Sorting out disasters

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What happens when victims greatly outnumber responders?

Sorting through tragic circumstances...
Answer: Triage

- Triage is a French word which means “to sort.”
- Triage is used when there are many more victims than rescuers.
- Usually resources are limited.
- Do the greatest good for the greatest number.
- NO CPR!!!
Issues at the scene...

- Victims
- Responders
- Environment (Vehicles, Buildings, Trees, Flooding, Fire, Chemicals, etc.)
- Spontaneous Untrained Volunteers
General Procedures

• Stop, look, listen, and think.
• Conduct voice triage after identifying yourself: “If you can walk, come to the sound of my voice.” Assign someone to tag those who respond to voice triage.
• Evaluate each remaining victim and tag them. Systematically evaluate the scene.
Triage “tags”

Minor: any injuries can be treated with basic first aid

Delayed: injuries requiring medical treatment, but not life threatening, okay to delay care

Immediate: life threatening injuries requiring rapid treatment

Deceased/Morgue/Dead (Black)
Triage Procedure: Step One

- Open airway
- Check Breathing (breaths per minute)
  - >30 indicates shock. Treat shock and tag immediate.
  - <30 should move to Step Two.
- No breathing after two attempts to open airway indicates death. Tag black.
Triage Procedure: Step Two

- Check circulation/bleeding
- Control severe bleeding
  - Bandages, pressure points
- Blanch test (nail beds, capillary refill)
  - If normal color takes >2 seconds to return, tag immediate.
Triage Procedure: Step Three

• Check Mental Status
  • Give simple command. “Squeeze my hand.”
  • If no response, treat for shock and tag immediate.
If victim passes all tests

- Tag patients that pass all triage tests as delayed.
- If a victim fails one test, tag them immediate. Immediate victims require 3 interventions (on next slide).
- Every victim gets a tag.
Interventions for immediate

- Airway control
  - Head tilt/Chin lift
- Bleeding control
  - Direct pressure/pressure bandage
  - Elevation above heart
  - Pressure points (Brachial-arm, Femoral-leg)
- Treatment for shock (limited resources)
  - Lay on back, elevate feet, open airway
  - Control bleeding, maintain body temp
Sounds easy, doesn’t it?

- Remember time and resources are limited.
- Recruit help from survivors who are able.
- Avoid pitfalls:
  - Poor planning
  - Indecisive leadership
  - Too much focus on a single victim
  - Triage vs. Treatment
- Source: *CERT Participant Manual, edited for Omaha Metro, OFD approved.*
What if?

The idea of triage is comfortable when the event is “over” or the threat is gone.
What about…

– Aftershocks?
– The vehicle is explosive?
– The spill is flammable?
– A gunman not captured or found?

Scene safety vs. action
Engaging Activity on Triage
The incident:

• Violent tornado strikes your community.
• The tornado created a large path of destruction in a highly populated area near the hospital.
• A light search and rescue team is triaging victims...
The Plan

- Emergency responders:
  - Identify an incident commander.
  - Identify response teams (buddy system).
- Your mission:
- Establish response plan.
  - Communication (radios)
  - Teamwork
  - Documentation (Tags, Victim count)
The Plan

- Victims:
- Divide victims into categories:
  - Minor, Delayed, Immediate, Deceased.
- Your mission:
- Obtain name badges with VS and details.
  - Enhance your health status (props, adjust clothing).
  - Determine which victims will have additional mental health concerns related to the incident (Best Actors).
Friendly Reminders:

- We are guests in this space. The goal is to leave the space as we found it.
- The quality of this experience will be a function of your enthusiasm. Please be ready to “play”.
- Debriefing will follow the experience.
Friendly Reminders:

• This is a simulation. No one actually gets hurt today. Safety Word: “Real World”
• SORT ONLY. No human movement unless able to move on their own. No treatment (may bandage wounds or maintain airway only). May use stable victims to help.
• Report victim status and location back to Incident Commander. Activity ends when scene assessment is felt to be complete.
Preparation Time

• 10-15 minutes…
• Facilitators for each group
  • Stephen Smith
  • Beth Beam
Debriefing on Triage Activity
Debriefing (Responders)

• As a team, what went well related to triage and care for the victims of this simulated disaster?
• As a team, what challenges did responders feel related to effectively triaging victims?
• If you are comfortable doing so, share your personal feelings related to this exercise.
• If you were to repeat this exercise, what might you do differently as a responder?
Debriefing (Victims)

- How did you feel the responders performed?
- Were you treated with dignity and respect?
- Were you able to follow the direction of the responders?
- If you are comfortable doing so, share your personal feelings related to this exercise.