CERT Training START Triage







Unit 3 Review



- Identify life-threatening conditions resulting from trauma
 - Airway blockage Respiration
 - Severe bleeding Perfusion
 - Low body temperature/shock Mental Status
- Apply correct life saving techniques
- Provide basic first-aid care for non-life-threatening injuries



CERT Size-up

- Gather Facts
- Assess Damage
- Consider Probabilities
- Assess Your Situation
- Establish Priorities
- Make Decisions
- Develop Plan of Action
- Take Action
- Evaluate Progress





Triage Objectives



- Prioritize patients in a multiple casualty incident
- Categorize patients using RPM
- Report results of triage



Triage



- Prioritizing patients in a multiple casualty incident
 - Who gets treatment first?
 - Who gets transported to a hospital first?
 - Quick communication about scope of incident



START Triage System



The triage system we use is called START:

Simple Triage and Rapid Treatment

- Developed in 1983 in Newport Beach, CA
- Widely used throughout the US



Triage Categories



MINOR No field treatment needed

DELAYED Treatment needed but no life threat

IMMEDIATE Treatment needed for life threat

DECEASED Dead or non-salvageable



Triage Procedure



- 1. On entry to the incident scene, call for anyone who is able to walk to you. "If you can hear my voice, come to me."
 - –These are your MINOR patients
 - -These are people you can use for untrained help



Triage Procedure



- 2. Visit each remaining patient, starting with the one closest to you and following an orderly pattern.
 - Evaluate and categorize them
 - Mark them with a triage marking
 - -Have your untrained help provide specific treatment
 - -No more than 60 seconds per patient (30 is better)
- 3. Report your findings, with counts of each category.



Triage Evaluation - RPM,



Perfusion (Blood Circulation)

Mental Status



Triage Evaluation Respirations



- Are they breathing? Look, listen, and feel for at least 5 sec.
- If no respirations Reposition to open airway 2X
 - If Respirations return → IMMEDIATE
 - No respirations → DECEASED
- If respirations are present:
 - Over 30/minute → IMMEDIATE

Inder 30/minute → Next Step

Triage Evaluation Profusion (Blood Circulation)

- Life Threatening Bleeding
 - Apply tourniquet or direct pressure
 - Have patient or other person maintain pressure
- Check Capillary Refill or Radial Pulse
 - Over 2 seconds or no pulse → IMMEDIATE
 - Under 2 seconds or pulse → Next Step



Triage Evaluation Mental Status (Shock)

- Ask them to follow a simple command e.g., "squeeze my hand"
 - Can't follow command → IMMEDIATE
 - Follows command → DELAYED
- If they can't follow an English command, it could be a language barrier or a disability.



Triage Markings

- Triage tags
- Colored ribbons
- Writing on skin:

M = MINOR

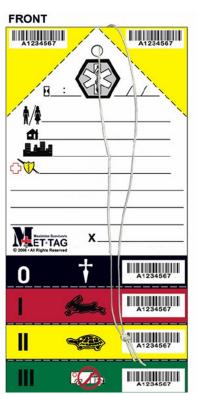
D = **DELAYED**

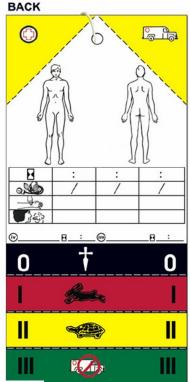
I = IMMEDIATE

X = **DECEASED**

If you write on skin, be consistent about where you write.









Triage Evaluation - RPM,



Perfusion (Blood Circulation)

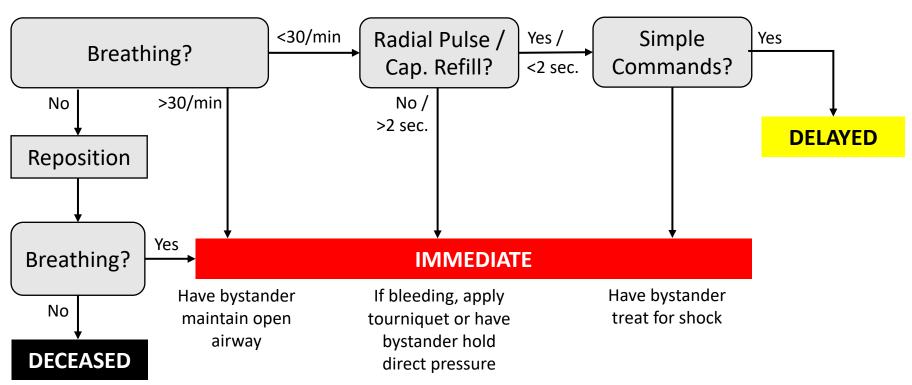
Mental Status

"30 - 2 - Can do"



Triage Flow Chart







Walking wounded are Minor "M"

Treatment During Triage

- Don't take more than a few seconds to treat a patient.
- Wait until all patients have been triaged and you know treatment priorities.
- Leave more time-consuming treatment to bystanders.



Treatment During Triage



In START Triage, treatment is limited to:

- Repositioning the airway (rescuer)
- Maintaining the repositioned airway (bystander)
- Tourniquet (rescuer)
- Direct pressure and elevation for bleeding (bystander)
- Elevating feet and covering with blanket (bystander)



Reporting



When reporting the results of your triage:

- Give the number of patients in each category:
 "I have 3 immediates, 2 delayed, and 1 deceased."
- If you are using triage tags, hand over the stubs you tore off

Extra credit:

- Locations of the immediates
- Obvious conditions of the immediates i.e. crushed arm



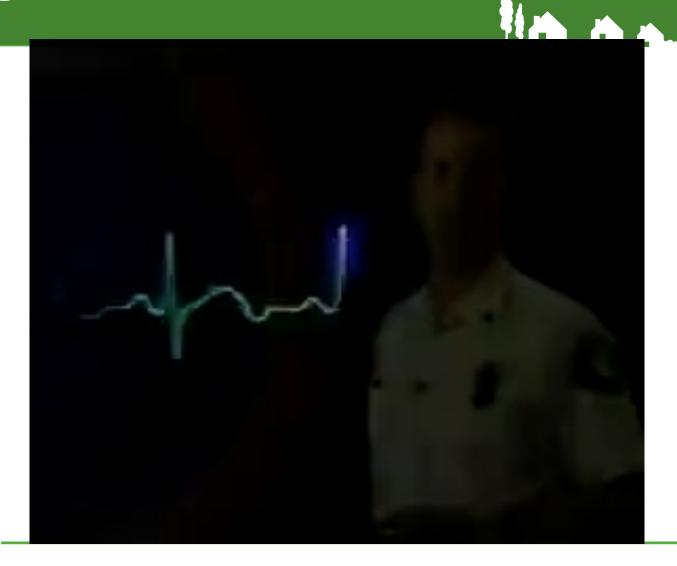
Triage Procedure



- Check the scene "Size-up" your surroundings
- Call 911 if possible
- Put on Personal Protective Equipment (PPE)
- Work with a buddy
- Call for walking wounded
- Use uninjured to help
- Remove hysterical people



Triage Video





Gotchas



- Resist the temptation to start with the loudest patient or the most obvious injury.
- Resist the temptation to treat the injuries you find.
- Don't refer to triage categories by just their colors.
 - -"Yellow", "red", and "black" all have racial overtones.



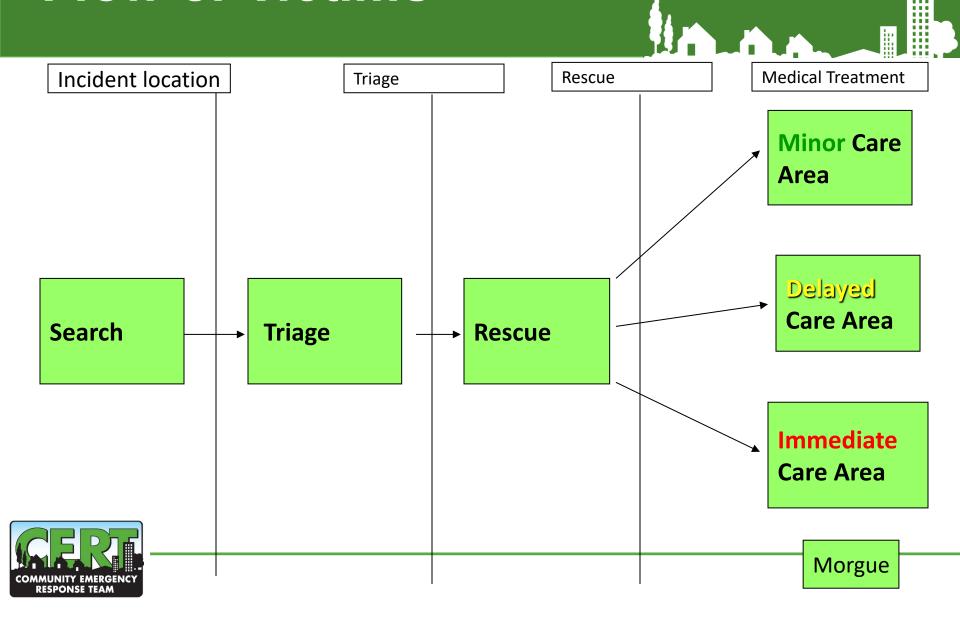
Gotchas



- Don't be concerned if professionals re-triage your patients.
 - Patient status changes over time
 - Professionals may need to mark or track patients differently
- Your own health comes first!
 - Don't do triage in an unsafe environment.
 - -Stop triage if it's causing you intolerable stress.



Flow of Victims





- Impaled, 3 inch piece of shrapnel in right eye
 - Respirations under 30/minute
 - Has radial pulse; capillary refill under 2 seconds
 - Awake Alert and talking







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- Sudden onset of chest pain with shortness of breath
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- Skinned knee
 - Respirations under 30/minute
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- Skinned knee
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- Excessive bleeding from thigh
 - Respirations over 30/minute
 - Weak radial pulse; capillary refill over 2 seconds
 - Unresponsive





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 - Respirations over 30/minute
 - Weak radial pulse; capillary refill over 2 seconds
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- No visible wounds
 - Respirations none
 - No radial pulse; capillary refill over 2 seconds
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- Female six months pregnant with broken left lower leg
 - Respirations over 30/minute
 - Has radial pulse; capillary refill under 2 seconds
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- Impaled stick in chest
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- Patient saying same words over and over "What's happening?"
 - Respirations under 30/minute
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Practice triaging patients



START Triage Review



TRIAGE PROCEDURE

- Check the scene "Size-up" your surroundings
- Call 911 if possible
- Put on Personal Protective Equipment (PPE)
- Work with a buddy
- Call for walking wounded
- Use uninjured to help
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START Triage Review



- TRIAGE PROCEDURE Cont.
 - Start where you stand
 - Evaluate victims (RPM)
 - Provide rapid treatment where needed
 - Less than 1 minute each
 - Mark Victims
 - Assign a 'gatekeeper'
 - Maintain 'poker face'
 - Move victims to treatment area(s) if appropriate
 - Cover deceased



Triage Song

