Complex

Size Up
Set Up
Move Forward

AHEAD
ARRIVE
ACCESS
TRIAGE
TREAT
TRANSPORT
TRAPS
Size-Up
Set-Up
Move->
DENV

AHEAD
ARRIVE
ACCESS
TRIAGE
TREAT
TRANSPORT
TRAPS

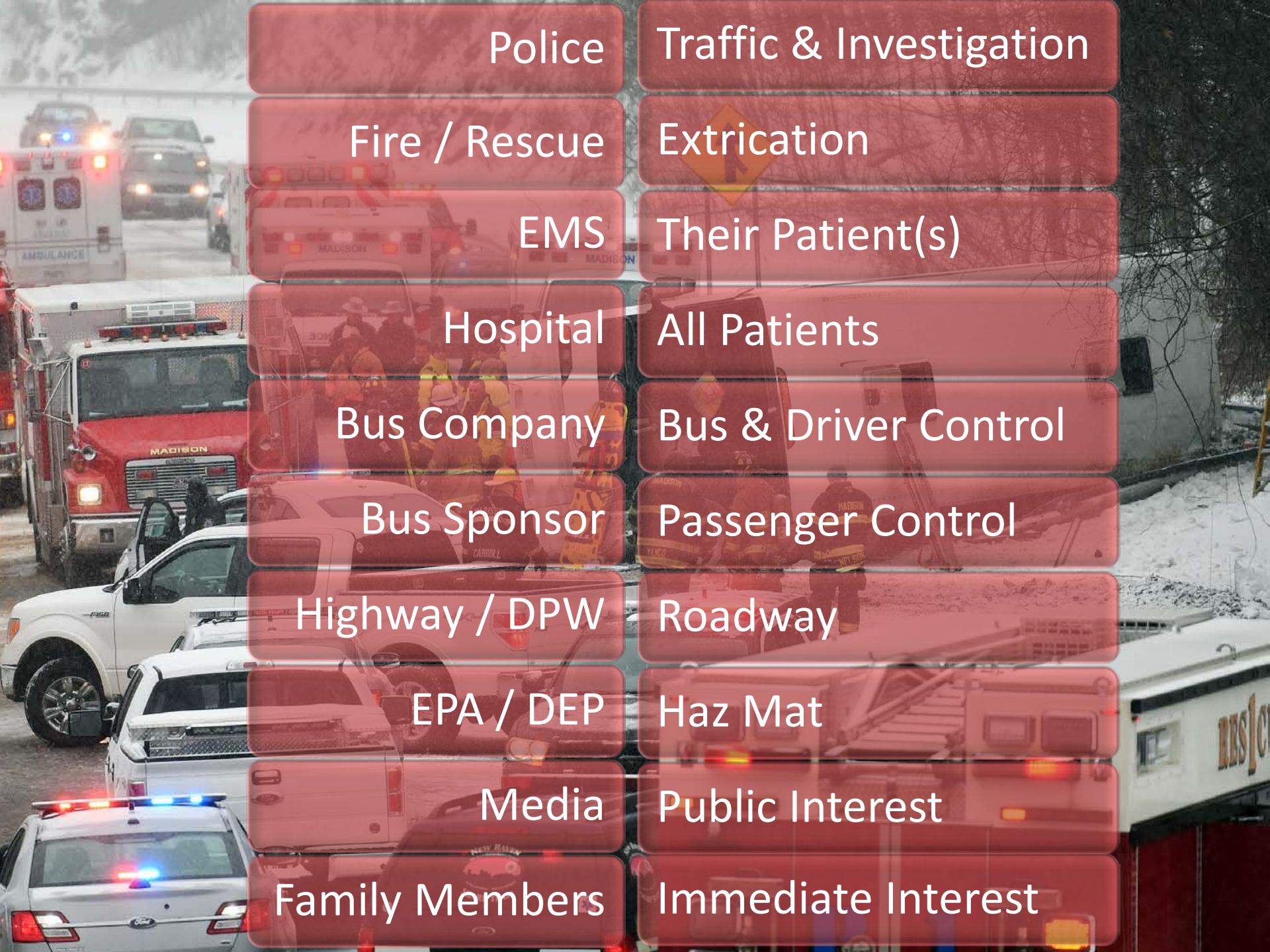
1
AMBULANCE

Lots of Patients
Lots of Problems
Lots of Partners

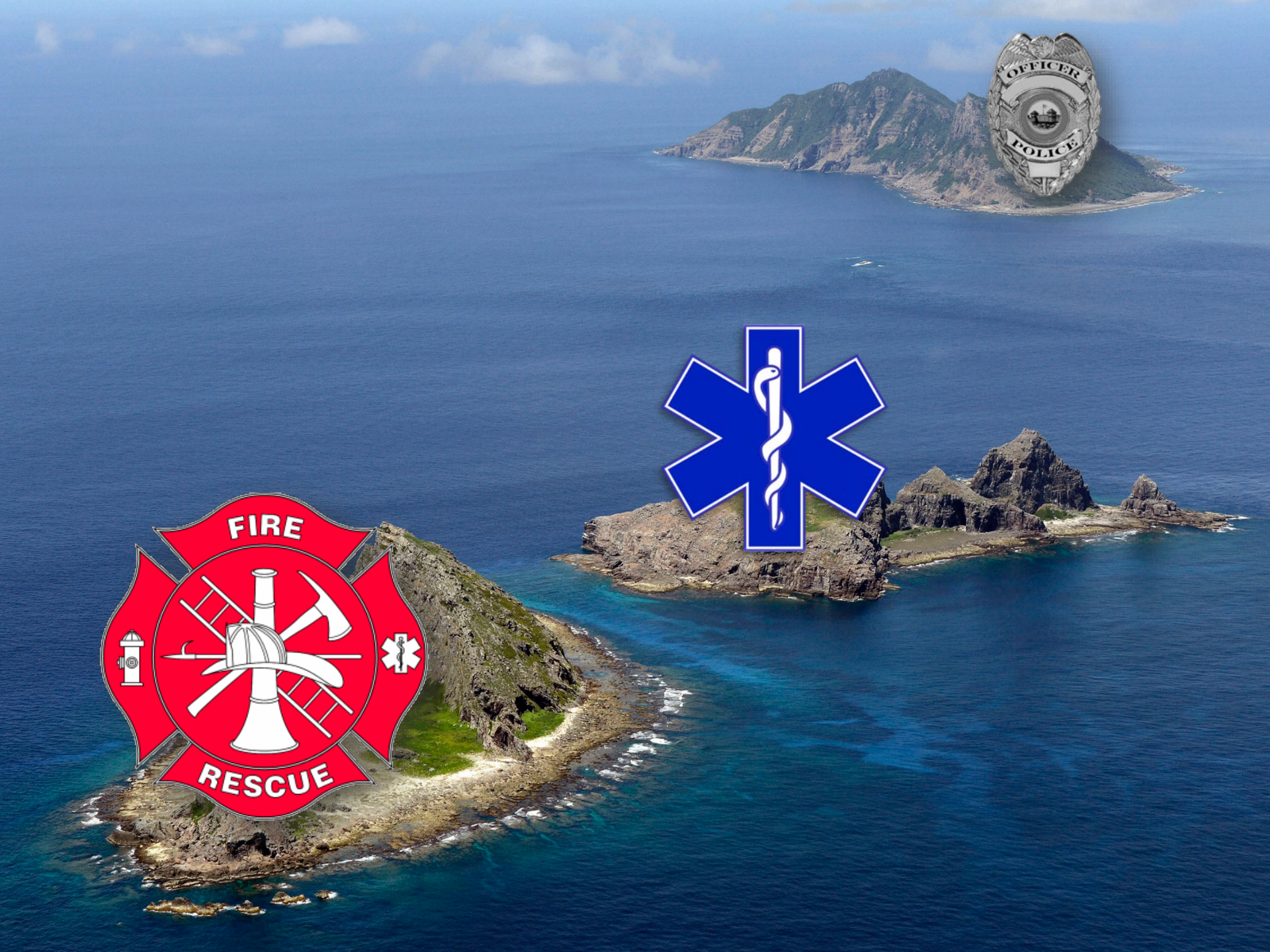
Lots of Patients
Lots of Problems
Lots of Partners

Authority

- The Scene
- The Situation
- The Victims
- The Driver
- The Vehicle



Police	Traffic & Investigation
Fire / Rescue	Extrication
EMS	Their Patient(s)
Hospital	All Patients
Bus Company	Bus & Driver Control
Bus Sponsor	Passenger Control
Highway / DPW	Roadway
EPA / DEP	Haz Mat
Media	Public Interest
Family Members	Immediate Interest


OFFICER
POLICE
FIRE
RESCUE

① Size Up
–Stakeholders
–Needs
–Resources
② Set Up
–Expectations
–Understandings
–Agreements
③ Move Forward
–Plan
–Practice
–Perfect

AHEAD

Size Up

- Who?

Set Up

- What?

Move Forward

- How!

AHEAD
ARRIVE
TRAPS
ACCESS
TRANSPORT
TRAIGE
TREAT

EMERGENCY EXIT
SCHOOL BUS

① Size Up
② Set Up
③ Move Forward

① Size Up

- Conditions
- Actions
- Needs

② Set Up

- Command
- Control
- Communications

③ Move Forward

- Triage
- Treatment
- Transport

Size Up
Unit
Conditions
Actions
Needs

Command & Control
Corrals

Corral
Patients
Problems
Partners
05090

Corral
Keep In
Keep Out
Clear Route
05090

Assign

- Triage
- Treatment
- Transport

ARRIVE

Size Up

- UCAN

Set Up

- CCC

Move Forward

- TTT

AHEAD
ARRIVE
ACCESS
TRAIGE
TREAT
TRANSPORT
TRAPS

① Size Up

- Entry
- Exit

② Set Up

- Standard
- Emergency
- Extrication

③ Move Forward

- Portage
- Protect in Place

Entry
&
Exit
910
Standard
ED CAP. 71 PASSENGERS
RVICES

Entry & Exit

Emergency

Entry & Exit

Extrication

U.C.A.N. Reports

Conditions

- ✓ Window access
- ✓ Approx. 25 patients
- ✓ Rear Exit Blocked
- ✓ Driver trapped

Actions

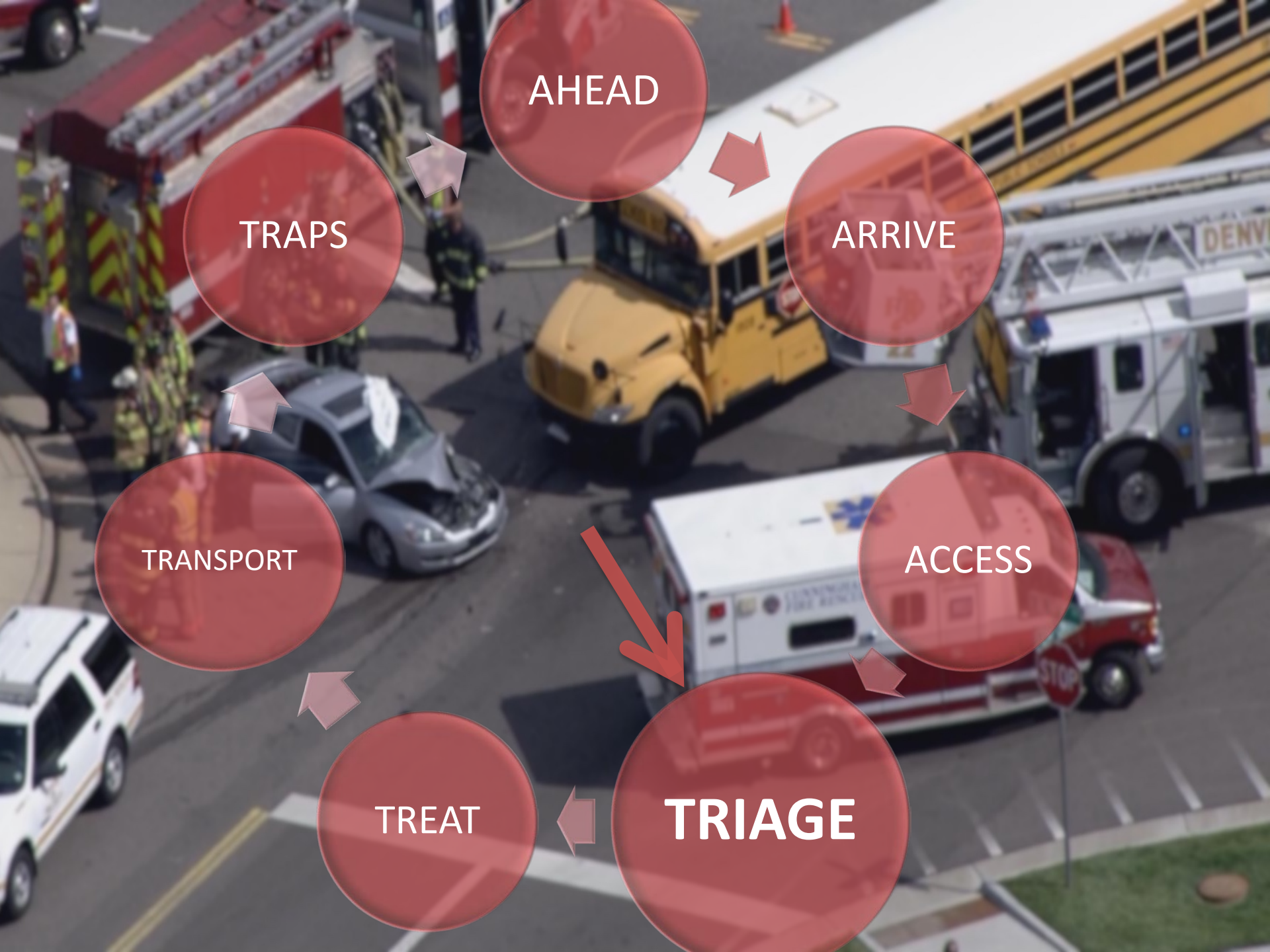
- ✓ Beginning Triage

Needs

- ✓ Portage through side window.
- ✓ Extrication of trapped driver

ACCESS

- Entry
- Exit
- Standard
- Emergency
- Extrication
- CAN Report


AHEAD
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Triage Instrument	Time to Administer	Geographic Use	Reliability	Validity	Applicable to all Hazards
START	60 sec[43]	North America			No
Triage Sieve	Not reported	UK/Australia		Dis	No
Care Flight	15 sec[34]	Australia	No studies		No
STM	45 sec[40]	North A ic		alidity	No
JumpSTART	Not reported	North Amer	o stu	nant validity	No
PTT	Not reported	UK/Australia	o studi	ant validity	No

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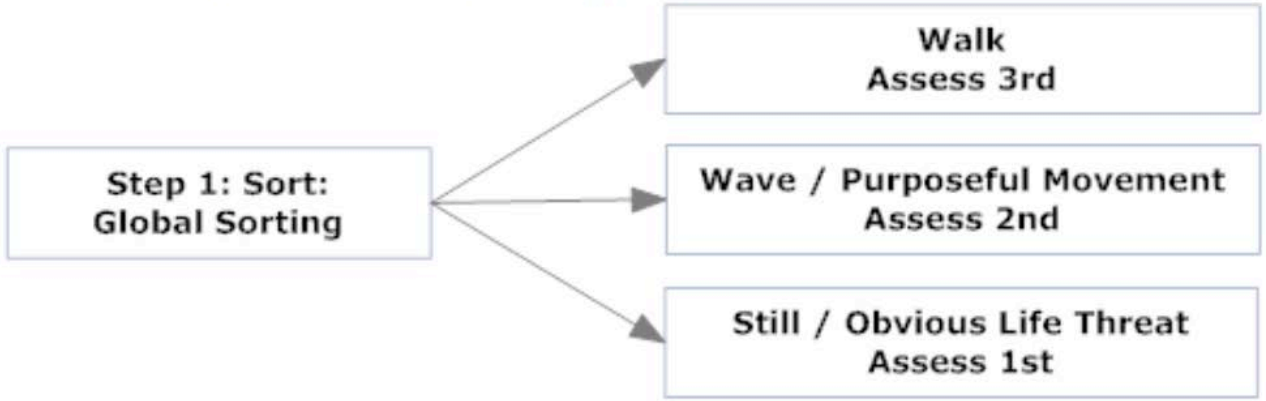
Table 2—Comparison of primary mass-casualty incident (MCI) Triage Instruments (PTT = Pediatric Triage Tape; START = Simple Treatment and Rapid Transport; STM = Sacco Treatment Method)

SALT Mass Casualty Triage Algorithm (Sort, Assess, Lifesaving Interventions, Treatment/Transport)



National Implementation of the Model Uniform Core Criteria for Mass Casualty Incident Triage

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A Report of the FICEMS

July 8, 2013

① Size Up

- Access
- Patients
- Exit

② Set Up

- Triage
- Casualty Collection?

③ Move Forward

- Global Triage
  - Green Exit 1st
  - Red Triaged 1st
- Individual Triage
  - *Breathing?* -> **B**
  - *Obeys, Periph Pulse, Breathing is OK, Bleeding is OK*-> Y / G
  - *Might Survive?* -> R

TRIAGE

Access & Exit

Pt. Estimate

Triage

- Global
- Individual

AHEAD
ARRIVE
ACCESS
TRIAGE
TREAT
TRANSPORT
TRAPS

① Size Up

- Structure
- Staff
- Stuff

② Set Up

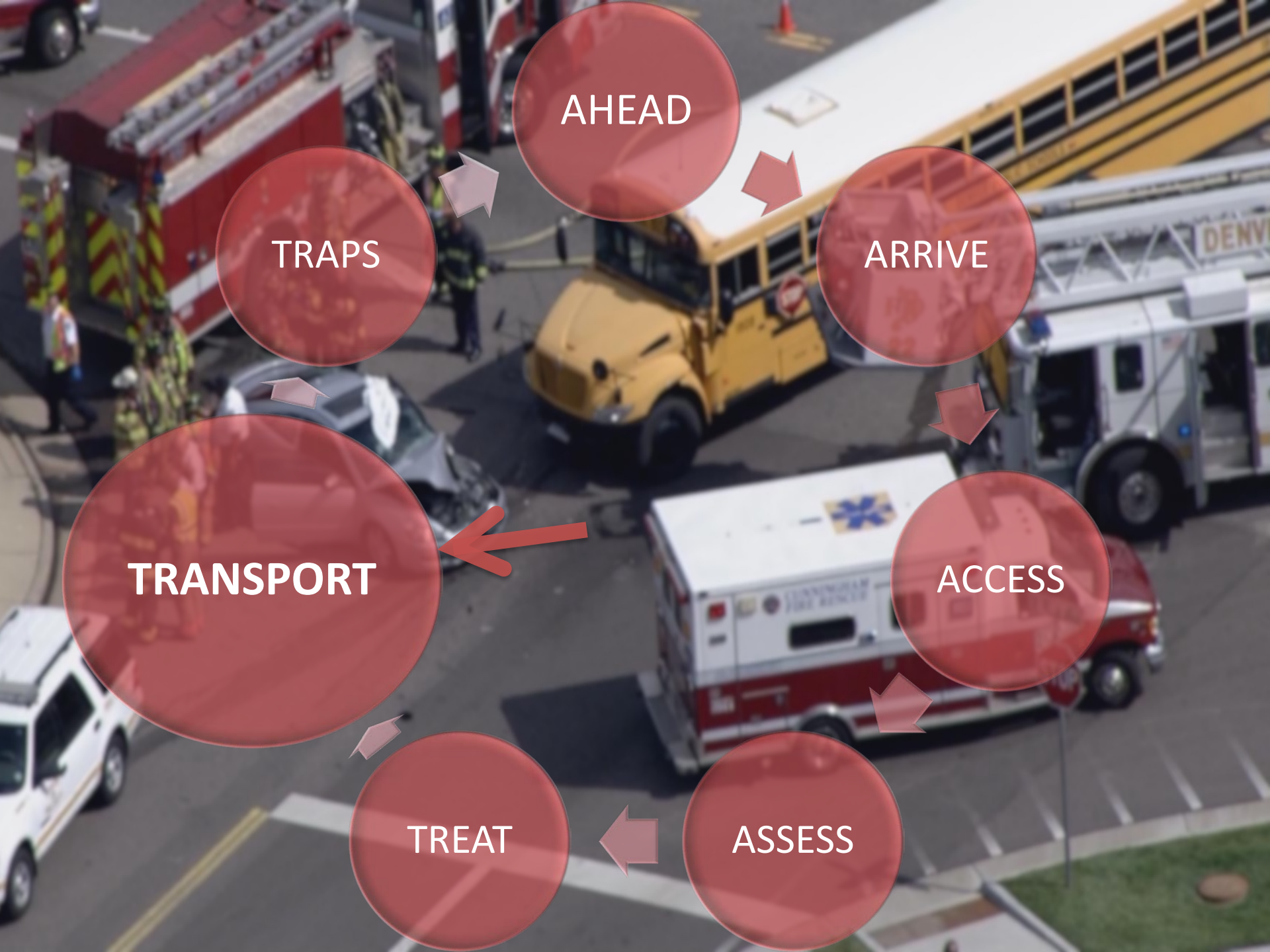
- Structures
- Staff
- Stuff

③ Move Forward

- Casualty Collection Point
- Portage
- Clear Routes (Clear Outs)
- Treatment
  - First In, Last Out- G
  - Delayed– Y
  - Immediate – R

TREAT

- Portage
- Structures
- Staff
- Stuff


AHEAD
ARRIVE
ACCESS
ASSESS
TREAT
TRANSPORT
TRAPS

① Size Up

- Patients
- Ambulances
- Destinations

② Set Up

- Patient Tracking
- Clear Routes/Clear Outs
- Communications
  - Local Dispatch
  - Regional Dispatch
  - Hospitals

③ Move Forward

- Track Patients
  - Priority / ID
  - Ambulance
  - Destination
- Clear Routes/Clear Outs
  - Patient(s)
  - Ambulance
  - Destination
- Communicate
  - Local Dispatch
  - Regional Dispatch
  - Hospitals

TRANSPORT

- Patients
- Ambulances
- Destinations

TRAPS
AHEAD
ARRIVE
ACCESS
ASSESS
TREAT
TRANSPORT

Lots of Patients
Lots of Problems
Lots of Partners

Traps

- Pictures
- Pain / Pathogens
- PTSD
- Preview
- Practice

Lots of Patients
Lots of Problems
Lots of Partners

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