

Trauma Triage



Pea Ridge Fire Department
EMS refresher



Introduction

- Incident types
 - Disaster
 - Mass-casualty incident (MCI)
 - Multiple-casualty incident

Introduction

- National Incident Management System (NIMS)
 - Designed to improve efficiency in management of incidents, regardless of size or complexity
- Incident command system (ICS)
 - Prepares responders to provide a coordinated effort during an incident

NIMS

- Provides consistent nationwide template for emergency response
 - Key principles:
 - Flexibility
 - Standardization
 - Interoperability

Table 47-1

Development of the NIMS

Year	Development
1973	First FIRESCOPE technical team is established by the US Forest Service and other major California fire departments.
1982	Modifications are made to the FIRESCOPE management style, and the National Interagency Incident Management System is developed.
1987	NFPA develops <i>NFPA 1561</i> —Standard on Fire Department Incident Management System.
1990	National Fire Service Incident Management System Consortium is created.
2003	Homeland Security Presidential Directive (HSPD-5) mandates development of an incident management system for national incidents.
2008	NIMS updated with changes to organization to stress importance of preparedness.

Abbreviations: FIRESCOPE, Firefighting Resources of California Organized for Potential Emergencies; NFPA, National Fire Protection Association; NIMS, National Incident Management System

Major Components of NIMS

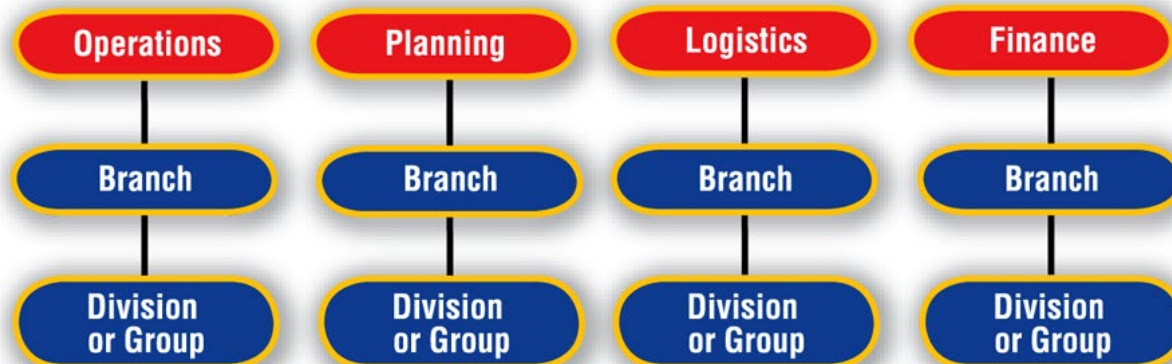
- Command and management
- Preparedness
- Resource management
- Communications and information management
- Management and maintenance

The Incident Command System

- Common language and “clear text” ensures better communication.
- Creates a modular organizational structure
- Controls duplication of effort and freelancing
- Limits span of control

The Incident Command System

- Organizational divisions:
 - Sections
 - Branches
 - Divisions and groups
 - Resources



The Incident Command System

- Responders should find out:
 - Does ICS exist?
 - Who is in charge?
 - How is it activated?
 - What will be your role?

Incident Command System Roles and Responsibilities

- Command
 - Incident commander (IC)
 - Evaluates incident
 - Creates plan of action
 - Number of duties depends on size of incident



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Incident Command System Roles and Responsibilities

- Command (cont'd)
 - Unified command system
 - Used when incident requires multiple organizations/jurisdictions
 - Single command system
 - Used when one agency has the majority of responsibility for incident management

Incident Command System Roles and Responsibilities

- Command (cont'd)
 - Small-scale incidents
 - IC may be on fringes of scene, clearly identifiable.
 - Large-scale incidents
 - IC may be a short distance from scene.

Incident Command System Roles and Responsibilities

- Command (cont'd)
 - Transfer of command should be directed by standard operating procedures (SOPs).
 - Termination of command and demobilization procedures should occur at the end of an incident.

Incident Command System Roles and Responsibilities

- Operations
 - Manage tactical operations job
 - Oversee responders

Incident Command System Roles and Responsibilities

- Finance
 - Responsible for documenting all expenses that should be reimbursed
 - Roles include:
 - Time unit
 - Procurement unit
 - Compensation/claims unit

Incident Command System Roles and Responsibilities

- Logistics
 - Responsibilities include:
 - Communications equipment
 - Facilities
 - Food and water
 - Fuel
 - Medical supplies

Incident Command System Roles and Responsibilities

- Planning
 - Problem-solve as issues arise
 - Predict next steps
 - Work closely with operations, finance, and logistics
 - Develop:
 - Demobilization plan
 - Incident action plan

Incident Command System Roles and Responsibilities

- Command staff
 - Safety officer
 - Monitors for hazards
 - Public information officer (PIO)
 - Presents information to the public and media
 - Liaison officer (LNO)
 - Relays information between command, general staff, and other agencies

Communications and Information Management

- All agencies should be able to communicate easily and quickly by radio.
 - Maintain professionalism.
 - Communicate clearly and concisely.

Mobilization and Deployment

- Check in with IC or resource unit.
- Check in with supervisor for initial debriefing.
- Keep records.
- Keep your supervisor up to date.
- IC will decide on demobilization.

Preparedness

- Written disaster plans should be located in every EMS vehicle.
- Each EMS agency generally has a written disaster plan.
- Have personal disaster plan in place.
- Make sure you have immunizations.
- Training is crucial to preparedness.

Scene Size-up

- When you arrive on the scene, ask yourself:
 - What do I have?
 - What do I need?



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Establish Command

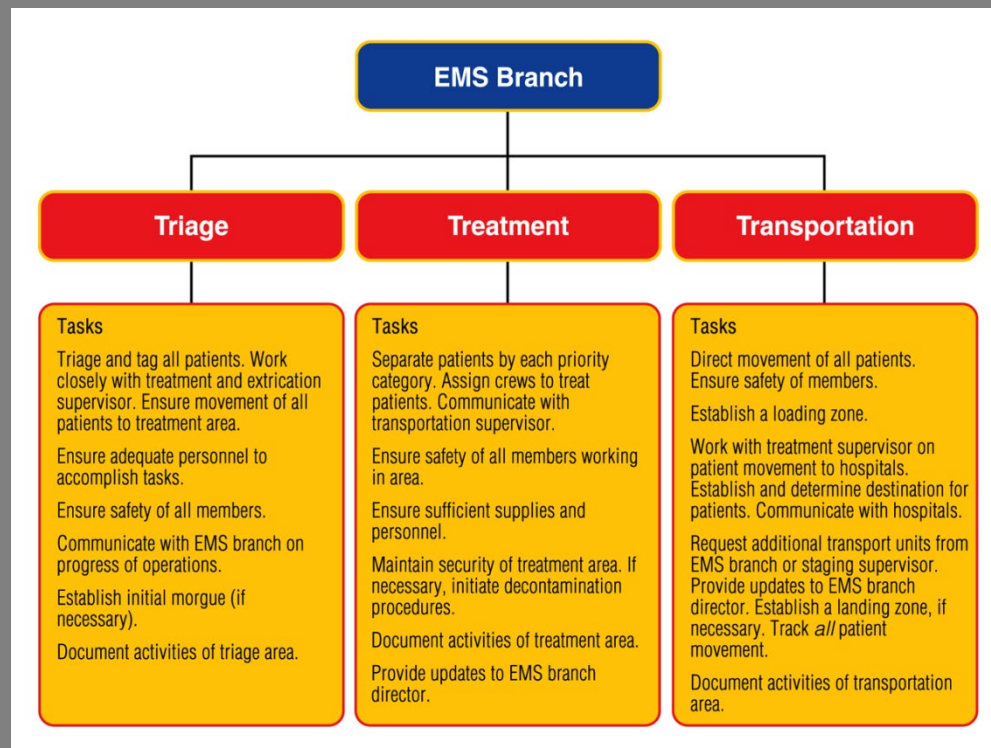
- Establish command early on.
- Evaluate scene then return to your post.
- If working as the IC, do not become distracted with patient treatment and other tasks.

Communications

- Use face-to-face communication when possible.
- If you are communicating by radio, do not use codes or signals.
- Communication should be reliable, durable, field tested, and have backups.

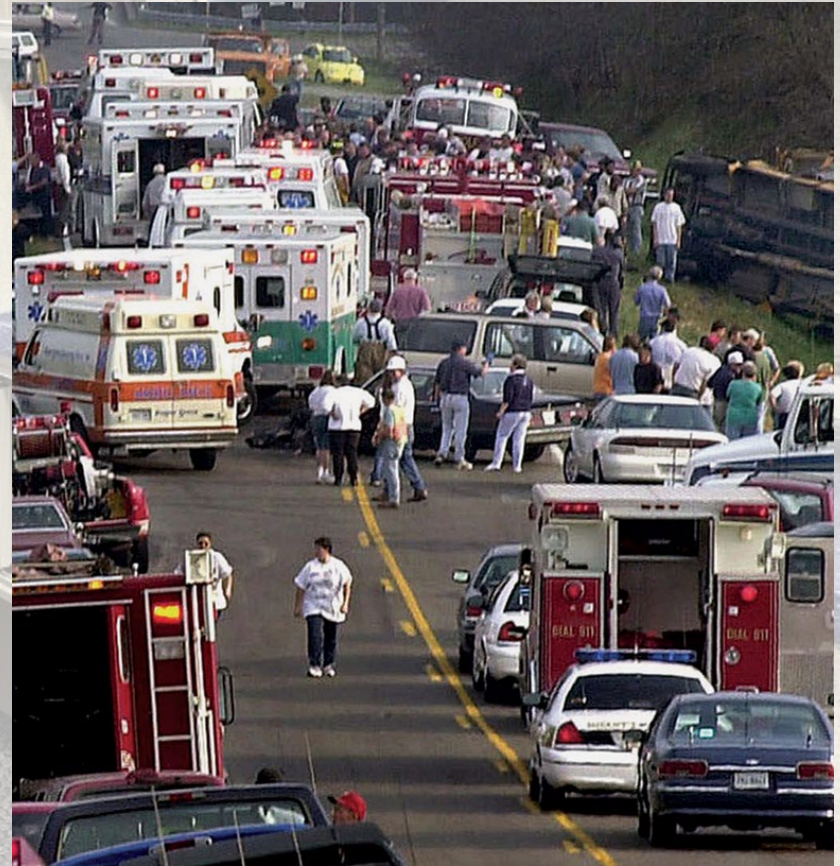
Medical Incident Command

- Medical branch director oversees roles of medical team.



Triage Unit Leader

- Counts and prioritizes patients
- Ensures each patient receives an initial assessment



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Treatment Unit Leader

- Locates and sets up treatment area with a tier for each priority of patient
- Sees that each patient has secondary triage
- Assists with moving patients
- Communicates the request for supplies

Transportation Unit Leader

- Coordinates the transportation and distribution of patients
- Tracks and records:
 - Number of vehicles transporting
 - Patients transported
 - Destination of both

Staging Area Manager

- Assigned when a situation calls for multiple emergency vehicles or agencies
- Designates location for the staging area
- Releases vehicles/supplies when needed

Physicians on Scene

- Provide secondary triage decisions
- Provide on-site medical direction and treatment

Rehabilitation Group Leader

- Creates a rehabilitation area during an incident that will last for a while
- Monitors personnel for stress signs

Extrication and Special Rescue

- Supervisor coordinates the equipment and resources needed.
- Usually functions as a specialty group



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Morgue Unit Leader

- Works with medical examiners, coroners, disaster mortuary assistance, and law enforcement
- Coordinates removal of bodies

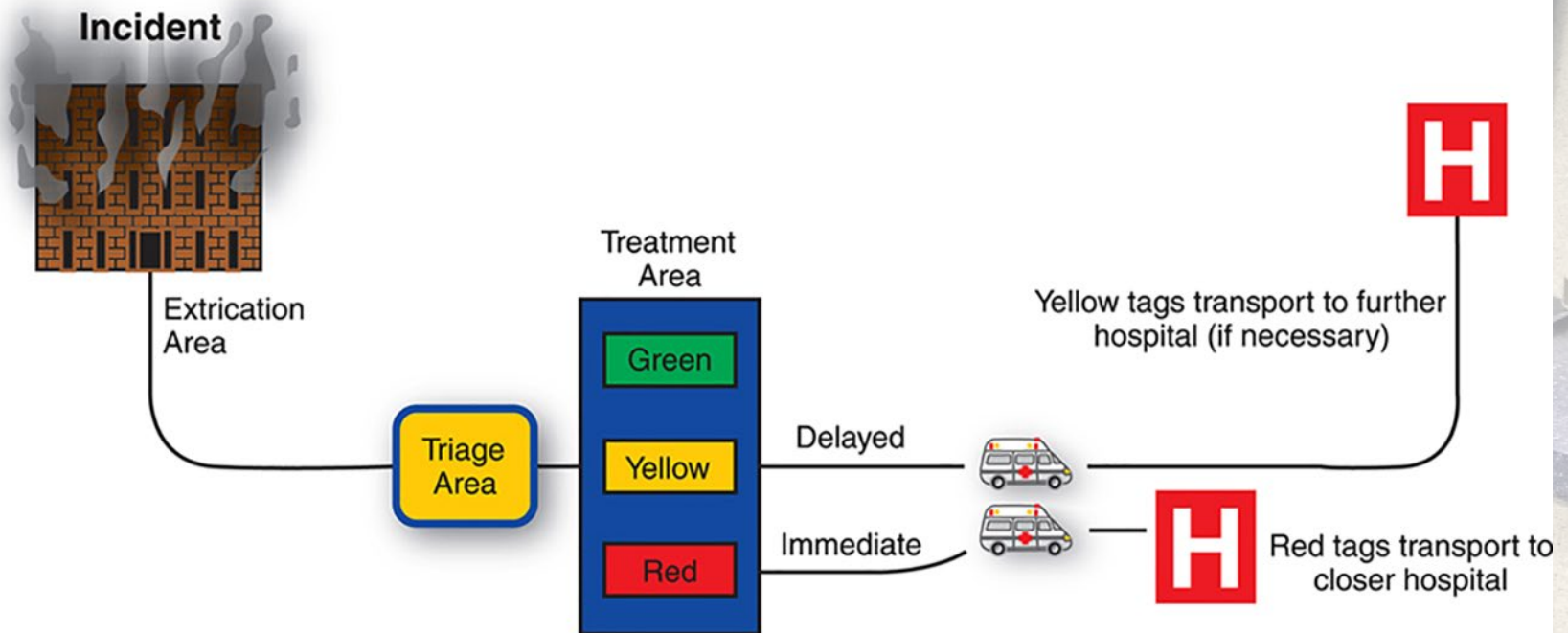
Mass-Casualty Incidents

- MCI may overwhelm resources:
 - Requires mutual aid
 - Response varies by location and how spread out patients are.



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Mass-Casualty Incidents



Mass-Casualty Incidents

- Open incident
 - Unknown amount of casualties
 - May need to search for patients
 - Incident may be ongoing

- Closed incident
 - Number of patients is not expected to change
 - Patients are triaged and treated as they are removed

Mass-Casualty Incidents

- The following questions will help you determine whether an incident is an MCI:
 - How many injured/ill patients can you care for?
 - What resources are available?
 - How long will it take for help to arrive?
 - Where should these patients be transported?

Mass-Casualty Incidents

- Never initiate transport of patients if there are unattended patients.
- Delegate tasks if needed.
- Always follow local protocol.



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Triage

- Sorting patients by severity of their conditions and prioritizing them
 - Primary triage
 - Secondary triage



Courtesy of Journalist 1st Class Mark D. Faram/U.S. Navy.

Triage Categories

Table 47-3 **Triage Priorities**

Triage Category	Patient Description	Typical Injuries
Red Tag: First Priority (immediate)	Patients, including injured rescuers, who need immediate care and transport. Treat these patients first, and transport as soon as possible.	▪ Airway and breathing difficulties ▪ Uncontrolled or severe bleeding ▪ Severe medical conditions ▪ Decreased mental status ▪ Signs of shock (hypoperfusion) ▪ Severe burns ▪ Open chest or abdominal injuries
Yellow Tag: Second Priority (delayed)	Patients whose treatment and transport can be temporarily delayed.	▪ Burns without airway problems ▪ Major or multiple bone or joint injuries ▪ Back injuries with or without spinal cord damage
Green Tag: Third Priority (walking wounded)	Patients who require minimal or no treatment and transportation can be delayed until last.	▪ Minor fractures ▪ Minor soft-tissue injuries
Black Tag: Fourth Priority (expectant; some areas call this Priority Zero)	Patients who are already dead or have little chance for survival. Treat salvageable patients before treating these patients.	▪ Obvious death ▪ Obviously nonsurvivable injury, such as major open brain trauma ▪ Respiratory arrest (if limited resources) ▪ Cardiac arrest

Triage Tags

- Should be:
 - Weatherproof
 - Easy to read
 - Color coded
 - Clearly identify category



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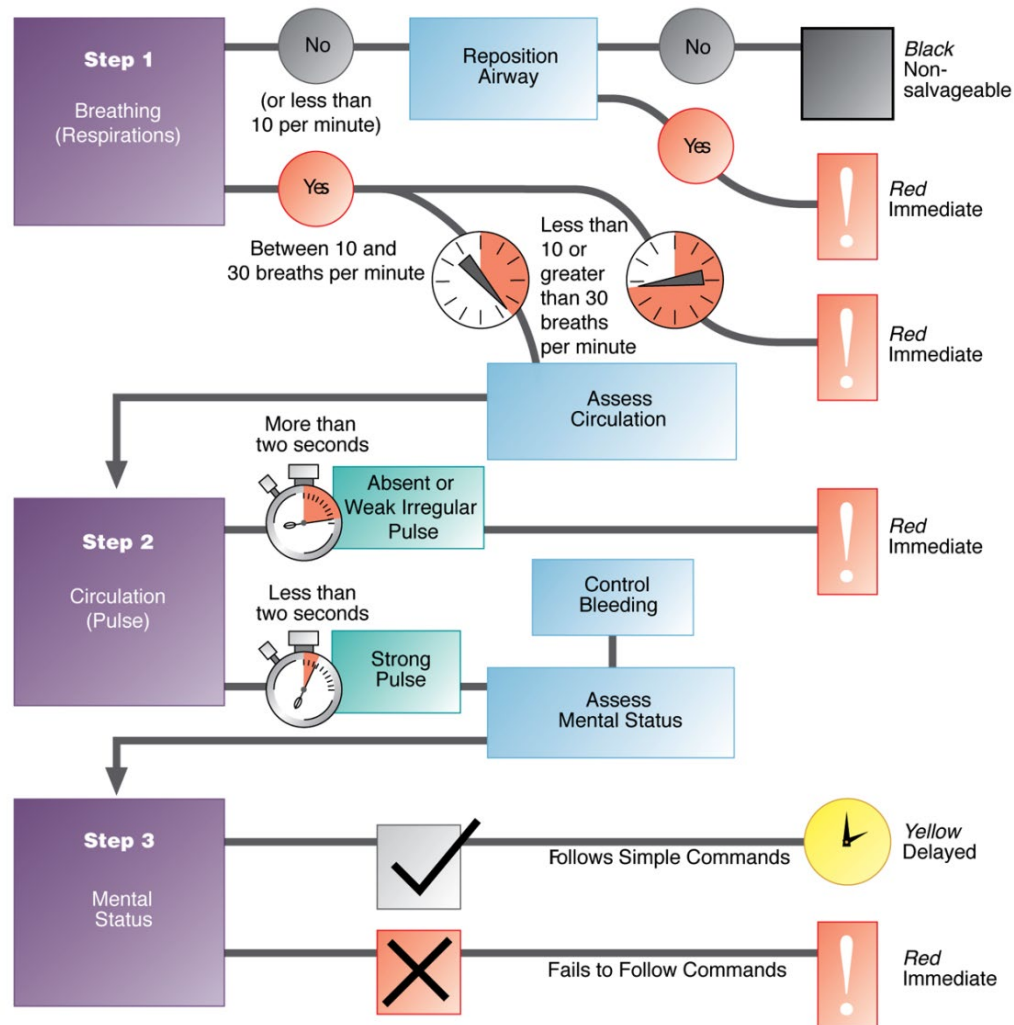
Triage Tags

- Digital photos are sometimes used in identification of victims.
- Bar-code scanners and triage tags allow for real-time tracking from initial triage to destination hospital.

START Triage

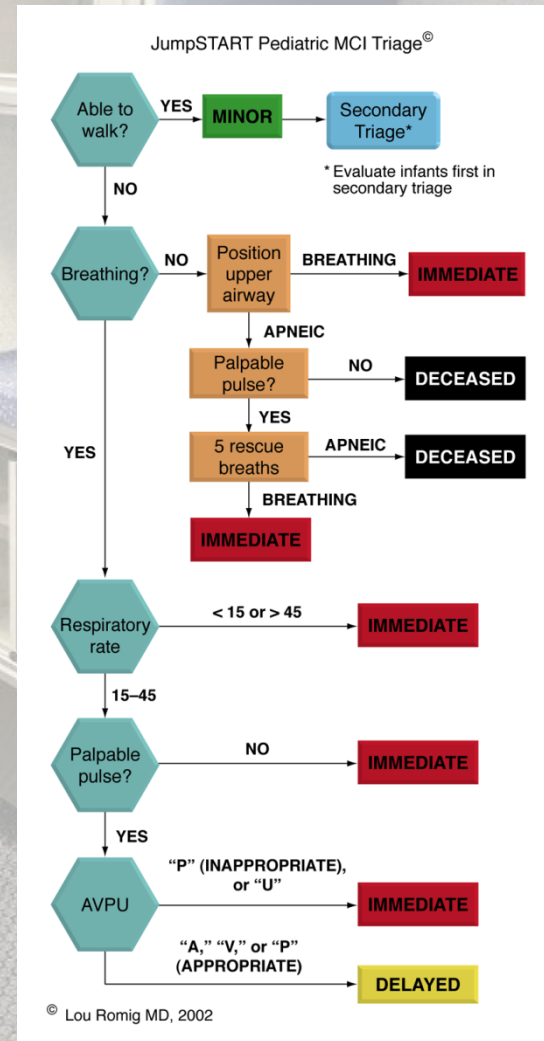
- Simple Triage and Rapid Treatment (START)
 - Limited evaluation of:
 - Ability to walk
 - Respiratory status
 - Hemodynamic status
 - Neurologic status

START Triage



JumpSTART Triage for Pediatric Patients

- Used for children under 8 years old or who appear to weigh less than 100 lb



SALT Triage

- Stands for Sort, Assess, Lifesaving interventions, and Treatment and/or Transport
- Begins by prioritizing order in which patients are assessed
- Allows for limited rapid interventions
- Includes five categories
 - Black, gray, immediate, delayed, minimal

Triage Special Considerations

- Hysterical or disruptive patient
- Consider help of walking wounded
- Injured or sick responder
- Hazardous materials or weapons of mass destruction
- Multiple teams or areas of triage

Destination Decisions

- Refer patients to trauma centers using:
 - Physiologic criteria
 - Anatomic criteria
 - Mechanism of injury
 - Special considerations

Destination Decisions

- Consider which hospital has the appropriate means to help a patient.
- Hospitals may be overwhelmed by large number of patients.
- Critical patients may not go to a single trauma center.

Destination Decisions

- Transport patients that are categorized as immediate by ambulance or air ambulance.
- Walking wounded can be transported by bus if needed.

Destination Decisions

- Transport immediate patients two at a time.
- Transport delayed two or three at a time.
- Transport slightly injured last.
- Expectant patients are treated once all patients have been transported.

Critical Incident Stress Management

- An MCI response is incredibly stressful.
- Suicide rates have increased among EMS workers, firefighters, and police officers.
- Disaster plan may include a resource for debriefing or defusing of responders.

Critical Incident Stress Management

- Critical incident stress management (CISM)
 - Should be available to all
 - Participation not required
- Record psychological impact in postincident evaluation.

After-Action Review

- Include what worked and what didn't work
- All observations should be written down.
- Never accuse someone of doing something wrong during the incident.

Thank You !



Please continue to the next section