

CERT Triage Video Transcript

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Many of us will be fortunate to never experience a mass casualty incident. However if the situation occurs where there are many casualties with limited first response capability CERT may be needed to help triage and treat victims. CERT stands for Community Emergency Response Team. A team of professionally trained community volunteers ready to help when called upon to save lives and property. Mass casualty situations can be overwhelming. Do you know what to do when faced with more victims than the available resources can handle?

There were more victims than we could handle. The key to helping an overwhelming number of victims is a process called triage. Triage is a French term that means to sort. Triage is used in situations where: There are more victims than rescuers. There are limited resources. Time is critical.

CERT members will triage victims to distinguish among: Those who need immediate care. Those who can wait. Those who are dead.

When you use triage you're trying to do the most good for as many people as possible. The goal of triage is to identify victims who are having problems with three killers. They are: Breathing problems; Excessive bleeding; or Shock; And to treat these victims immediately for these conditions.

Triage begins at the incident site as soon as victims are located. Victims are sorted into three categories based on their conditions. Three categories are: Immediate (I), Delayed (D), or Dead.

Victims triaged as immediate priority have a life threatening injury involving airway, bleeding or shock that must be treated immediately to save the person's life. Victims triaged as delayed have injuries which do not immediately jeopardize their life. The victim needs care but that care can be delayed while other victims with life threatening injuries are triaged and treated.

Victims triaged as dead are not breathing after two attempts to open the airway. Unfortunately, in a mass casualty situation there is not enough time or resources to perform CPR since this may prevent other victims from receiving immediate life saving treatment. Tagging a person dead is one of the most difficult things a CERT member may have to do but if you're tied up doing CPR you cannot treat other people who may live if they receive immediate treatment.

As victims are initially triaged rescuers should treat those with life threatening injuries as they are found. All victims will then be taken to a designated medical treatment area. Organizing a medical treatment area is covered in a future lesson.

When conducting triage you must protect yourself and your buddy. Your buddy must do the same. If you don't protect yourself and your buddy you cannot help any victims and can actually make the situation worse by becoming a victim. Triage precautions include: Avoiding hazardous materials; Avoiding unsafe situations; Wearing your safety equipment; Wearing gloves, either latex or non-latex when treating victims. Changing or sterilizing gloves between victims.

Basic safety equipment includes: Gloves, Goggles, Dust mask Preferably one labeled N95, Helmet and Boots.

Each time you touch a new victim your gloves must be cleaned to avoid cross contamination. You do not want to contaminate your next victim >with your previous victim's blood or body fluids. You can prevent cross contamination by changing gloves or sterilizing gloves. If changing gloves, remember that the outside of both gloves is contaminated. You do not want to touch the outside of either glove with bare skin. To remove the first glove pinch the outside of the glove near the top edge. Remove the glove by turning it inside out. Hold it in the second gloved hand. To remove the second glove tuck two bare fingers inside the top of the glove. Be careful to avoid touching the outside, contaminated surface of the glove with bare skin. Remove the second glove turning it inside out. Be sure to dispose of the gloves properly. CERT members should have a supply of clean gloves in their kit.

What happens if fresh gloves are not available? You can sterilize used gloves by dipping them in a solution of one part household bleach and ten parts water. Be careful not to immerse the gloves as the contaminated bleach water will enter the top of the glove and contaminate your hand. The bleach solution will be effective as long as it smells like bleach. When the smell is gone it's time to mix a fresh batch of the solution.

There are six steps to conducting triage.

Step one: Size-up the situation and make a plan.

Step two: Conduct voice triage.

Step three: Follow a systematic route.

Step four: Triage and tag each victim "I," "D," or Dead.

Step five: Treat "I" victims immediately.

Step six: Document triage results.

There are several methods to tag and keep track of how many victims you triage into each category. You can put a piece of tape with "I," "D" or Dead on the victim's forehead. To count how many victims are in each category mark a triage form or place a piece of tape on your leg with categories "I," "D" or Dead. Place a tally mark for each victim triaged in each category. Some jurisdictions will use triage tape or tags with green for walking wounded, yellow for delayed, red for immediate and black for dead. If you use triage tape put a piece of tape for each triaged victim in your pocket >so you can track numbers of victims later.

To size-up a situation stop, look around and listen. Take the time to gather information such as type of incident, number of victims, lay of the land and risk factors. You'll need this information to make decisions and develop plans for you and your buddy.

I see nine or ten people.

I don't see any hazards.

The wires are still up.

I don't see any chemical spills.

The scene looks safe.

OK.Great. Let's move to that area over there. We can have our walking wounded over there.

Let's go.

Think about you and your buddy's safety, capabilities and limitations. Be realistic. Decide if you will approach the scene. Plan. If you decide to approach, plan how you will do it. Make sure that each member of the team knows the plan and his or her job in carrying it out. Remember, size-up is a continuous process. Conditions may change and you will need to constantly evaluate them and change your plan for your safety.

We're from the emergency response team! If you can hear my voice please walk to me! Walk in this direction! Come to our voices! We're the emergency response team! We're to help you.

After size-up, conduct a voice triage asking anyone who can walk to come to the sound of your voice. Use walking wounded to assist you or have them exit the area. Pick a spot where you want the walking wounded to gather. Be sure the area is free of hazards. After you've identified the area, in a loud voice call out "Emergency response team! If you can walk, come towards my voice!" Direct them to the safe area. These survivors are tagged "D" for delayed. Select one person from this group to tag the others "D." It is important that these ambulatory survivors stay in one area. Ask one or more of the survivors to help keep all the ambulatory victims in the same area until additional help arrives.

Now you are ready to triage those who remain. It is important that you don't miss anyone. Start where you stand. Start with the closest victim. Use the systematic pattern you decided on in your plan.

(Moaning) Ooh ooh.

Hello ma'am.

How are you? My name is Tavius Patel. I'm with the emergency response team. I'm going to help you out.

Good. My ankle hurts. It hurts really bad. My shoulder hurts.

OK. All right, let's see here. She has an open airway. She's talking to us. She's breathing. I'm going to check your circulation ma'am. Can you give me your hand please?

Sure.

OK. Pretty good circulation. Go ahead and grab my fingers. All right. Very good. She's responsive. It looks like she's got an ankle injury. We're going to tag her with a yellow. Shoulder hurts a little, too. We're going to tag her delayed. OK. This arm. Don't worry ma'am we're going to be, we're going to be helping you out. You're doing well. You're doing well. OK. We'll be right over there. We're going to go on to the next one.

Yeah I think he's pretty bad off.

All righty. We'll be right with you. We'll be back.

OK.

Triage each victim. Tag everyone using "I" for immediate, "D" for delayed, or dead.

Treat immediates. An "I" victim needs immediate attention for life threatening conditions. You'll need to first check airway/breathing. Second check bleeding/circulation. Third check mental status. Treat all "I" victims for the three killers and tag as "I" before continuing triage. That is, open the airway, stop excessive bleeding and treat for shock. Remember, that only these life-threatening conditions should be treated during the initial triage.

As we go through these procedures you will recognize them from a previous lesson. Do not try these treatment procedures until you have received classroom hands on training. At arms length from the victim, shake the persons shoulder and shout "Can you hear me?" If the person does not respond, check breathing by opening the airway using the head tilt/chin lift method. Look, listen and feel for air exchange. If the victim is not breathing try to open the airway again by repositioning it. If the victim is not breathing after two tries at opening the airway, tag the victim dead and move on to the next victim.

If the victim is breathing check the victim's breathing rate. If breathing is faster than thirty breaths per minute, which is one breath every two seconds, tag the victim "I." Maintain the airway by placing something under the victim's neck. Control bleeding and treat for shock before moving on to the next victim. If the patient's breathing is below thirty breaths per minute and normal check for bleeding.

This step has two parts, controlling bleeding and checking circulation. First if the victim has severe bleeding, apply direct pressure and elevation to control bleeding. Then tag the victim as "I." After controlling bleeding or if there is no severe bleeding check circulation using what is known as The Blanch Test.

The Blanch test is used to check how quickly capillaries refill. To perform this test press on an area of skin until normal skin color is gone. A good place to do this is the palm of the hand. The nail beds can also be used. Let go and time how long it takes for normal skin color to return. A capillary refill time longer than two seconds indicates poor circulation and shock. The Blanch Test is not valid in children. Mental status should be used as the main indicator for shock in children. If the environment is too dark to see The Blanch Test you can check for a radial pulse in their wrist. No radial pulse indicates poor circulation and shock. Tag the person "I."

If you feel a radial pulse check their mental status. Checking mental status is the next step in triage. To check the mental status, ask the victim to follow a simple command, such as squeeze my hand. If the victim is unable to follow simple and basic commands tag "I." If the victim can follow a simple command, is breathing under thirty breaths per minute and passes The Blanch Test, tag the person "D" for delayed. We know that this person does not have airway, circulation or shock problems at the moment.

Now let's practice triage.

[music]

Sir! Are you okay? Are you okay?

I'm going to turn him on his back. Go ahead and straighten his leg out please.

OK.

On the count of three. One. Two. Three.

OK, I'm going to open his airway.

OK.

OK. There's shallow breathing. I'm going to check his cap refill now. He has slow cap refill. It looks like he's in shock. Go ahead and put a towel under his ankles. I'm going to stick one underneath his neck.

OK....I'm going to tag him red....

Got him? Excellent. Let's move on to the next person.

(moaning) Please can you help me? My leg!

Ma'am! Are you OK? I'm Tavius Patel. I'm with the emergency response team and we're here to help. OK she has an open airway and she's breathing. She has an open wound there. Ma'am, can you give me your hand? OK capillary refill is slow. OK so she might go into shock. We need to lay her down. Ma'am, we're going to lay you down. We're going to treat you for shock.

(moaning)

I'll just hold her leg up and support her leg.

(moaning)

Sorry ma'am we have to support your leg so we can get it wrapped covered.

Oh! (moaning) (moaning)

Yeah I think we need to tag her Immediate. You got a tag?

(moaning) Oh my leg!

Sir! Are you OK? Are you OK, can you hear me? Sir.

Ok it will be all right. Looks like he's got a head injury. He's holding his chest. Breathing is shallow.

Uh let's go ahead and here...

I gotta red.

OK.

Let's tag him down here so we can't get to his arm. Sir. You'll be all right. Everything will be fine.

Good job. We got an immediate on him.

Hello ma'am.

How are you ma'am?

Hi.

Are you doing OK?

Considering yeah.

All right. Open airway. She's breathing. May I see your hand please ma'am? OK I'm going to check your circulation. Ok you got good circulation, can you squeeze my fingers?

Yeah. I'm OK.

OK excellent.

Did she squeeze them?

Yeah she squeezed them. She's responsive. I think she just has a wound there on the leg.

Yeah just a little.

[music]

OK, can we tag her delayed?

[music]

OK ma'am. I'm going to go ahead and tag your wrist here. Stay calm and someone will be with you shortly. You're doing great. We got a few more to assess and we'll be right back.

OK I'll be here.

OK.

When performing triage if the victim fails any of the tests for one of the three killers, breathing problems, severe bleeding or shock, the status is "I." If the victim passes all tests he or she can wait for delayed treatment. Tag the person "D." Everyone gets a tag. Remember, all "I"s get airway management, bleeding control and treatment for shock before you and your buddy move to the next victim. After you triage victims in an area, document what you've done. Record the number of victims by an "I," "D" or dead category and their locations. This documentation will be important for your team if you move to a central medical treatment area and will help other responders when they arrive on the scene. Medical triage is the key to doing the most good for the most people whenever there are more victims than rescuers, resources are limited and time is critical. Follow these steps and you will provide victims the most effective life saving support available.