
  
**Lesson 2**  
**Triage for Disasters & Public Health Emergencies**  


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**Learning Objectives**

- Articulate purpose and rationale for mass casualty triage
- Discuss elements of effective pre-hospital and hospital triage
- Describe challenges associated with mass casualty triage, including over-triage and under-triage
- Explain purpose and rationale for population-based triage
- Explain secondary and tertiary triage

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**Scenario**

- Local sporting event
- Multiple gunshots
- Ten casualties
- Team of two responders

**What issues need to be addressed?**

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<b>D</b> Detection	<ul style="list-style-type: none"><li>▪ Multicasualty event</li><li>▪ Needs &gt; resources</li></ul>
<b>I</b> Incident command	<ul style="list-style-type: none"><li>▪ Who is incident commander?</li></ul>
<b>S</b> Safety and security	<ul style="list-style-type: none"><li>▪ Considerations?</li></ul>
<b>A</b> Assess hazards	<ul style="list-style-type: none"><li>▪ Gunman?</li></ul>
<b>S</b> Support	<ul style="list-style-type: none"><li>▪ What is needed at scene?</li><li>▪ Community needs?</li></ul>
<b>T</b> Triage and treatment	<ul style="list-style-type: none"><li>▪ What should be done first?</li></ul>

**Initial considerations**

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## Triage

- Priority based on needs, available resources, and situation
- Greatest good for greatest number



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## Mass Casualty Triage



- Casualties greater than resources
- Infrastructure limitations
- Scene hazards
- Multiple responding agencies

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### Triage Systems

- Simple Triage and Rapid Treatment (START)
- JumpSTART [pediatric]
- Sacco Triage Method (STM)
- **SALT Triage**
- Care Flight
- Triage Sieve
- MASS Triage



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### SALT Triage

**Complies with the Model Uniform Core Criteria**



<b>S</b>	<b>Sort</b>
<b>A</b>	<b>Assess</b>
<b>L</b>	<b>Lifesaving interventions</b>
<b>T</b>	<b>Treatment/transport</b>

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### SALT

**Mass Casualty Triage**

**Step One – Sort: Global Sorting**

- Walk Assess 3<sup>rd</sup>
- Wave/Purposeful Movement Assess 2<sup>nd</sup>
- Still/Obvious Life Threat Assess 1<sup>st</sup>

**Step Two – Assess: Individual Assessment**

**LSI\***

- Control major hemorrhage
- Open airway (if child, consider 2 rescue breaths)
- Chest decompression
- Auto injector antidotes

↓

**Breathing**

Yes → **Obey commands or makes purposeful movement?**

– Has peripheral pulse?

– Not in respiratory distress?

– Major hemorrhage in control?

All Yes → **Minor injuries only?**

Yes → **Minimal**

No → **Delayed**

↓

Likely to survive given current resources?

Yes → **Immediate**

No → **Expectant**

\*LSI: Lifesaving interventions

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### Continuity

- Basic documentation
  - Casualty tag
- Secondary Triage
  - Identifying most emergent needs within each category
  - No good guidance use clinical judgment
- Transport is guided by triage category as well as resource availability



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### Casualty Reassessment

- Triage is a dynamic process
  - Casualties change
  - Resources change
  - Situations change
- Error-tolerant system



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### What if there was no scene?

- Population-based triage
  - Used to direct casualty and well-citizen behavior
- Example, during a major infectious disease outbreak
  - Tell sick individuals to stay home
  - Seek medical attention only if they have specific symptoms
  - Implement social distancing
    - Cancel all mass gatherings
    - Cancel school and close some work sites

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### Tertiary Triage

- Used to conserve medical resources and distribute scarce resources
- Most severe scenario
- Example
  - Too few ventilators for patients
  - Too few staff for more ventilators
  - Rationing of ventilators needed

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### Tertiary Triage: Ethical Implications

- Limits patient autonomy
- Limits physician autonomy
- Doctor's obligation to patient or to group?
- Threat to doctor-patient relationship

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### Tertiary Triage: Ethical Framework: Allocation in Mass Casualty Scenarios

(Powell Disaster Medicine and Public Health Preparedness)

- Duty to Care
- Duty to Steward Resources
- Duty to Plan
- Transparency
- Justice

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### Duty to Care

- Clinician must care for individual patient
- Autonomy not decisive factor
- Palliative Care



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### Duty to Steward Resources

- Disaster = Scarcity
- Greatest Good for Greatest Number

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### Duty to Plan

- Predictable emergency
- Government's and health care system's obligation to healthcare professionals and community
- Lack of planning creates vulnerability for front-line providers
- Flawed plan versus no plan

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### Transparency

- Public communication
- Disaster care different
- Patient preference does not determine withdrawal or withholding of care
- Objective criteria guide patients and professionals

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### Justice

- Objective clinical criteria
- Applied broadly and evenly
- No differential access for special groups
- No discrimination based on age, diagnosis ethnicity, perceived quality of life, or ability to pay

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### Measuring Clinical Status

- SOFA criteria may be applied to ventilator triage
  - Non-proprietary
  - Simple, reproducible
  - Evidentiary basis for estimating mortality
  - Points added based on objective measures of function in six key organs and systems: lungs, liver, brain, kidneys, blood clotting, and blood pressure

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### Summary

- Disaster triage focuses on doing the greatest good for greatest number
- Primary triage organizes casualties at a chaotic scene into 5 broad categories
- Secondary triage sorts patients within the primary triage categories
- Population based triage protects the community by directing them when and how to access resources while protecting the health of others
- Tertiary triage prioritizes the use of scarce resources

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