

## CERT Triage - Annual Refresher 3Sept08

- 1) **First Triage Victim in Place** (*prior to rescue*)
- 2) **Repeat Triage After Movement** (*upon arrival at casualty collection point*)
- 3) **Do it Again In the Medical area** (*monitor and periodically reassess*)

1) **Field triage, in search phase, assess victims as found, prior to rescue**

**Two-person teams**, buddy system, one examines victim, the other logs and tags.

**Stay focussed**, do the most good for the most people  
who can be extracted safely, quickly, easily, who will survive?

Goal **30 secs. per patient**, head-to-toe assessment, tag, log  
Required **PPE**: helmet, long sleeves, boots, goggles, double-glove,

*Re-glove or decon with hand sanitizer or spray wash bottle of water  
+10% clorox between victims.*

**"RPM" =**  
**Respirations** <30/min  
**Perfusion** blanch test nail bed <2secs  
**Mental status** understands simple commands

### **Expedient Field Tagging:**

<b><u>Duct Tape Strip on Victim:</u></b>	<b><u>Marking Example:</u></b>
Place tape strip on left shoulder:	
Team ID, Victim No.	<b>T3-V5</b>
Condition	<b>Red</b>

**Duct Tape Patient Log On Pants Leg** - 3 overlapping strips of duct tape across,  
With marker write Team ID, List Victims by location where found and condition  
Explanation: Team 3, Victim Number. Location Found, Condition

**T3**  
**V1-1stFloorABcorner-G**  
**V2-1stSideB-Y**  
**V3-2ndStairs-R**  
**V4-2ndC-Y**  
**V5-3rdA-R**

# Triage Sequence - **START WHERE YOU STAND**

## **"If you can walk come towards the sound of my voice"**

Help "Greens" to safely exit and move on, put them to work in medical area if able/willing

Approach victim, Control the head, look them in the face,

## **"I'm here to help you, are you OK? "**

Is the victim responsive? Ask:

## **"Can you hear me? Where do you hurt?"**

Complete head-to-toe assessment before moving patient, check for bleeding, fractures, etc. **TALK TO PATIENT DURING EXAM**

## **CONTROL BLEEDING TREAT FOR SHOCK**

*Don't splint in the field prior to rescue. Time is of essence.*

*If painful "body splint" – e.g. tape legs together, tape arm across body, etc.*

Step	Procedures
1	<p>Check airway/breathing. At an arm's distance, shake the victim and shout. If the victim does not respond:</p> <ol style="list-style-type: none"><li>1. Position the airway.</li><li>2. Look, listen, and feel.</li><li>3. Check breathing rate. Abnormally rapid respiration (above 30 per minute) indicates shock. Treat for shock and tag "I."</li><li>4. If below 30 per minute, then move to Step 2.</li><li>5. If the victim is not breathing after 2 attempts to open airway, tag Black "DEAD."</li></ol>

2	<ol style="list-style-type: none"> <li>1. Check circulation/bleeding.</li> <li>2. Take immediate action to control severe bleeding.</li> <li>3. Check circulation using the blanch test for capillary refill. <ol style="list-style-type: none"> <li>1. Press on an area of skin until normal skin color is gone.</li> </ol> </li> <li>4. A. good place to do this is on the palm of the hand or nail beds.</li> <li>5. Time how long it takes for normal color to return.</li> <li>6. Treat for shock if normal color takes longer than 2 seconds to return, and tag Red "Immediate."</li> </ol>
3	<p>Check mental status. Give a simple command, such as "Squeeze my hand." Inability to respond indicates that immediate treatment for shock is necessary. Treat for shock and tag Red "Immediate."</p>

**Radio locations of red and yellow victims found to Command, let extraction team rescue them if there is one, continue your search and move on**

## **2) Triage again upon arrival at the Casualty Collection Point.**

Assign minimum of two people to Medical from the "gitgo" - buddy system

**MedLeader** - this person must be well organized, but doesn't need medical training because he/she will not be performing hands-on patient care. Responsible for setting up the Casualty Collection Point, treatment area, morgue, medical logistics staging areas. Makes triage, treatment and logistics assignments. In minimum, medstaff also responsible for patient accountability.

**Caregiver(s)** – Assign people with medical or first aid training or skills here. Responsible for hands-on patient care.

### ***Maintain adequate span of control***

Ideally 5-7 victims per caregiver, ten as max.

***Re-triage victims every ten minutes, update time checked on tag.***

## **Setting up of the Medical Area:**

Safe stand-off distance - Away, Uphill, Upwind from the incident

Accessibility for rescuers to bring in victims, and for emergency vehicles to transport them to medical facilities. Room for expansion.

**Position Red and Yellow treatment areas closest to the access control point to minimize patient movement**

We no longer place victims head-to-toe, instead arrange head-towards caregiver so can view torso and move between victims w/o stepping over them

Put Greens to work attending victims, applying direct pressure to wounds, making signs, assisting in traffic control etc. If they unable to assist, gather together safely away and assign "able Green" to supervise so they aren't milling around unaccounted for.

**Patient Intake - Access Control Point**

*Patient decon area located outside the treatment zone*

Assign a person to log incoming, outgoing transports, maintain patient accountability. Clearly marked by signage or - suggest use of VS-17

[http://www.bestglide.com/VS17\\_Signal\\_Panel\\_Marker.html](http://www.bestglide.com/VS17_Signal_Panel_Marker.html)

**Simple patient accountability matrix in Medical Area**

(separate than that used by Command):

<u>Team</u>	<u>Victim</u>										
	1	2	3	4	5	6	7	8	9	10 .....	
M - MedUnit	accounts for walk-ins not tagged						G				G
T1	Y	G									
T2				R	R	Y					
T3...							G		Y	Y	

**Establish Medical Logistics (Staging) Area** - separate staging areas for sterile supplies, water/food, blankets/shelter

**Responder meal, rest, cleanup, sanitation area**

**Supplies needed / useful**, trash bags, biohazard tags, baby wipes, TP, paper towels, soap, water, hand sanitizer, blankets

**Morgue - discreetly out of sight**

**3. Re-triage victims every ten minutes. Update tag indicating time last checked and condition.** Professional responders will re-triage prior to transport to a medical facility.