



What is S.T.A.R.T. Triage?

Simple Triage and Rapid
Treatment



START triage is a scene management system.

- Its very effective for mass casualty incidents. Like many aspects of emergency prehospital management, you don't get much advance warning. You may go your whole life and never see or be involved in an MCI. Then, one day, after breakfast, you are the first on scene of a 25 car pileup. So, we need a SIMPLE system that we can stuff into our brains that doesn't take up a lot of room. START triage is that system.



S.T.A.R.T.

(Simple Triage and Rapid Treatment)

- **Learn it once, review it every year, and take it seriously. WHEN you end up being that person whose action or inaction changes the lives of a whole slew of people forever, "I wasn't ready... I didn't think it would happen to me... I forgot what to do" will not help you sleep. This is required knowledge for heroes. Learn it.**



Triage

- If you're first on scene - Your goal is to find and triage all victims in a timely manner. Estimate the treatment and transportation resources that will be needed. Communicate with 911 and arriving emergency responders on the number and type of victims so proper resources are called.



START Triage - The Quick And Dirty

Yell "Anyone who can walk, move over to that grassy area. **"WALKING WOUNDED GREEN TAG"**

RPM - stands for Respirations, Perfusion, Mental Status

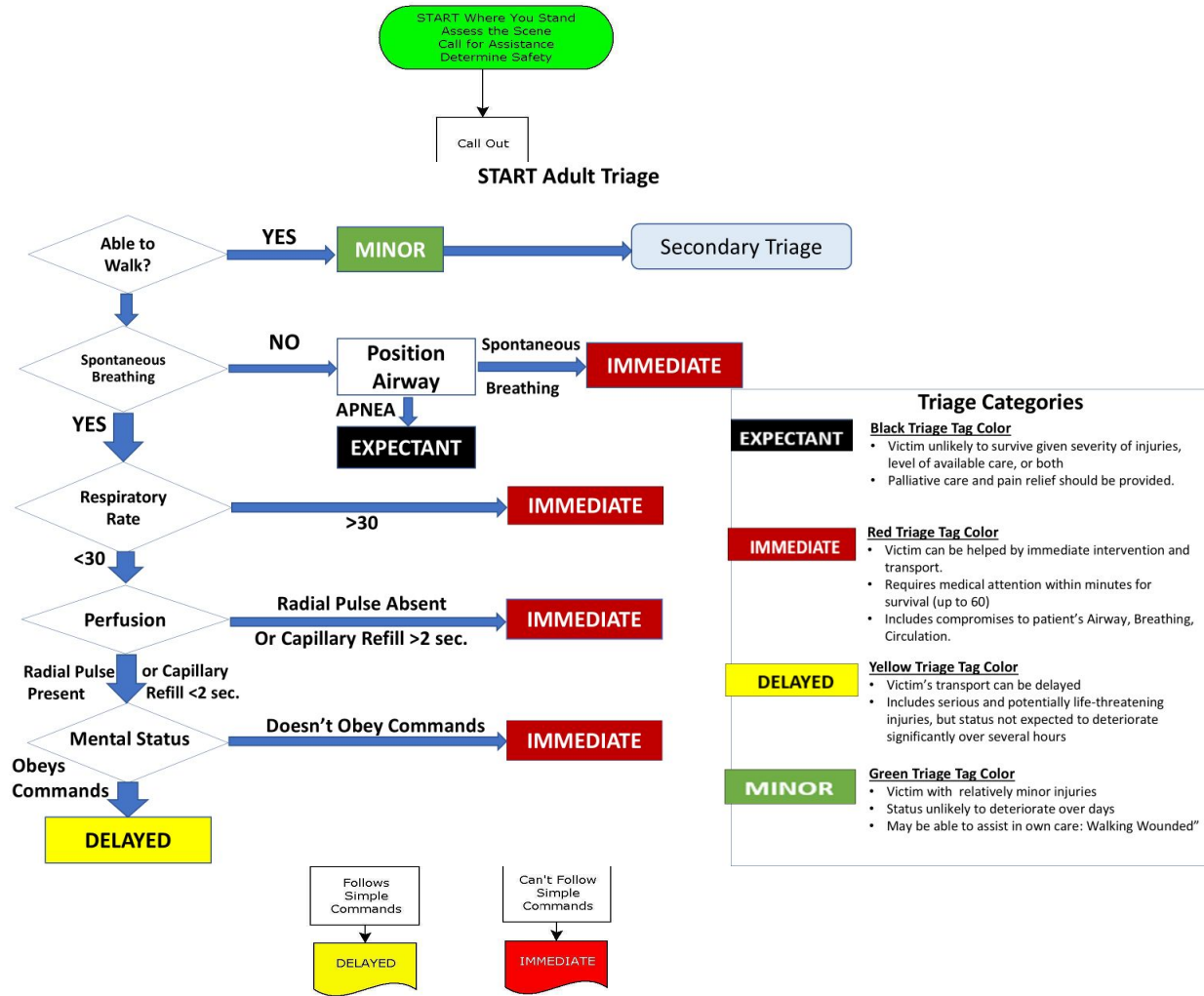
Respirations: Are they breathing? If so, are they breathing over or under 30/min?

Perfusion: Do they have a Radial pulse or capillary refill time under 2 seconds?

Mental Status: Can they stick out their tongue when asked?



START - Simple Triage And Rapid Treatment



S.T.A.R.T TRIAGE

- Each patient should take less than 30 seconds to triage.
- Patient 1: Didn't walk away when asked to do so
- RPM: Respirations:
Is the patient breathing? Not breathing. I adjust his airway. Still no respirations. I have no reason to move on in RPM. My assessment is done. He is deceased and given a black tag 0 and move on.

START Triage Assess, Treat, (use bystanders) When you have a color STOP - TAG - MOVE ON			
-- Move Walking Wounded			
-- No RESPIRATIONS after <i>head tilt</i>			
M I N O R	D E C E A S E D	I M M E D I A T E	-- Breathing but UNCONSCIOUS
			-- Respirations - over 30
			-- Perfusion Capillary refill > 2 or NO RADIAL PULSE <i>Control bleeding</i>
			-- Mental Status Unable to follow simple commands
		D E L A Y E D	-- Otherwise
REMEMBER: Respirations - 30 Perfusion - 2 Mental Status - Can Do			

S.T.A.R.T TRIAGE

•Each patient should take less than 30 seconds to triage.

•Patient 2: Didn't walk away when asked to do so.

•
RPM: Respirations:

•Is the patient breathing? The patient is breathing!

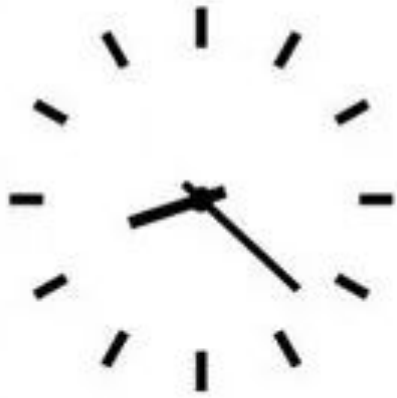
•Assess: Respiratory rate greater or less than 30? Over 30/min.
My assessment is done: This patient requires IMMEDIATE tag Priority 1

START Triage Assess, Treat, (use bystanders) When you have a color STOP - TAG - MOVE ON			
M I N O R	D E C E A S E D	I M M E D I A T E	-- Move Walking Wounded
			-- No RESPIRATIONS after <i>head tilt</i>
			-- Breathing but UNCONSCIOUS
			-- Respirations - over 30
			-- Perfusion Capillary refill > 2 or NO RADIAL PULSE <i>Control bleeding</i>
			-- Mental Status Unable to follow simple commands
D E L A Y E D			-- Otherwise
	<p>REMEMBER:</p> <p>Respirations - 30 Perfusion - 2 Mental Status - Can Do</p>		



S.T.A.R.T. Triage – Step By Step





Q & A time



© 2013 Presentation-Process.com

Questions- Comments- Concerns



PARTNERSHIP
FOR PUBLIC HEALTH

Contact Information:

John Beland

Emergency Preparedness &
Response Director

Winnepesaukee Public Health
Network

Lakes Region CERT & MRC

603-707-5855

jbeland@pphnh.org

Colleen Monks

South Central MRC

Public Health Emergency
Preparedness Lead

South Central Public Health
Network

603-421-2323

Preparedness@Southcentralphn.org

