergency situations.

Five S's of Triage

+ Safety Assessment

- ✓ Assess scene for safety

+ Simultaneous scene size-up

- ✓ Size & Severity
 - Type of Incident
 - Approximate number of patients
 - Severity of injuries
 - Area involved, access

+ Send information

- ✓ Contact dispatch with scene size-up info
- ✓ Request assistance and additional resources

+ Setting up the scene

- ✓ Obtain triage ribbon
- ✓ Identify triage areas
- ✓ Consider scene access and egress

+ START triage process

- ✓ Begin where you are
- ✓ Relocate green-tagged patients
- ✓ Move in an orderly pattern
- ✓ Maintain a patient count of casualties
- ✓ Provide minimal treatment

Simple Triage And Rapid Treatment (START)

+ Get up and walk

- ✓ Designate a safe location away from incident site
- ✓ *“All who can walk, move over there!”*
- ✓ Green patients have been relocated

+ Respiration

- ✓ Check breathing
- ✓ If none, open airway
- ✓ If no breathing → black ribbon
- ✓ Resp > 30/min → red ribbon
- ✓ Resp < 30/min → more assessment (perfusion)

+ Perfusion

- ✓ Radial pulse NOT palpable → red ribbon
- ✓ Control any SEVERE bleeding (bystander)
- ✓ Radial pulse IS palpable → more assessment

+ Mental Status

- ✓ Altered mental status → red ribbon
- ✓ Mental status OK → yellow or green ribbon

Triage Categories

CAT	Priority	General Description	Typical Injuries
RED	Highest	Typically ABC or LOC problems High priority of survival with immediate care Can be stabilized w/o constant attention Treat 1st & transport as soon as possible	<ul style="list-style-type: none"> • Airway & breathing difficulties • Uncontrolled or severe bleeding • Decreased level of consciousness • Severe medical problems • Shock (hypoperfusion) • Severe burns
YEL	Second	Patients whose treatment and transportation can be temporarily delayed (45 min or longer)	<ul style="list-style-type: none"> • Burns w/o airway problems • Major or multiple bone or joint injuries • Back injuries w/ or w/o spinal cord damage
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BLK	Lowest	Patients who are already dead or have little chance for survival. W/ limited resources, treat salvageable patients before these patients	<ul style="list-style-type: none"> • Obvious death • Obviously nonsurvivable injury, such as major open brain trauma • Full cardiac arrest

EXAMPLE 1

<u>Patient</u>	<u>Chief Complaint</u>	<u>Priority</u>	<u>Immediate Action</u>
1	Closed femur fracture, no shock		
2	Closed humerus fracture		
3	No pulse		
4	Airway obstruction		

EXAMPLE 1

<u>Patient</u>	<u>Chief Complaint</u>	<u>Priority</u>	<u>Immediate Action</u>
1	Closed femur fracture, no shock	YEL Delayed	None
2	Closed humerus fracture	YEL Delayed	None
3	No pulse	BLK	None
4	Airway obstruction	RED Immediate	Clear Airway

EXAMPLE 2

<u>Patient</u>	<u>Chief Complaint</u>	<u>Priority</u>	<u>Immediate Action</u>
1	90% burns		
2	Open tib-fib fracture with shock		
3	Punctured eye		
4	Sprained wrist		

EXAMPLE 2

<u>Patient</u>	<u>Chief Complaint</u>	<u>Priority</u>	<u>Immediate Action</u>
1	90% burns	BLK	None
2	Open tib-fib fracture with shock	RED Immediate	Control Bleeding – Pressure Bandage
3	Punctured eye	YEL Delayed	None
4	Sprained wrist	GRN Minor	None

EXAMPLE 3

<u>Patient</u>	<u>Chief Complaint</u>	<u>Priority</u>	<u>Immediate Action</u>
1	Anterior shoulder dislocation		
2	Facial laceration, slow bleeding		
3	Head injury, V		
4	Open femur fracture		
5	Apparent heart attack		

EXAMPLE 3

<u>Patient</u>	<u>Chief Complaint</u>	<u>Priority</u>	<u>Immediate Action</u>
1	Anterior shoulder dislocation	YEL Delayed	None
2	Facial laceration, slow bleeding	GRN Minor	Patient Controls Bleeding
3	Head injury, V	RED Immediate	None
4	Open femur fracture	RED Immediate	Pressure Bandage
5	Apparent heart attack	YEL Delayed	None

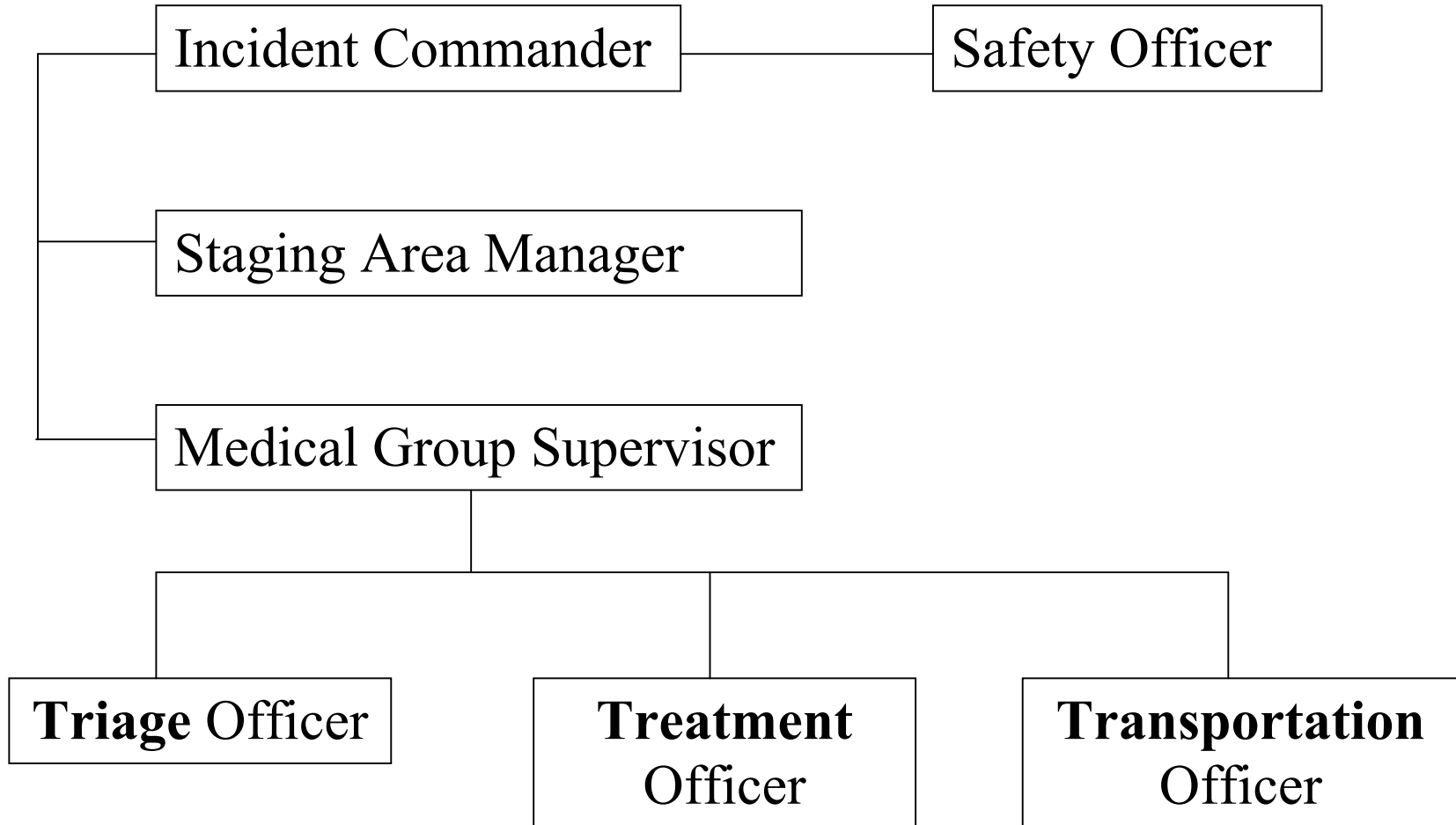
EXAMPLE 4

<u>Patient</u>	<u>Chief Complaint</u>	<u>Priority</u>	<u>Immediate Action</u>
1	Sprained knee		
2	Drunk & disruptive		
3	Shivering from cold		
4	Abdominal pain, signs of shock		

EXAMPLE 4

<u>Patient</u>	<u>Chief Complaint</u>	<u>Priority</u>	<u>Immediate Action</u>
1	Sprained knee	GRN Minor	None
2	Drunk & disruptive	RED Immediate	None (have someone manage this person)
3	Shivering from cold	YEL Delayed	None
4	Abdominal pain, signs of shock	RED Immediate	None

A SIMPLE ICS



The individual who has overall authority for the scene in the field

The individual who coordinates the activities of emergency medical personnel

The individual in charge of the incident command triage sector, who directs the sorting of patients into triage categories in an MCI

The individual, usually a physician, in charge of and directing EMS personnel at the treatment area in an MCI

The individual responsible for protecting MCI response personnel and victims from unseen hazards or dangers

The individual responsible for ensuring that resources are available, positioned, deployed, and properly allocated

The individual who assigns patients from the treatment area to waiting ambulances in the transportation area.

Command Center

Triage Area

Treatment Area

Transportation Area

Could be anywhere

Staging Area / Supply Area