

Wisconsin Veterans Home at King

Triage/Treatment during an Emergency or Disaster

Date of Origin: March 2016	No.: 14-00-01N
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Applies To:

- Assigned personnel during an emergency or disaster

Definitions:

- **Emergency:** An unexpected serious occurrence that may cause a great number of injuries.
- **Disaster:** A natural or manmade event that suddenly or significantly disrupts normal community function and causes concern for the safety, property, and lives of the citizens. A disaster is present when needs exceeds resources.
- **Triage:** The screening and classification of sick or injured persons during a disaster to determine priority needs for efficient use of medical manpower, equipment, and facilities and to determine the priority of treatment.
 - **MASS triage:** Divides patients into triage categories **based on their ability to move.**
 - **S.T.A.R.T. triage:** **Determines the severity of injuries.**
 - **Advanced triage:** more fully assess injury priorities.
- **Triage tags: (bracelet)**
 - **GREEN** ambulatory members with minor injuries, can wait
 - **YELLOW** members whose care can be delayed
 - **RED** members in need of immediate care
 - **BLACK** those members that are deceased or expectant.

Policy:

- The triage/treatment team shall do the most good for the most victims.
- The triage/treatment team's responsibility shall be to triage and begin initial treatment of the victims.
- The member shall be triaged initially according to their ability to move (ambulatory vs. non-ambulatory) then by a color code based on the member's acuity of illness or injury.
- Victims shall be stabilized and continually monitored until they are transported to a medical facility.
- Separate areas shall be maintained for high/immediate, moderate/delayed, and low/minimal priority cases.
- The treatment team shall advise the transportation group leader of transportation needs and which victims should be removed first.
- The FIRST assessment that produces a RED tag shall stop further assessment. Only corrections of life-threatening problems should be managed during triage during a disaster (i.e. airway obstruction or severe bleeding).

Procedure:

General set up

1. When this function is activated, the Triage/ Treatment Team will be responsible for the following:
 - A. Determine the resources needed to perform triage/treatment and advise EMS Command.
 - B. Identify and establish suitable treatment areas for high/immediate, moderate/delayed, and low/minimal priority victims.
 - 1) Locate these areas near an easily accessible pick-up point for transport.

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- 2) Advise Command of these areas.
- C. Assign and coordinate resources to provide suitable treatment for victims.

Initiate Triage during a Disaster

1. Initiate MASS triage (Move, Assess, Sort, & Send) divides patients into triage categories based on their ability to move.
2. **M**ove: Announce “Everyone who can hear me and needs medical attention, please move to (a designated) area now!”
3. **A**ssess: Based on the number of moved injured members, a designated group initiates the S.T.A.R.T. triage. S.T.A.R.T. triage: (Simple Triage & Rapid Treatment) determines the severity of injuries.
 - A. Initial patient assessment & treatment should take less than 1 minute for each patient, 30 seconds is preferred.
 - B. Determine transportation priorities. It may be possible to separate the slightly injured persons who are able to walk and locate them in an area easily accessible to buses or similar forms of transportation.
4. A different designated group initiates the S.T.A.R.T. triage (Simple Triage & Rapid Treatment) for the non-ambulatory “Everyone who can raise an arm or leg” are the next priority. (Doing the most good for the most victims.)
 - A. Initial patient assessment & treatment should take less than 1 minute for each patient, 30 seconds is preferred.
5. **S**ort: Transfer the injured to designated treatment areas based on colored tags. Triage bracelet is applied to an upper extremity, in a visible location preferably on the right wrist. The triage bracelet tag number is also used to track members evacuated to alternative care sites.
 - A. The triage tag should be put on the member’s chart if there is concern that the member may lose the tag or tear it off.
6. The mnemonic (*ID ME*) for sorting patients during mass casualty incident triage is using colors:
 - 1) *I* --Immediate (red) - need treatment within 2 hrs. (Urgent) for severe head injury, multiple fractures to skeletal system, fractures in delicate area such as spinal cord, obvious threat to life or limb; complication in their ABC’s, massive confusion, in-cohesive, unable to answer simple questions, unresponsive but with vital signs, arterial bleeding, internal bleeding, or capillary refill exceeding 7 seconds. Has a reasonable chance of survival.
 - 1) Treatment would be to stop external arterial bleeding and airways are adjusted serious injured.
 - B. *D* --Delayed (yellow) – needs treatment within 4 hrs. (Priority) for cuts, bruises, laceration, some confusion, minor fractures, and a capillary refill between 4-7 seconds (sometimes longer in cold environments.)
 - 1) Treatment may be: Field dressing of the wounds, usually applied quickly. Fractures are stabilized with splints applied, simple first aid.
 - C. *M* --Minimal (green) - needs treatment within 24 hrs. (Routine) for abrasions, contusions, minor lacerations, etc.
 - D. *E*--Expectant (black) – shows obvious signs of death; unresponsive patients with no pulse or with catastrophic head injuries and/or chest injuries.
 - 1) Treatment if limited/ small scale-CPR may be started; larger events-head positioned to open airway and body is rolled onto side, move on.

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7. Frequent reassessments are to continue until that injured patient has been transported.
8. When using Triage Tags, if the patient's condition or the triage priority changes, the bottom portion of the tag should be removed, leaving only the injured information.
 - A. Add a new tag to identify the new triage priority, and if time permits, the reason for the change.
9. The Discharge leader assigns a staff person to write the triage tag number next to the person's name on the member roster, staff daily or visitor list used to determine all members were evacuated from the area being transported for medical care, discharged, or sent to temporary shelter.
 - A. Maintain an accurate count of patients and where they were transported.
10. Send: to treatment area; treated and released at the scene; or sent to hospitals or secondary treatment facility; morgue.
11. If the number of victims are few, Advanced triage: more fully assess injury priorities in the treatment area may be an option.

FACT: 75-85 % of fatalities occur within the first 20 minutes.

1. MCI (Mass Causality Incident) is where an event exceeds the health care capabilities of the response.
2. Only treatment that occurs: Open the airway /insert OPA (Oropharyngeal airway) if available; Stop the bleeding; Elevate the legs for shock.
3. Another triage method that maybe used is **R.P.M.**s-Patient Assessment, which determines their initial category. 30 – 2 – can do.
 - A. **R**--Respiratory Status > 30 breaths/minute;
 - 1) If there is NO respirations-open airway-remove obstructions.
 - 2) If there is still none-deceased –tag black.
 - 3) If breathing is restored –tag red and check for. < 30 perfusion.
 - B. **P**--Perfusion (pulse & blood flow) >2 seconds;
 - 1) No pulse-deceased – tag black.
 - 2) Radial pulse absent or capillary refill > 2 seconds tag red.
 - 3) Radial pulse present or capillary refill < (less) 2 seconds check mental status.
 - C. **M**--Mental Status follows simple commands=CAN DO.
 - 1) Can NOT follow simple commands, unconscious or altered level of consciousness tag red.
 - 2) Can follow simple commands tag yellow or green.
4. If borderline decisions are encountered, always triage to the most urgent priority. (?yellow or red=red)