Welcome to the self-study Introductory Course of:
Simple Triage and Rapid Treatment

A project sponsored by the California EMS Authority and

Mountain-Valley EMS Agency.

(Click anywhere on the screen to continue)

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S.T.A.R.T.

- "Clicking" anywhere on the screen will advance you to the next page.

- At the end of the module, you will be given an opportunity to test your knowledge through an interactive scenario, followed by a short exam.

- You will be given the option to submit your exam results by email to the site host for course credit.

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Course Objectives

Upon completion of this course, the student will be able to:

1. List the Triage Categories of START.
2. Describe the process for quickly sorting large numbers of victims during an MCI.
3. Identify areas for recording patient information on the triage tag.
4. Describe uses of various parts of the triage tag.
5. Demonstrate through interactive exercises and exams the major principles of START.

S.T.A.R.T.

Simple
Triage
And
Rapid
Treatment

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Key Point of S.T.A.R.T

Triage: Is a French term meaning "to sort"

Goals of triage

- Efficient use of personnel, equipment, and facilities

- Identify the patients with a standard system

- Provide organized care of multiple patients

- Planning and training is a must

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S.T.A.R.T.

– Simple:
Does not require high degree of medical expertise or licensure

– Rapid:
Should take no more than 60 seconds per patient
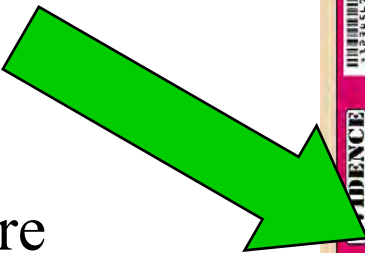
S.T.A.R.T.

The Four Triage Categories are:

- Deceased
- Immediate
- Delayed
- Minor

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Minors

•The bottom strip on the Triage Tag is designated for patients with Minor injuries.

•Minors are color-coded: green.

•Patients classified as Minor:

a) May require hospital care

b) Injuries may be managed by first-aid

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Delayed

•The next strip on the Triage Tag is designated for patients with Delayed injuries.

•Delayed are color-coded: yellow.

Patients classified as Delayed:

a) Need hospital care

b) Are unable to walk

c) Do not meet Immediate criteria

Immediate

•The next strip on the Triage Tag is designated for patients with Immediate injuries.

•Immediates are color-coded: red.

•Patients classified as Immediate:

a) Require immediate care

b) Should receive attention before all others

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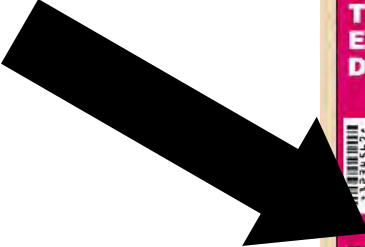
Morgue

• The next strip on the Triage Tag is designated for deceased patients.

• Morgue is color-coded: black.

• Patients classified as Deceased/Morgue are:

a) Dead or non-salvageable

b) No C.P.R. initiated

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START Triage

The first step is:

- Start where you stand

- Identify the Minors (Walking Wounded) by announcing: "Everyone who can walk" go to a designated location, directing them to a safe spot, out of the danger zone or area of chaos.

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R.P.M.

START includes the assessment of the following three systems:

- – R: Respirations (greater than 30/ minute)
- – P: Pulse (radial pulse absent)
- – M: Mental Status

    (unable to follow simple commands)

Patients meeting *any* of the above criteria will be classified as Immediate.

START

The START assessment begins with AIRWAY

- – Is the patient breathing?

  - If not, reposition the airway*
  - If so, assess Respirations.

- – Are respirations greater than 30/minute
  - If not, proceed to Pulse
  - If so, patient is tagged Immediate, no further assessment should be conducted.

*If after reposition of the airway, there are no spontaneous respirations, tag patient "Deceased"

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START

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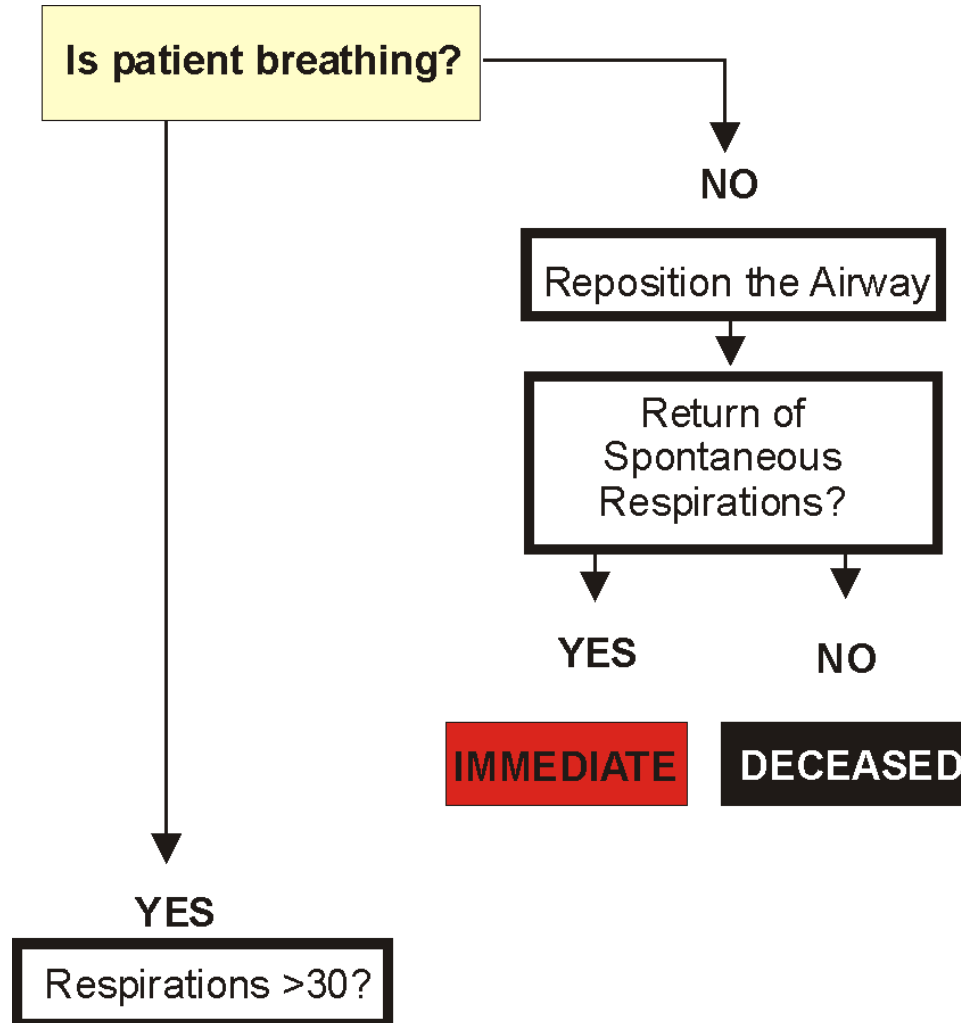
START

- If Respirations are less than 30/minute:

  - Assess the Radial Pulse*
    - Radial Pulse indicates BP of at least 80 systolic

  - If Radial Pulse is absent, tag patient Immediate, no further assessment is required.

  - If Radial Pulse is present, assess Mental Status

*Original START method assessed Perfusion (>2 second Capillary Refill = Immediate)

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START Triage

Respirations <30? — NO → **IMMEDIATE**

YES ↓

Radial Pulse Present? — NO → **IMMEDIATE**

YES ↓

Able to Follow Simple Commands? — NO → **IMMEDIATE**

YES ↓

DELAYED
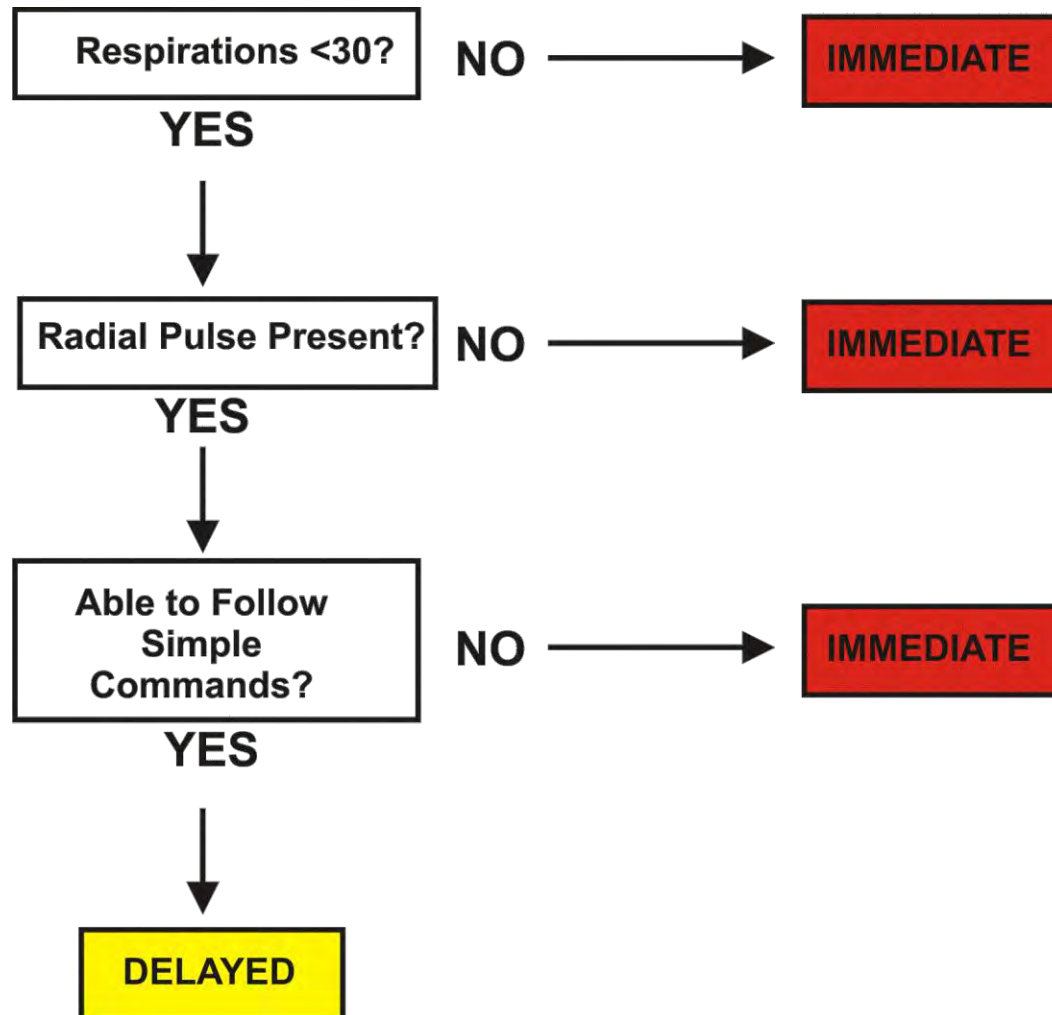
START

The only treatment that should be conducted *during* START is:

– Opening the Airway

– Control Major Bleeding

In both cases, these procedures should be maintained with the assistance of other victims, bystanders, or the patient him/herself.

The rescuers' primary goal should be to complete START on all victims before providing any additional treatments.

START

- START is designed to conduct rapid *initial* triage of victims.

- More detailed assessments and re-triage of victims should be conducted as time allows.

- Once all victims have been triaged, a list of all victims by triage category should be provided to the Patient Transportation Unit Leader.

Summary

– The four triage categories are: Immediate, Delayed, Minor, and Deceased

– The first group of victims to be sorted are the Minors

– The only treatments allowed during START are Opening the Airway and Control of Major Bleeding

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Frequently Asked Questions

- *Shouldn't <u>slow</u> respirations also be considered an Immediate?*
- No. By adding additional parameters, we defeat the purpose of keeping this simple. Patients that have very slow respirations will likely be picked up in one of the subsequent assessments: Pulse or Mental Status.

- *Even if someone is just breathing fast due to anxiety, we're supposed to tag them Immediate?*
- Yes. During START triage is not the time to be asking "why" a patient has certain symptoms, patients should be reassessed once moved to a treatment area.

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Frequently Asked Questions

- *Is CPR ever allowed at an MCI?*
- Performing CPR is the number one error made by medical people during an MCI. Nobody should ever perform CPR before START triage is completed on <u>every</u> patient. CPR may only be performed if the on-scene resources exceed all patients' needs, meaning no living patients should be put at risk to resuscitate a deceased patient at an MCI. This is a national standard.

- *What happens if the patient's status changes?*
- If the patient is being upgraded, simply remove the appropriate colored tags, leaving the new triage status. If the patient is being *downgraded*, place a <u>new</u> triage tag over the old tag (after removing new ID numbers). Never remove a triage tag.

User Interaction

START

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Patient #1

- You come upon an unconscious patient with obvious massive head injury.

- What is your first action?

  – Determine if patient is breathing

Patient #1

- You've determined that the patient is breathing.

- What is your next action?

  – Tag the patient Immediate, and move on.

  – Since we already know that patient is unconscious, there is no further assessment necessary.

Patient #2

- Your next patient is complaining of abdominal pain and showing signs of bruising over the abdomen.

- What is your first action?

  – Assess Respirations

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Patient #2

- This patient is obviously breathing faster than 30 times per minute.

- What is your next action?

  – Tag the patient Immediate and move on.

  – Since the patient meets one of the Immediate Triage criteria, no further assessment is necessary.

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Patient #3

- Your next patient is awake and clutching a one-foot piece of shrapnel protruding from his right eye.

- What is your first action?

  – Assess respirations

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Patient #3

- The patient is breathing less than 30 times per minute.

- What is your next action?

  – Assess Radial Pulse

Patient #3

- You are able to palpate the patient's radial pulse.

- What is your next action?

  – Tag the patient Delayed and move on.

  – Even though some injuries are very serious and impressive, the purpose of START is to quickly evaluate *all* patients before focusing on any one patient or injury.

Patient #4

■ Your next patient is awake and appears to be approximately six months pregnant. She is suffering from an obvious break to her left lower leg.

■ What is your first action?

– Assess respirations

Patient #4

■ Her respirations are less than 30 per minute.

■ What is your next action?

– Assess her Radial Pulse

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Patient #4

- You can palpate her radial pulse.

- What is your next action?

  – Tag her Delayed, and move on.

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Patient #5

■ Your next patient is awake and having severe difficulty breathing- chest sinks in on inspiration.

■ What is your first action?

– Assess Respirations

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Patient #5

- Patient is obviously breathing greater than 30 times per minute.

- What is your next action?

    – Tag the patient Immediate and move on.

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California Fire Chiefs Triage Tag Review

August 29, 2008

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August 29, 200

Triage Tag Construction

- **Synthetic paper**
  - Water resistant
    - 100 % resistant to all commonly used decontamination solutions

  - May be worn while patient is being decontaminated

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AUTO INJECTOR [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

- This area of the triage tag will be utilized **only** in the event of a Mass Casualty Incident where the use of Auto-Injectors to treat the public has been **approved by the EMS Agency**

and/or

- for recording number of Mark-1 kits, self or buddy administered, by safety personnel (Officer, Firefighter, Paramedic, etc.) who have now been included in the Mass Casualty Incident.

■ This area of the tag is used to document patient symptoms from a suspected nerve agent exposure.

- S - salivation (excess drooling)
- L - lacrimation (tears)
- U - urination
- D - defecation
- G - gastric distress (nausea, etc)
- E - emesis (vomiting)
- M - miosis (pinpoint pupils)

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"**Contaminated**" Strip

- This magenta colored strip prevents the use of this tag until patient contamination has been ruled out.

- If contamination is suspected the magenta strip is removed and placed in the bag with the victims clothing.

- This supports law enforcement agencies in adhering to evidence collection protocols.

- If contamination is not suspected, the strip may be removed and properly discarded.

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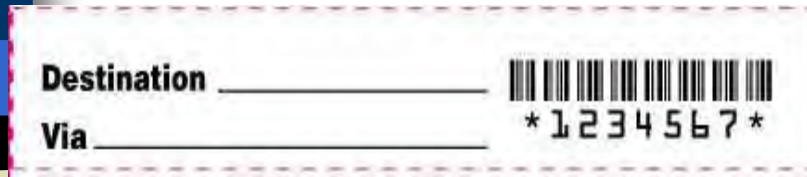
Personal Property Receipt/ Evidence Tag ‖‖‖‖‖‖‖‖‖‖‖ *1234567*	Comments/Information
Front	Back

- This portion of the tag provides a Personal Property Receipt for valuables belonging to victims that may be contaminated.

- Place the valuables and the tag into a bag and seal it.

- The triage tag being worn by the patient has the corresponding number for claiming these valuables once the incident has been mitigated.

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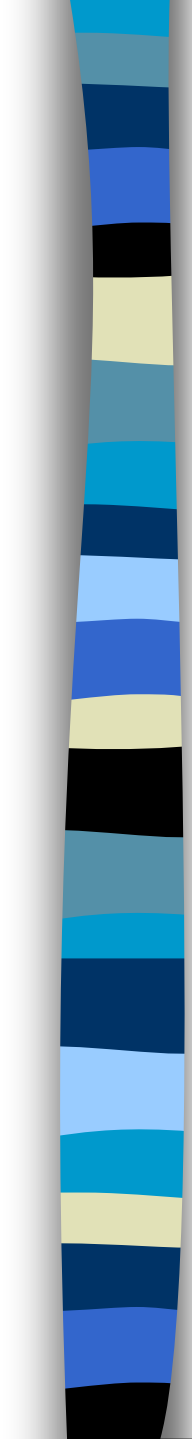
Destination _____ |||||||||||||||||
1234567
Via _____

Patient's Name

Front   Back

- This portion of the triage tag is to be removed at the ambulance loading area to record the patients destination.

- The name of the patient should be written on the back of this portion of the tag to expedite patient processing.

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Yes	No	Primary Decon
Yes	No	Secondary Decon
Solution		

- This area of the tag is to record patient decontamination information, gross decon, secondary decon as well as the solutions used.

- This information will be recorded prior to the patient leaving the decontamination reduction zone.

Agent Symbol Identification

- Circle the category of the agent(s) contaminating the patients, if known:

RADIOLOGICAL AGENT

BIOLOGICAL AGENT

CHEMICAL AGENT

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Rapid Triage (START)

RESPIRATIONS
R ☐ Yes
☐ No

PERFUSION
P ☐ + 2 Sec.
☐ - 2 Sec

MENTAL STATUS
M ☐ Can Do
☐ Can't Do

Move the Walking Wounded ▶ **MINOR**

No Respirations After Head Tilt ▶ **MORGUE**

☐ **R**espirations - Over 30 ▶ **IMMEDIATE**

☐ **P**erfusion - Capillary Refill Over 2 Seconds ▶ **IMMEDIATE**

☐ **M**ental Status - Unable to Follow Simple Commands ▶ **IMMEDIATE**

Otherwise ▶ **DELAYED**

Body Map, Gender, Age
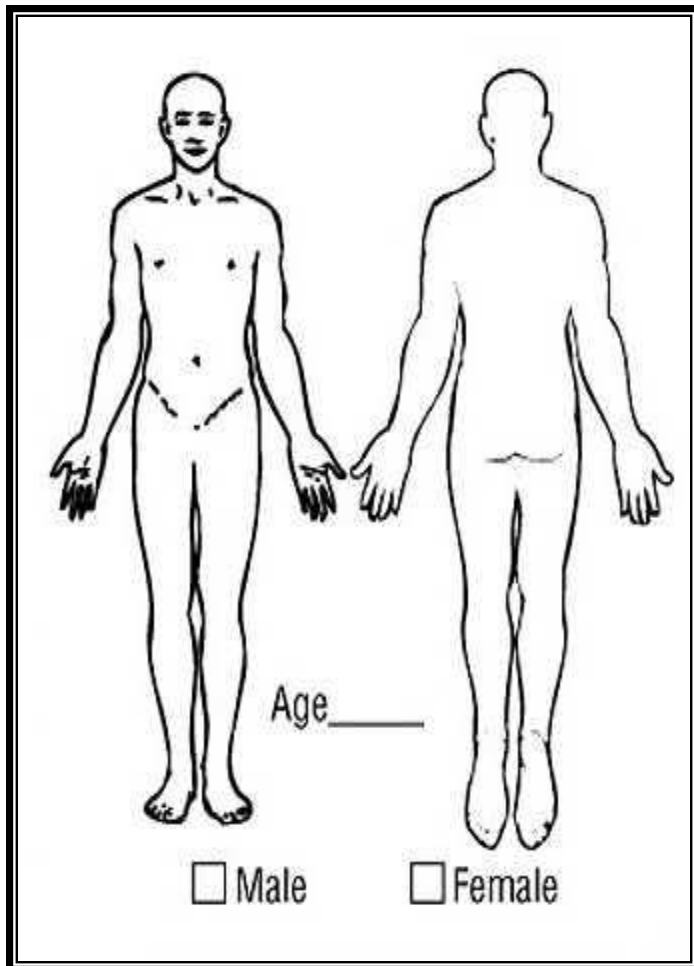
- Mark the area of injury or exposure.
- Enter the patients age.
- Select the patients gender.

Document Vitals Signs & Treatment

Other: _____

_____

VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

Patient Information

PERSONAL INFORMATION		
NAME		
ADDRESS		
CITY	ST	ZIP
PHONE		
COMMENTS	RELIGIOUS PREF.	

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Front   Back

- Split tear off tags.

- One side stays with the patient tag

- The other is collected by the "acting" Triage Unit Leader to obtain an accurate count of the injured.

Example of a split tear off tag
(for an immediate patient)

- Triage Tag goes with the patient.

- This portion of the triage tag goes with the acting Triage Leader.

Hints When Using The Triage Tag

- Before tearing along perforation area of triage tag, fold area that will be affected for easy removal.

- If triage tag is likely be exposed to water, documentation should occur prior to getting wet.

- Name or identification should be included on the back of Personnel Property Receipt /Evidence Tag

S.T.A.R.T.

■Triage tags should be applied to the upper or lower extremity (not to clothing) and be clearly visible to other responders.

■Triage tags should never be removed, except by the final medical receiving facility.

■Triage tags should become part of the patient's permanent record at the final receiving facility.

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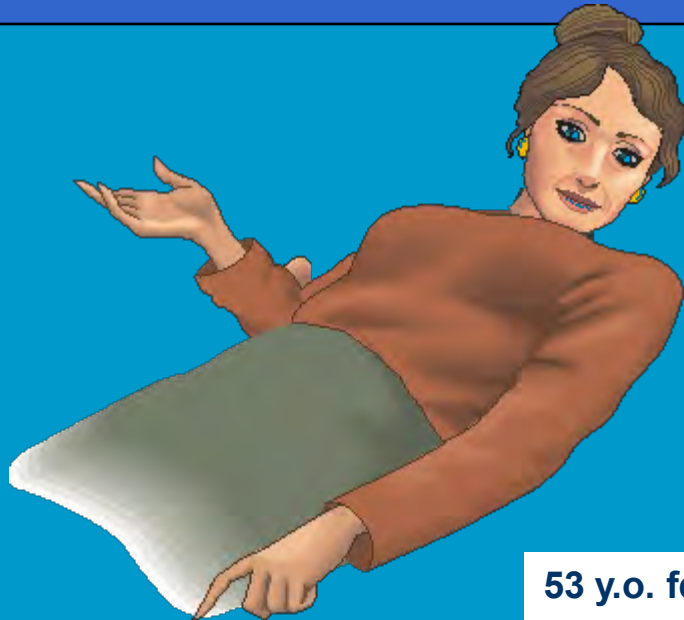# S.T.A.R.T. Interaction

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S.T.A.R.T. Interaction

Test your START triage ability.

Which triage category would you place the patient in?

53 y.o. female

Complaining of back pain

Unable to walk without difficulty

Respirations: 24

Pulse: present

Follows commands

S.T.A.R.T. Interaction

Test your START triage ability.

Which triage category would you place the patient in?

66 y.o. male

Complaining of shortness of breath

History of cardiac disease
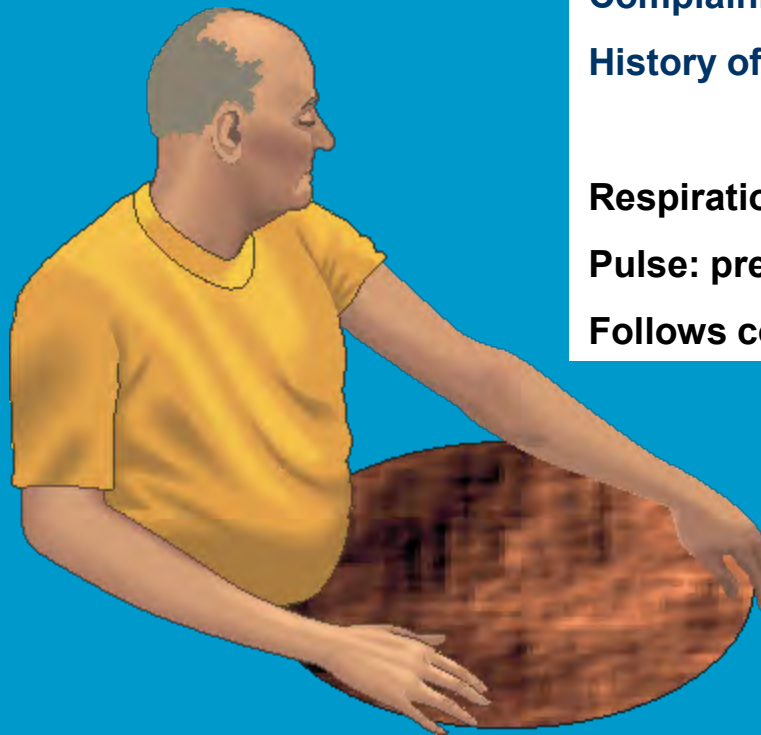
Respirations: 32

Pulse: present

Follows commands

S.T.A.R.T. Interaction

Test your START triage ability.

Which triage category would you place the patient in?

77 y.o. female

Searching for her tricycle

Respirations: 18

Pulse: present

Happily obeys your requests

S.T.A.R.T. Interaction

Test your START triage ability.

Which triage category would you place the patient in?

82 y.o. male

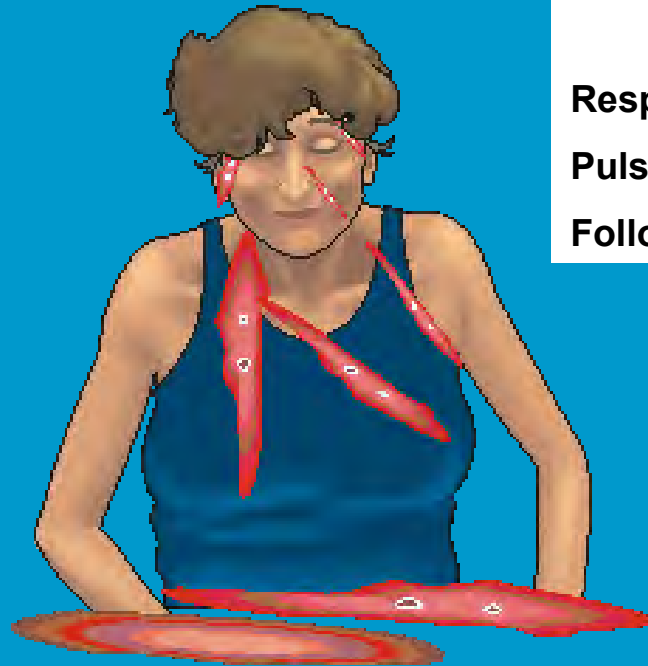**Impaled pipe to abdomen**

Respirations: 0

Pulse: weak and thready

Unconscious

S.T.A.R.T. Interaction

Test your START triage ability.

Which triage category would you place the patient in?

61 y.o. female w/ gaping scalp laceration – multiple facial abrasions covered with large amount of blood

Respirations: 24

Pulse: present

Follows commands