Mass Casualty, START Triage and the SMART Tag System

Presented by:

QAEMS Department

Objectives

- 1) Define triage and mass casualty
- 2) Review the dynamics of START triage
- 3) Review use of the SMART tagging system
- 5) Demonstrate competency in the START triage method in a variety of scenarios
- 6) Demonstrate competency in the SMART triage tag and JumpStart.

Mass Casualty Events

- Given the recent events, we would like to take the opportunity to review the mass casualty triage system used in the QAEMS System –

START TRIAGE

What is a Mass Casualty Incident?

- ANY event that **overwhelms** the available resources.
- By **available resources**, this could mean that we don't have enough ambulances, enough personnel or enough hospital beds.
- It could be:
  - Natural
  - Accidental or
  - Intentional event.

Is There A Set Number of Casualties To Be Considered A Mass Casualty or Disaster?

- **No**
  - There is no set number associated with declaring a disaster.
  - At times the number of critical patients might impact you more than just overall numbers.

Types of Common MCI's

- Highway Accidents
- Air Crashes
- Major Fires
- Train Derailments
- Building Collapses
- Explosions
- Terrorist Attacks
- Hazardous Materials Releases
- Earthquakes
- Tornadoes
- Hurricanes
- Floods

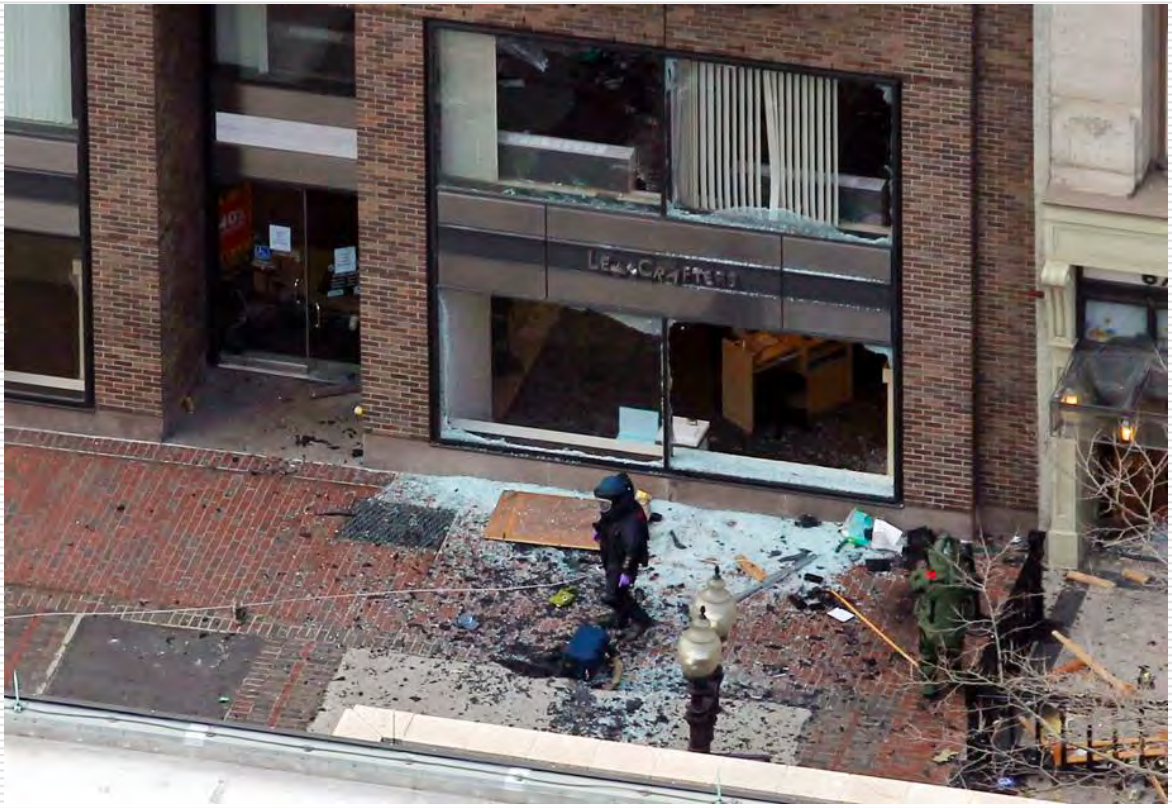
Boston, MA 2013

- During the Boston Marathon on April 15, 2013, two pressure cooker bombs exploded at 18:49, killing 3 and injuring **264 people**.
- The bombs exploded about 13 seconds apart and was located 210 yards from each other.
- They were placed near the finish line on Boylston Street

Boston Marathon Bombing 04/13

Blast

- The blasts blew out windows on adjacent buildings but did not cause any structural damage.



Confusion?

- Some runners continued to cross the line until 2:57 p.m. EDT, **7 minutes** after the explosions.

On Scene

- Rescue workers and medical personnel were on hand to assist runners and bystanders rushed to help the wounded in the immediate aftermath.
  - The **264 people** injured were treated in **27 local hospitals**.
  - At least **14 people** required amputations as a result of the blasts

TEAM
KERRY

Scene Safety

- Many people dropped **backpacks** and other bags as they fled, requiring each to be treated as a potential bomb.
- A number of news reports stated that more bombs had been found nearby and the Boston Police Bomb Squad said they would perform a controlled explosion on the 600 block of Boylston Street, but in the end no other bombs were found.
- The Navy sent one of its bomb-disposal units to Boston to help local authorities

Communication Limitations?

- The **Massachusetts Emergency Management Agency** suggested people trying to contact those in the vicinity use text messaging, instead of voice calls, because of crowded cell phone lines.
- Cell phone service in Boston was congested but remained in operation, despite some local media reports stating that cell service was shut down to prevent cell phones from being used as detonators

Getting Information Out

- The **American Red Cross** helped concerned friends and family receive information about runners and casualties.
- The Boston Police Department also set up a **helpline** for people concerned about relatives or acquaintances to contact and a line for people to provide information

Victim Helps Prevent Other Attacks?

- Jeff, a victim who lost both legs, was adjacent to the location of one of the bombs.
- Upon recovering consciousness, he asked for pen and paper and wrote a note to the FBI, "bag, saw the guy, looked right at me".
- He was later able to provide detailed descriptions to the authorities of a suspect who was seen placing a backpack beside him at the bombing scene two and a half minutes before it exploded, enabling the photo to be identified and circulated quickly

Internet Trained…It's That Easy?

- During an initial interrogation in the hospital, Dzhokhar said Tamerlan was the mastermind.
  - He said they were motivated by extremist Islamist beliefs and the wars in Iraq and Afghanistan, and that they were self-radicalized and unconnected to any outside terrorist groups, but that they had learned how to **build explosive devices from an online magazine** of the al-Qaeda affiliate in Yemen.

Internet Trained?

- He said that he and his brother had decided after the Boston bombings to travel to New York City to bomb Times Square.
  - Dzhokhar was charged on April 22, while still in the hospital, with use of a **weapon of mass destruction** and malicious destruction of property resulting in death

Injury & Treatment

- A **number of the injuries** were grievous, requiring intensive care, and appeared to be "war-like injuries" of mutilation, shrapnel wounds, and dismemberment.
- The **trauma surgery** chief at Boston Medical Center said:

  "We see patients like this, with mangled extremities, but we don't see 16 of them at the same time, and we don't see patients from blast injuries

Can You Hear Me?

- Doctors described removing **"ball-bearing type" metallic beads** a little larger than BBs, and small carpenter-type nails about 1 to 2.5 centimeters (0.4 to 1.0 in) long.
  - Similar objects were found at the scene.

- ***The New York Times*** stated that, according to doctors, because the bombs were low to the ground, the injuries mainly affected legs and feet instead of abdomens, chests, and heads, and as a result **few deaths** occurred.
- Some suffered **ruptured eardrums**

Systems Are Activated

- Brigham and Women's Hospital, received **thirty-one** victims, twenty-eight of them with significant injuries.
- **Seven arrived nearly at once**, starting at 3:08 P.M.
- All required emergency surgery. The first to go to surgery—a patient in shock, hemorrhaging profusely, with inadequate breathing and a near-completely severed leg—was resuscitated and on an operating table by 3:25 P.M., just thirty-five minutes after the blast.
- The rest followed, one after the other, spaced by just minutes.
- Twelve patients in all would undergo surgery—mostly vascular and orthopedic procedures—before the evening was done.

Where Did They All Go?

- Massachusetts General Hospital also received **31 victims** —at least four of whom required amputations.
- Boston Medical Center received **23** victims.
- Beth Israel Deaconess Medical Center handled **21** victims.
- Boston Children's Hospital took in **10 children**, ages two to twelve.
- Tufts Medical Center and St. Elizabeth's Medical Center each treated **18 victims**.

WWYD - What Would You Do?

- If an explosion, bombing or any event which created a large number of injured and dying people happen while you were on duty:
  - What would you do to care for the injured?
  - How would you sort the priority of treatment?
  - How would you prioritize transport?

ANSWER:You would use the

SMART Tag Triage System

Triage

- **First, what is Triage?**
  - Triage is the process of prioritizing or sorting of sick or injured people for treatment according to the **seriousness** of the condition **or injury**.

Triage: Sorting of Patients

- You can't commit to "one-on-one" care
- You have to be fast – 30 sec or less per patient
- Very limited treatment is provided
  - Manually open airways
  - Clear airway with finger sweep
  - Control major bleeding

Primary and Secondary Triage

- **Primary triage**
  - 1st contact
  - Assign triage category

- **Secondary triage**
  - ongoing process that takes place after the patient has been moved to a **treatment/holding area** awaiting transport.

Triage Categories

- **Red (1)=** immediate - critical patient
- **Yellow (2)=** delayed - serious patient that could wait until all reds have been transported
- **Green(3)** = ambulatory / hold – minor injuries
- **Black** = deceased (expectant)

The “START” System of Triage

- **Simple triage and rapid treatment (START)** is a triage method used by first responders to quickly classify victims during a mass casualty incident (MCI) based on the severity of their injury.

The "START" System of Triage

- **Simple Triage and Rapid Treatment (START)**
  - The method was developed in 1983 by the staff members of the Newport Beach Fire Department located at Hoag Memorial Hospital in Newport Beach, CA
    - Easy to use
    - Focus is on signs/symptoms
    - Fast

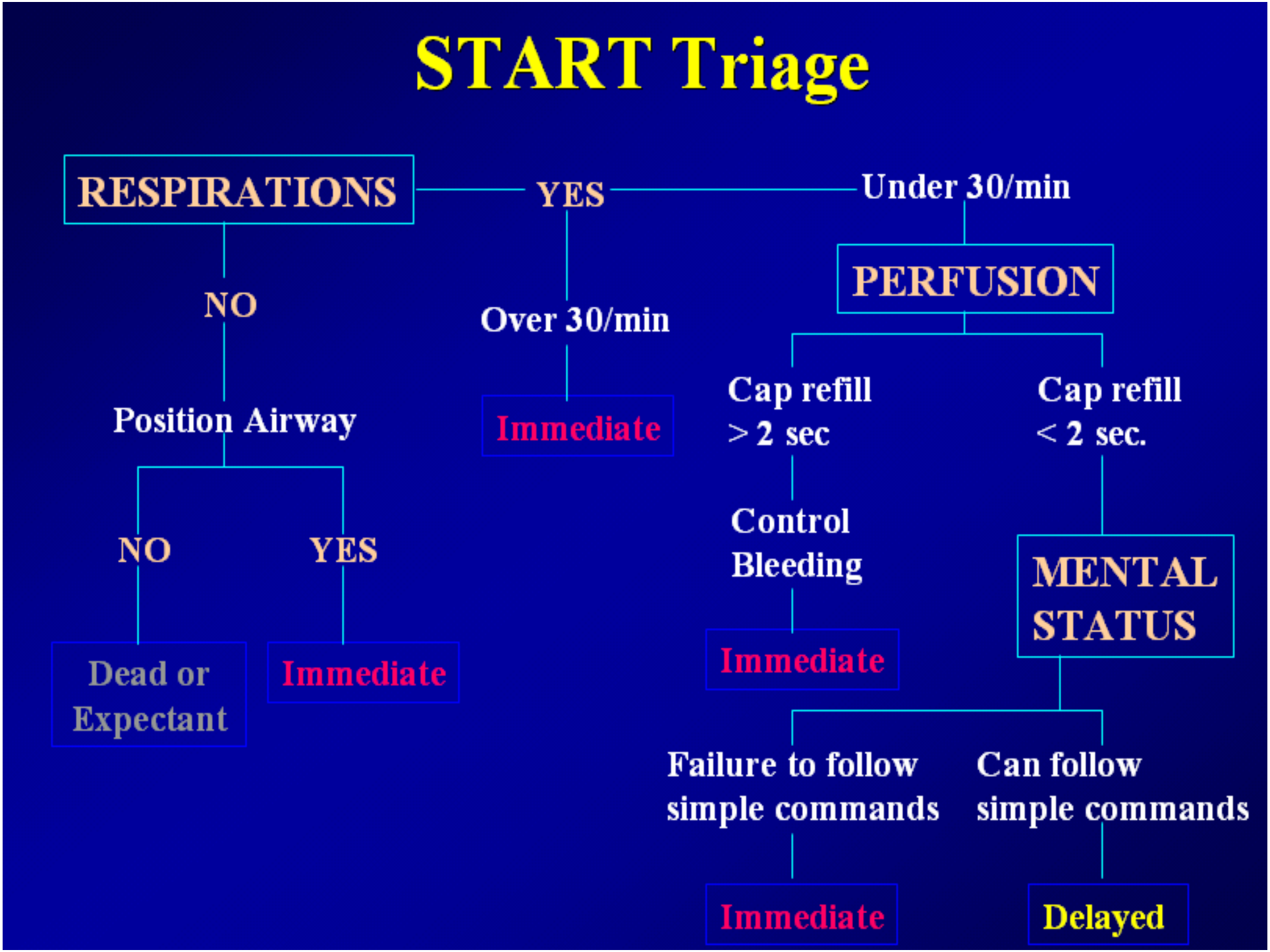
START –
4 things to think about…

- Ability to **follow directions and walk**
- **R**espiratory effort
- **P**ulses/perfusion
- **M**ental status

"RPM'S"

The “START” System of Triage

- using START Triage, evaluate victims and assign them to one of the following four categories:
  - **Walking wounded/minor (green)**
  - **Delayed (yellow)**
  - **Immediate (red)**
  - **Deceased/expectant (black)**


START Triage
RESPIRATIONS
YES
Under 30/min
NO
Over 30/min
PERFUSION
Position Airway
Immediate
Cap refill
> 2 sec
Cap refill
< 2 sec.
NO
YES
Control
Bleeding
MENTAL
STATUS
Dead or
Expectant
Immediate
Immediate
Failure to follow
simple commands
Can follow
simple commands
Immediate
Delayed

OUR POLICY

QUINCY AREA EMS SYSTEM
POLICY AND PROCEDURE

START TRIAGE - ADULT
Simple Triage and Rapid Treatment

I. Purpose: To clarify a simple, quick and effective way to triage numerous patient in a short period of time.

II. Procedure

A. Start where you stand and walk either clockwise or counterclockwise until the entire area has been triaged.

B. As you approach, identify the uninjured or "walking wounded"
1. Move them out of danger or use them (until additional help has arrived)
   a) To control bleeding
   b) To maintain an airway

C. Proceed to the victims that cannot move.

STEP I: Respiration's (breathing)
1. None, open airway, still no breathing, tag DECEASED
2. Respiration's greater than 30/min or less than 10/min , tag IMMEDIATE
3. Respiration between 10-30/min, go on to Step 2

STEP 2: Perfusion check (radial pulse) or use capillary refill test
1. If color regains in greater than 2 seconds or no radial pulse, tag IMMEDIATE
2. If color returns in less than 2 seconds or has a radial pulse, tag DELAYED
3. If severe bleeding, apply a quick bandage "walking wounded" can assist
4. Raise legs to return blood to heart if time permits

STEP 3: Mental Status
1. Altered mental status is in the ability to follow simple commands, tag IMMEDIATE
2. Able to follow commands, tag DELAYED
3. If victim is unconscious, tag as IMMEDIATE

NOTE: Some minor changes on pediatric START. See Pediatric Algorithm O12b.3

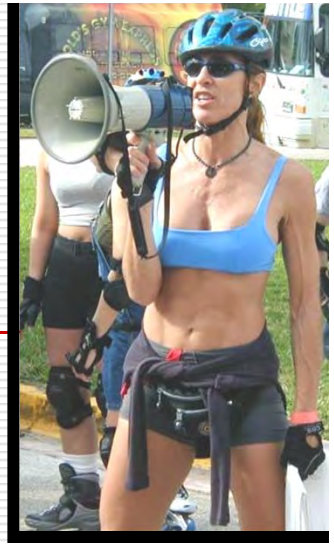
"START"
Focus on tagging the patients

- **BEGIN…**

  Clear out all **ambulatory patients** – tag **Green**

- Rest of the patients require MORE triage – 3 steps: They will be either red, yellow or black.
  - **R**espiratory effort
  - **P**ulses/perfusion
  - **M**ental status

The "Greens"



- Once they walk toward you – designate a place for them to go
- Someone needs to tag them green
- Someone needs to stay with them & keep them informed

Something To Think About....

- Keep in mind that in a larger scale event, patients may be spread out over a large area or even on several floors or rooms in a building.

- In this type of situation, you may encounter further ambulatory patients as you progress. They are still tagged green – direct them to the area that you selected for the “greens” to stage.

START – Step 1
Respiratory Effort

- **Not breathing** – manually open their airway
  - If they start breathing - tag **RED**
  - If they don't start breathing – tag **BLACK**
- **Breathing** >30 or <10 = tag **RED**
- Breathing normal 10-30 = **go to next step**

START – Step 2
Pulses/Perfusion

- Check for Radial pulse.
  - Radial pulse absent = tag **RED**
  - Radial pulse present = **go to next step**

START – Step 3
Mental Status

- You are assessing whether or not the person can follow a simple command.
  - "Squeeze my hand"

- Can follow a simple command = tag **YELLOW**

- Cannot follow a simple command = tag **RED**

Triage Tags

- Types of triage tags
  - There are several types of tags on the market
  - QAEMS System uses the **SMART Tag**.

- **Advantages** of using triage tags
  - Alerts providers to priorities
  - Prevents re-triage
  - Tracking system

SMART TAG

Illinois Approved Triage Tag

PATIENT DETAILS

Male ☐ Female ☐ DOB / Age : _____

Main Complaint :

Mechanism of Injury : _____

Name : _____

Address : _____

City / Zip : _____

Insurance : _____

No.

PAST MEDICAL HISTORY

- ☐ No Past History
- ☐ COPD or lung disorder
- ☐ CVA/Stroke
- ☐ Hypertension
- ☐ Unknown
- ☐ Heart Condition
- ☐ Cancer
- ☐ Diabetes
- ☐ Seizures
- ☐ Other _____

Medications / Allergies

_____

_____

_____

SMART TAG®
TRIAGE, TREATMENT & TRACKING
SMART INCIDENT COMMAND SYSTEM
www.smartmci.com

Male ☐ Female ☐ Priority : 1 2 3 DEAD

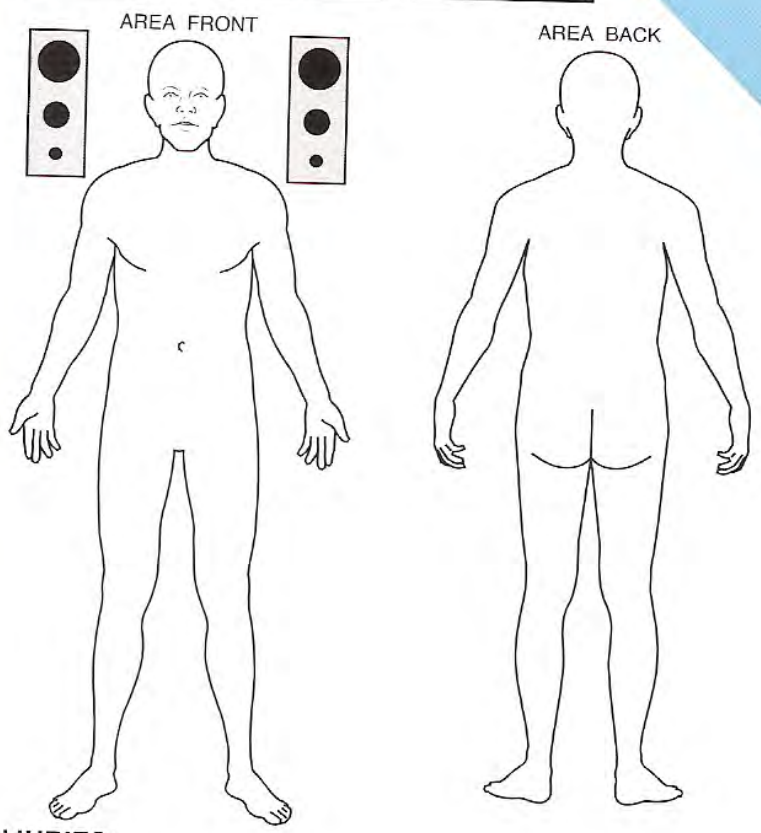
Vehicle ID : _____ Transport Time : __ __ : __ __

Destination : _____

Main Complaint :

SMARTTAG

Patient Assessment



INJURIES:

C Closed Fracture	O Open Fracture	B Burn (shade area)
L Laceration	A Abrasion	M Morphine

Treatment & Notes : _____

_____

_____

_____

_____

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MultiBar07

Name :

DOB / Age :

No

Address :

Eye opening :		
Spontaneous	4	
To voice	3	
To pain	2	
None	1	
Verbal response :		+
Orientated	5	
Confused	4	
Inappropriate words	3	
Incomprehensible words	2	
No response	1	
Motor response :		+
Obeys commands	6	
Localizes	5	
Pain withdraws	4	
Pain flexion	3	
Pain extension	2	
No response	1	=
Glasgow Coma Scale Total :		

Total Glasgow Coma Scale	13 - 15	4	
	9 - 12	3	
	6 - 8	2	
	4 - 5	1	
	3	0	+
Respiratory Rate	10 - 29	4	
	more than 29	3	
	6 - 9	2	
	1 - 5	1	
	0	0	+
Systolic BP	90 or more	4	
	76 - 89	3	
	50 - 75	2	
	1 - 49	1	
	0	0	=
Total :			
Time			:

12 = MINIMAL 3

11 = DELAYED 2

10 or less IMMEDIATE 1

Patient Tracking

- Document minimal information depending on your situation
  - **Primary Triage**
    - Very little documentation
  - **Secondary Triage**
    - More information
    - More assessment and treatment will be done
- Smart Tag has a command board to keep track of where the patient went.

Important Info

- Remember that anyone who <u>can walk</u> at the scene will be tagged **GREEN**.

- The patient **<u>could deteriorate</u>** or you may determine a different priority when you re-triage at the scene or the ED.

Important Info

- If a bus-load of **“greens”** is sent to you from the incident site, you can hold them on the bus in the ED parking lot until you are ready for them.
- Just make sure someone boards the bus to see what you have in case anyone needs immediate attention.

Morgue – Tagged Black

- Establish an area away from other patients
- It should be a secure area away from on-lookers, media, etc.
- Accessible for you and coroner staff
  - At scene…

In The Treatment Area

- Patients should be separated as tagged

In The Treatment Area

- Designate someone to **oversee** the entire treatment area or each color depending on scale of the event
- **Additional treatment** can be provided in this area while awaiting transport
- Secondary triage is **ongoing** – patients can and do deteriorate.

Pediatric Modifications for START = JUMPSTART

- Kids Are A Little Different
  - Expect children to be part of a disaster
  - JumpStart – modified START for kids
  - Designed for children ages 1-8 y/0

Pediatric Modifications - RPMs

- **Respiratory effort** – not breathing
  - Open the airway
  - If the patient starts breathing tag **RED**
  - If apneic and no pulse tag **BLACK**
  - If apneic with pulse try **5 rescue breaths**
  - If still apneic tag **BLACK**
  - If starts breathing tag **RED**

- Respirations < 15 or > 45 tag **RED**
- Respirations 15-45 go to next step (Pulse)

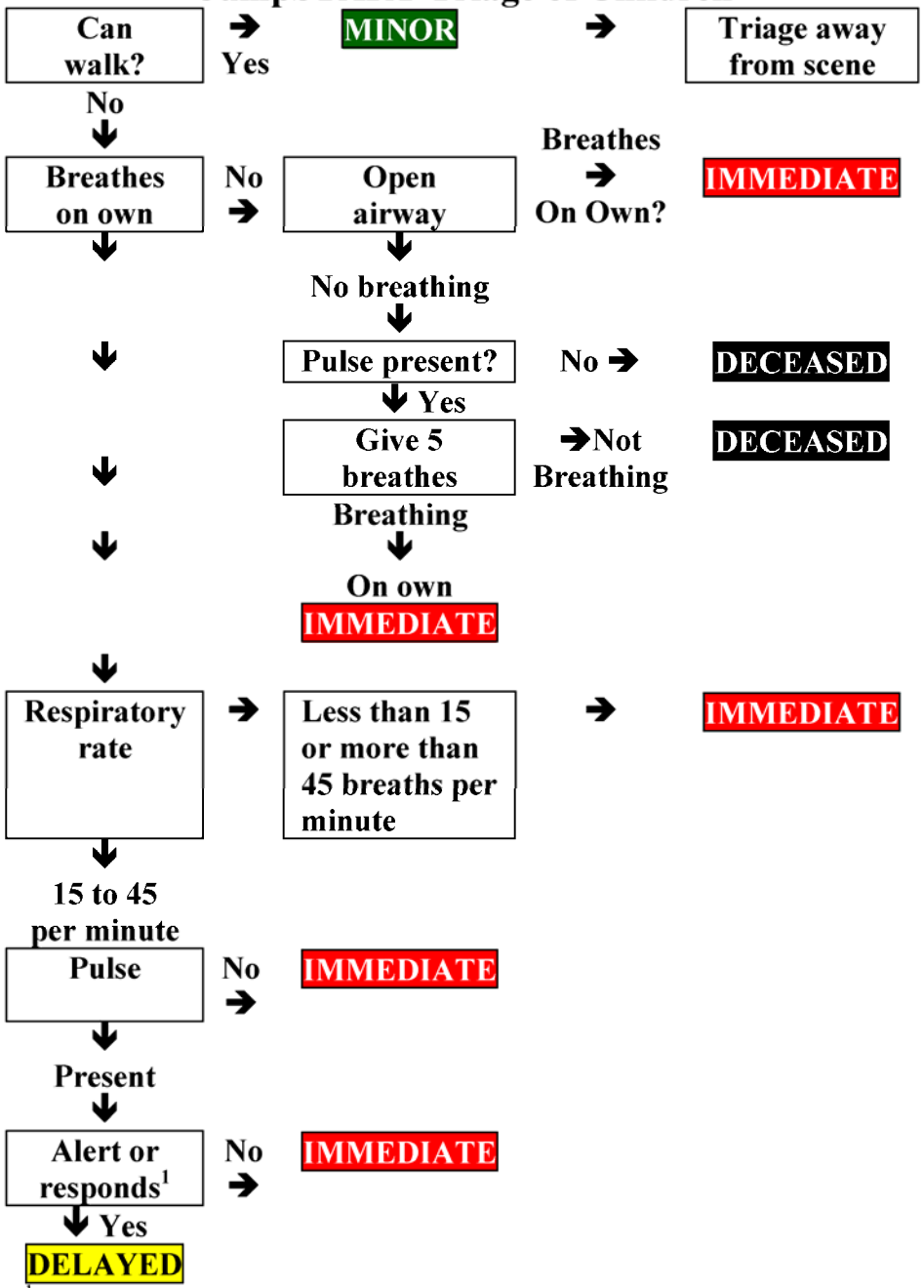
Pediatric START - RPMs

- Pulse
  - No distal pulse – **tag RED**
  - Pulse present go to next step (Mental)

- Mental status – use AVPU
  - Alert, responds to verbal or responds to pain = **tag YELLOW**
  - Inappropriate response, posturing or unresponsive **tag RED**

Children OVER 1 year old

JumpSTART Triage of Children

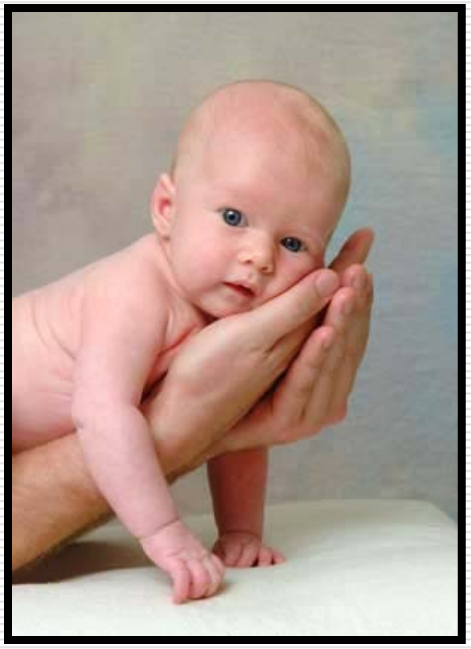


[1] victim is either awake or responds to voice or to pain (e.g. pinching)

Children OVER 1 year old

All Babies **Under 1 Year**
Get Secondary Triage
(Meaning **No Greens!**).

Follow JumpStart to
Determine **Yellow** or **Red**.



SMART TRIAGE TAG

- A kit versus a group of tags
- Larger, easier to see colors
- Patient condition changes, tag changes
- Larger area for documentation
- Better Patient tracking system
- Decon/Hazmat capabilities

Size Matters!

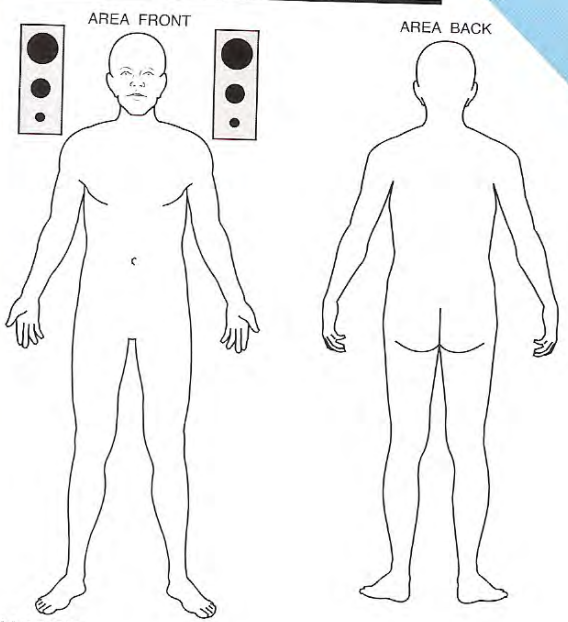
- Smart tag has a larger colored area
  - Can be seen at night
  - Numbers and colors
    - for the colorblind
- Less chance of error
  - no tear of section
- Documentation area
  - Secondary triage/assessment/treatment

THE COLORS OF THE TAG

Only 1 color will show.

Documentation

Patient Assessment



INJURIES:

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Treatment & Notes : _____

_____

_____

_____

_____

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PATIENT DETAILS

Male ☐ Female ☐ DOB / Age : _____

Main Complaint :

Mechanism of Injury : _____

Name : _____

Address : _____

City / Zip : _____

Insurance : _____

No.

PAST MEDICAL HISTORY

- ☐ No Past History
- ☐ COPD or lung disorder
- ☐ CVA/Stroke
- ☐ Hypertension
- ☐ Unknown
- ☐ Heart Condition
- ☐ Cancer
- ☐ Diabetes
- ☐ Seizures
- ☐ Other _____

Medications / Allergies

_____

_____

_____

Male ☐ Female ☐ Priority : 1 2 3 DEAD

Vehicle ID : _____ Transport Time : ___ : ___

Destination : _____

Main Complaint :

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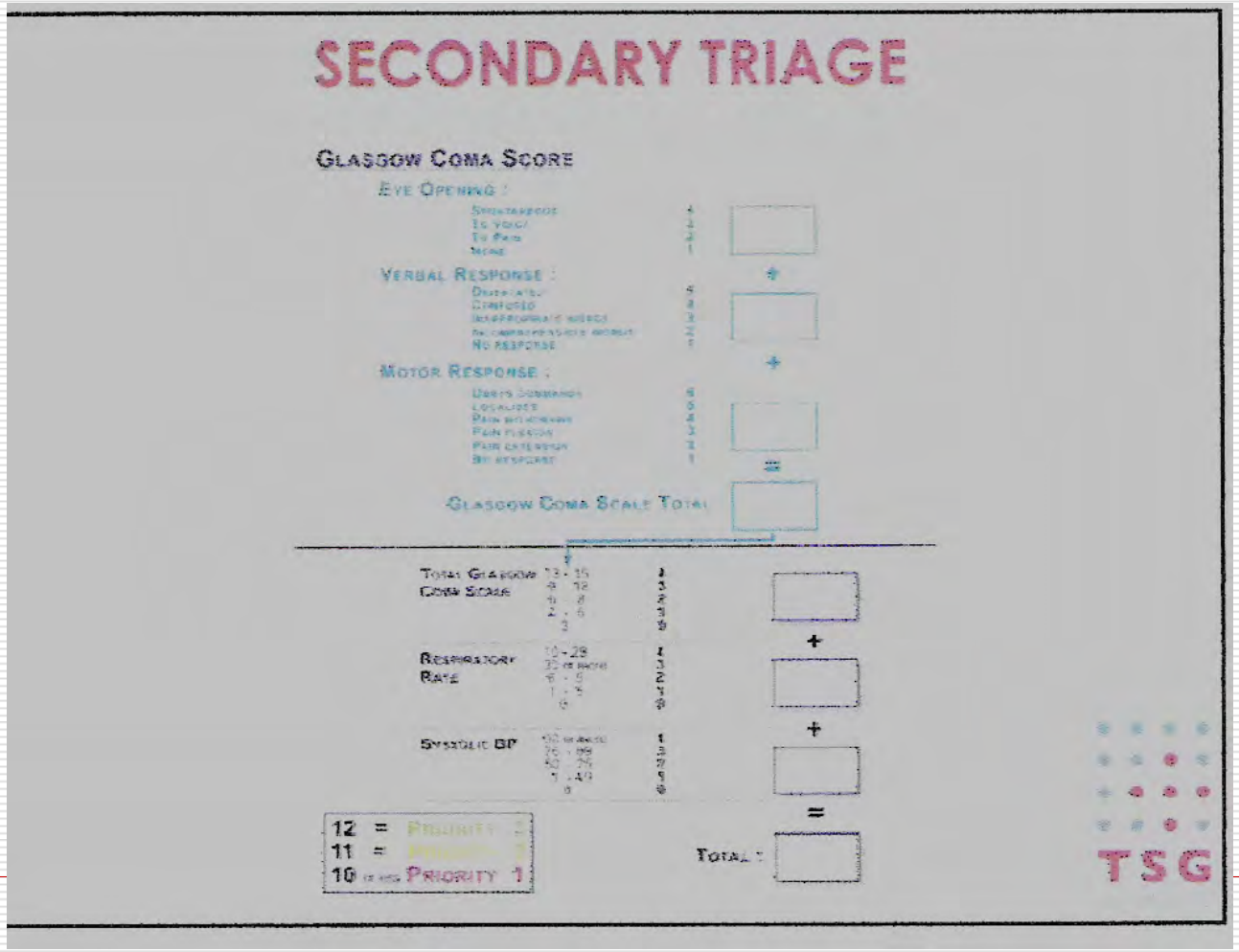
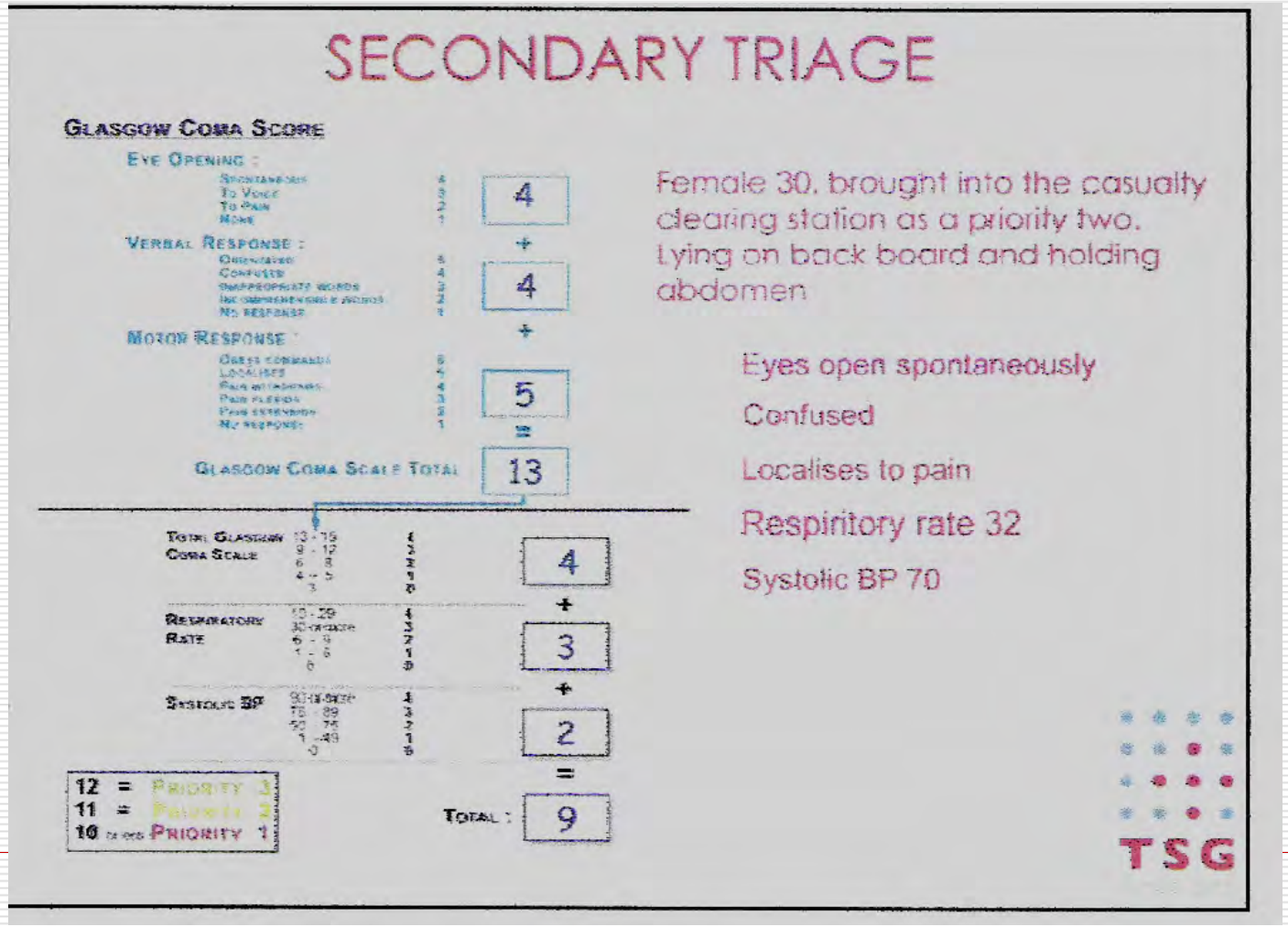
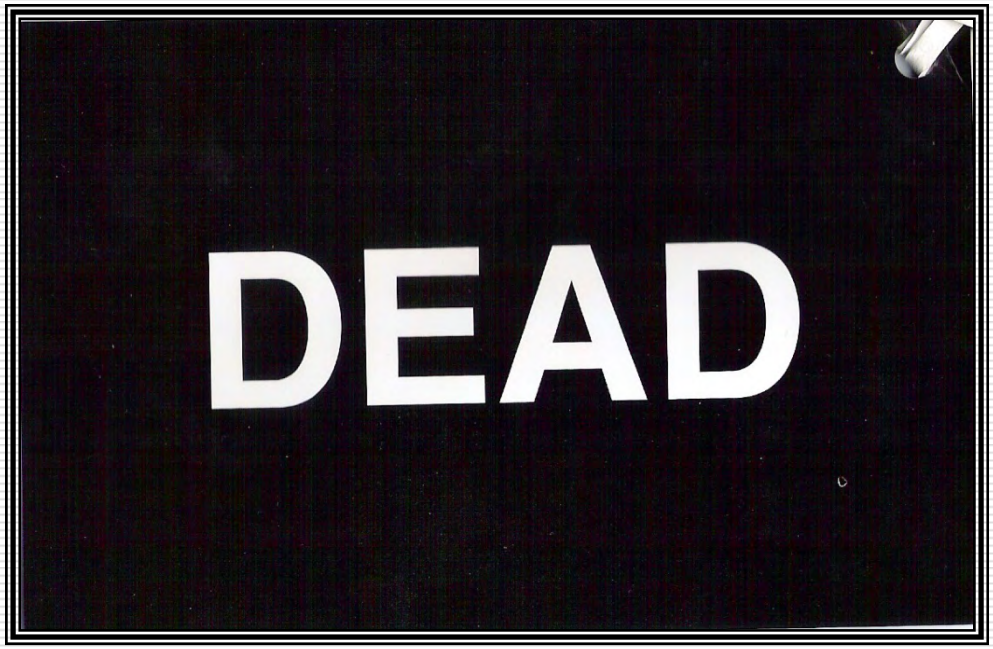
Documentation for Secondary Triage



Documentation for Secondary Triage



Dead is Dead

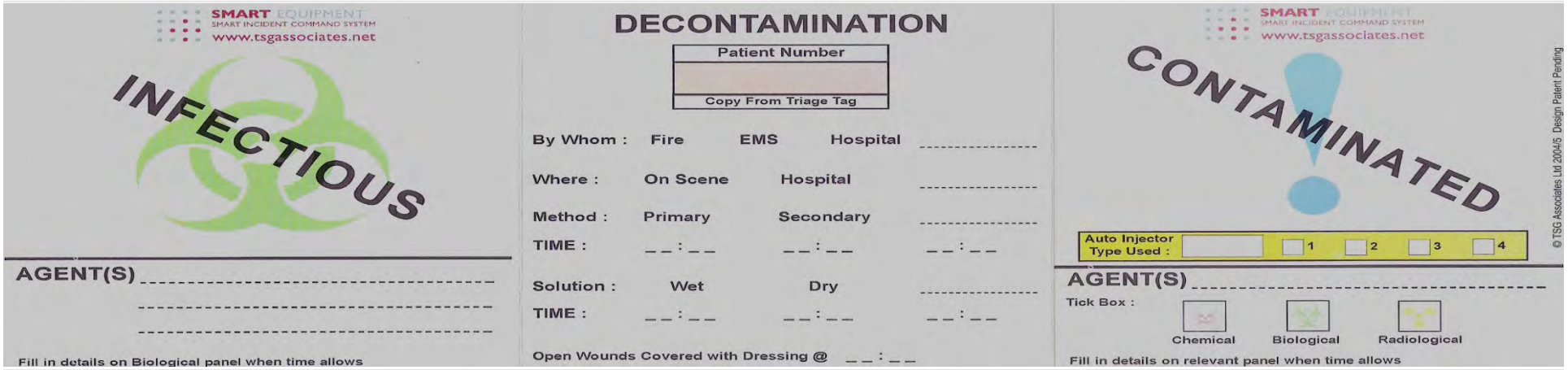


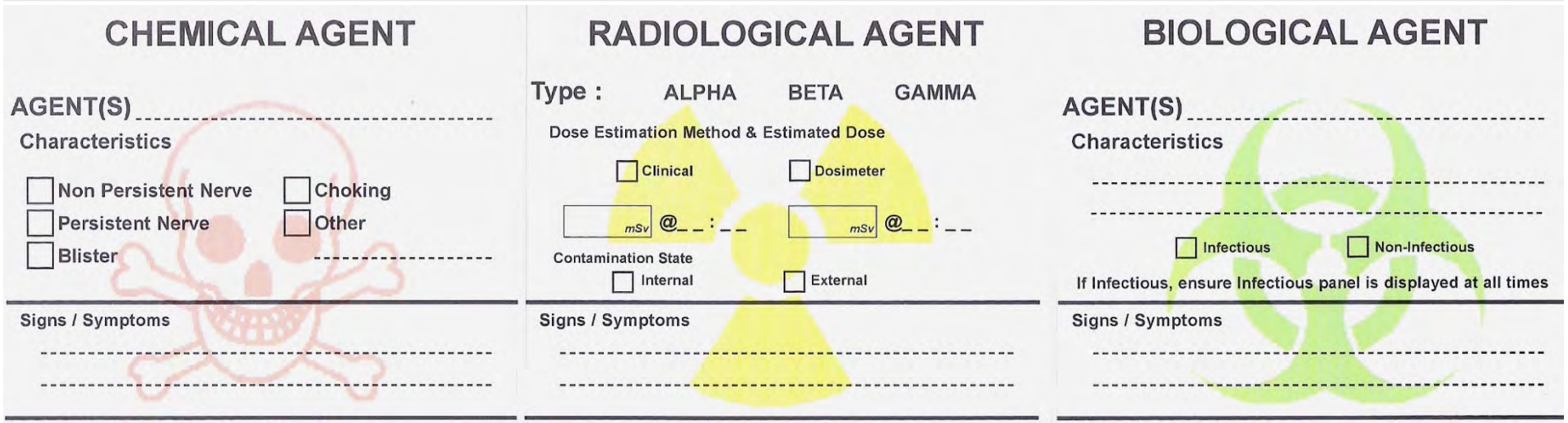
START

- **START** is not a system for determining resource allocation.
  - The classification algorithm used in **START** does not depend on the number of victims or on the number of resources available to treat them
    - Some attempt has been made to prioritization of patients within a category, **such as folding down a triage tag corner** to signify an emergent transport need.

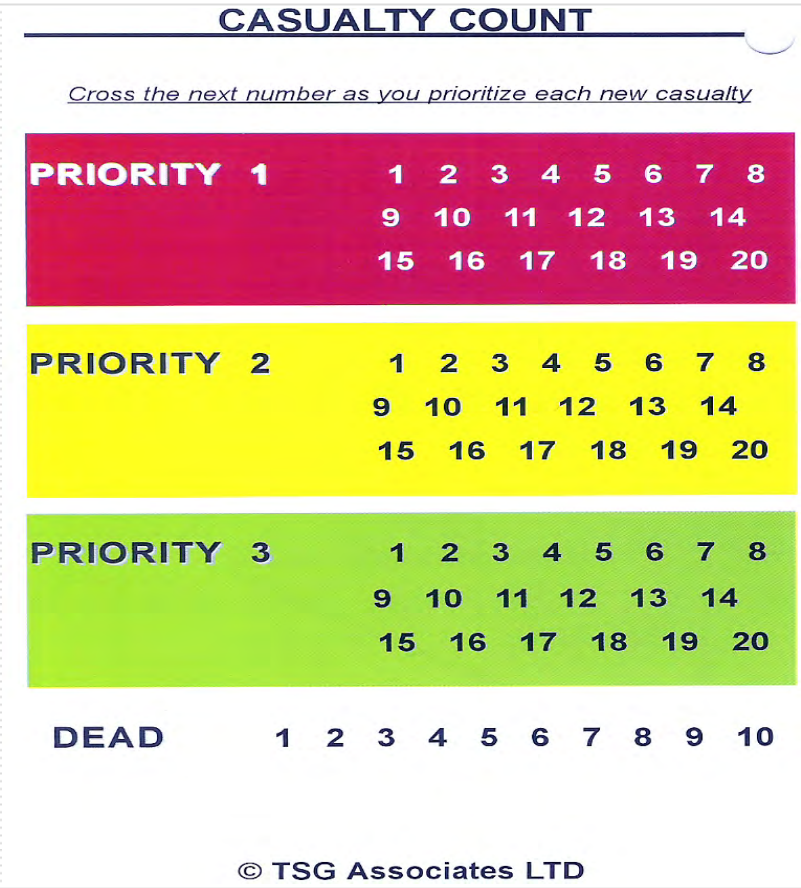
It's a **RED** that is **VERY Critical**

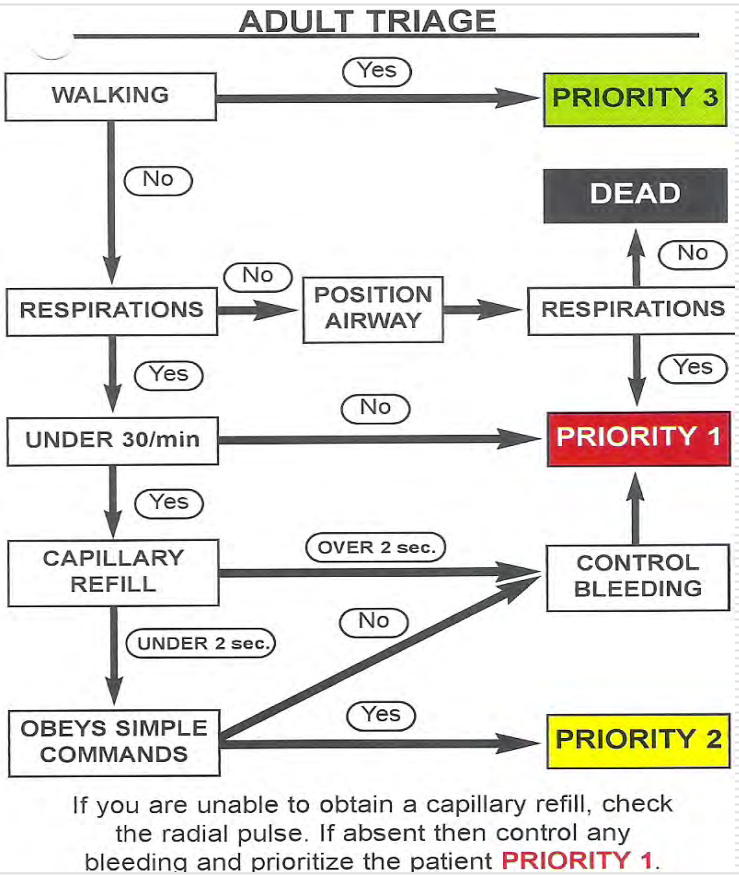
What about HAZMAT





It Has a System to Account for Patients Triage Levels





Now, let’s practice what we have learned…

Scenario #1

You are assigned the duty of triage officer at a local factory where an explosion has taken place due to a gas leak. Utility workers have turned off power and gas at this time and the scene is safe. There are 435 workers at the site and many were in the area of the explosion.

Scenario #1

- The following patients (#1 thru #5) are involved in a worksite explosion.
- Looking around, you visualize 40 – 50 workers involved.
- You begin the triage process...

Patient #1

- You are assigned to triage at a factory where an explosion has taken place. According to the START Triage, when you assess pulses, you would check:
  - A) Radial Pulses
  - B) Pedal Pulses
  - C) Femoral Pulses
  - D) Carotid Pulses

Patient #1

- According to the START Triage and PMS criteria, when you assess pulses, you would check:
  - **A) Radial Pulses**
    - *NOTE: Checking peripheral pulses would give you an idea of BP. The presence of a radial pulse would mean a BP systolic BP of 80-90 range*

Patient #2

- You notice this patient is not breathing, you would
  - A) Tag Black and rapidly go to next patient
  - B) Tag Red, hopefully that he will begin to breath shortly,
  - C) Don't waste time with tagging process and proceed to next patient.
  - D) Open the Airway, tag Red if he starts to breath.

Patient #2

- You notice this patient is not breathing, you would
  - **D) Open the Airway, tag Red if he starts to breath.**
    - *NOTE: Start Triage does allow you to open an airway, if he starts to breath, tag red, if not, tag black*

Patient #3

- The next patient is a 50 y/o welder with partial amputation of RLE at the ankle. No radial pulses are noted. RR 28/min.
  - A) **Tag Black**
  - B) **Tag Red**
  - C) **Tag Yellow**
  - D) **Tag Green**

Patient #3

- The next patient is a 50 y/o welder with partial amputation of RLE at the ankle. No radial pulses are noted. RR 28/min.
  - B) **Tag Red**
    - NOTE: Breathing is good, but absent of radial pulse confirms RED

Patient #4

- The next patient is a 36 year old pipe fitter with fracture of humerus. He is in pain, but no other obvious distress or injury noted. He rates pain of 8/10 when prompted. You would anticipate:
  - A) **Tag Black**
  - B) **Tag Red**
  - C) **Tag Yellow**
  - D) **Tag Green**

Patient #4

- The next patient is a 36 year old pipe fitter with fracture of humerus. He is in pain, but no other obvious distress or injury noted. He rates pain of 8/10 when prompted. You would anticipate:
  - D) **Tag Green**
    - NOTE: as long as he can walk, he would be rated a green. If unable for any reason, he would become a YELLOW.

Patient #5

- The next patient is a 42 y/o fabricator with fracture of tib/fib with deformity. He is in severe pain 10/10. RR 34, Radial pulse 120. You would tag:
  - A) **Tag Black**
  - B) **Tag Red**
  - C) **Tag Yellow**
  - D) **Tag Green**

Patient #5

- The next patient is a 42 y/o fabricator with fracture of tib/fib with deformity. He is in severe pain 10/10. RR 24, Radial pulse 120. You would tag:
  - B) **Tag Red**
    - NOTE: RPM, Pulses are present, able to answer questions, but RESP are ok, but unable to walk.

Scenario #2

- The next scenario also involves multiple victims and you will triage 5 patients.
- A tornado hits a small town and a day care with approximately 25 children is involved.
- You serve as the triage officer and use the **JUMPSTART** triage system.

Patient #1

- You first patient is 2 year old who was thrown from the building. He is unresponsive with a hematoma to the forhead. RR 34, Radial pulse 120. You would tag:
  - A) **Tag Black**
  - B) **Tag Red**
  - C) **Tag Yellow**
  - D) **Tag Green**

Patient #1

- You first patient is 2 year old who was thrown from the building. He is unresponsive with a hematoma to the forhead. RR 34, Radial pulse 120. You would tag:
  - B) **Tag Red**

    NOTE: based on RPM, mentation is abnormal

Patient #2

- As you begin to assess a 9 month old, you remember patients less that one year old are not tagged:
  - A) **Black**
  - B) **Red**
  - C) **Yellow**
  - D) **Green**

Patient #2

- As you begin to assess a 9 month old, you remember patients less that one year old are not tagged:
  - D) **Green**
    - NOTE: due to low body mass, injuries are frequent and/or serious. Therefore, we do not use the green tag on infants (<1 y/o)

Patient #3

- You third patient is 2 year old who was trapped under building debris. He is unresponsive, no pulse and not breathing. You would:
  - A) Tag Black
  - B) Preform CPR at 15:2 rate
  - C) Provide 10 rescue breaths
  - D) Provide 5 rescue breaths

Patient #3

- You third patient is 2 year old who was trapped under building debris. He is unresponsive, no pulse and not breathing. You would:
  - D) Provide 5 rescue breaths
    - NOTE: Unlike adults, you may provide rescue breaths to pediatrics in hopes that they begin to breath.

Patient #4

- After 5 rescue breaths, a 4 year old who was trapped under the building debris takes 2 breaths, but quickly becomes apneic and pulseless. You would:
  - A) **TAG Black**
  - B) **Tag Red**
  - C) **Tag Yellow**
  - D) **Again, give 5 rescue breaths**

Patient #4

- After 5 rescue breaths, a 4 year old who was trapped under the building debris takes 2 breaths, but quickly becomes apneic and pulseless. You would:
  - A) **TAG Black**

Patient #5

- A 6 y/o was found in a back bedroom. He is semiconscious. RR are 10/min. Pulses are present. According to JumpStart, you would:
  - A) **TAG Black**
  - B) **Tag Red**
  - C) **Tag Yellow**
  - D) **Tag Green**

Patient #5

- A 6 y/o was found in a back bedroom. He is semiconscious. RR are 10/min. Pulses are present. According to JumpStart, you would:
  - B) **Tag Red**
    - Using RPMs, Respirations are too slow. Also, level of consciousness would be a concern.

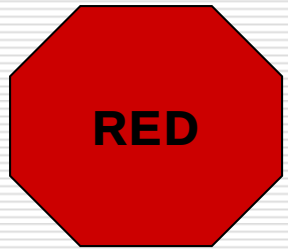
MORE PRACTICE with Adults and Kids…

A bus carrying school children of various ages and their chaperones on a field trip loses control, slams into a another vehicle.

You are the triage officer.

What's your call?

- A young school aged boy is found lying on the roadway 10 ft from the bus.
- Breathing 10/min
- Good distal pulse
- Groans to painful stimuli
- Would you TAG
  GREEN, **RED**, **YELLOW** or **BLACK**?

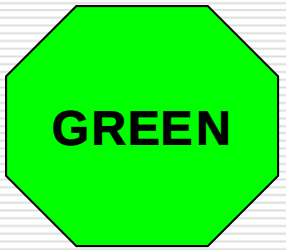


What's your call?

- An adult kneels at the side of the road, shaking his head. He says he's too dizzy to walk.
- RR 20
- CR 2 sec
- Obeys commands
- Would you TAG **GREEN**, **RED**, **YELLOW** or **BLACK**?

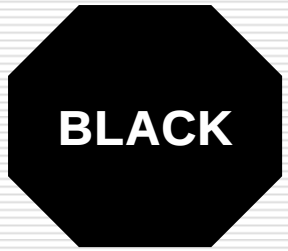
What's your call?

- A school aged girl crawls out of the wreckage. She's able to stand and walk toward you crying.
- Jacket and shirt torn
- No obvious bleeding
- Would you TAG
  GREEN, **RED**, **YELLOW** or **BLACK**?



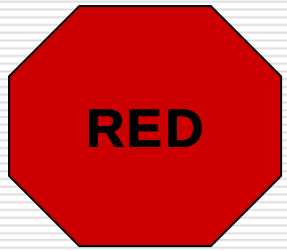
What's your call?

- A toddler lies with his lower body trapped under a seat inside the bus.
- Apneic
- Remains apneic with modified jaw thrust
- No pulse
- Would you TAG
  GREEN, **RED**, **YELLOW** or **BLACK**?



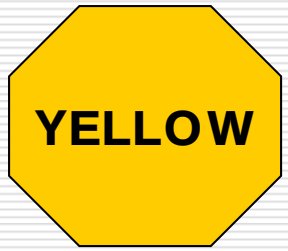
What's your call?

- Adult female driver still in the bus, trapped by her lower legs under caved-in dash.
- RR 24
- Cap refill 4 sec
- Moans with verbal stimulus
- Would you TAG
  GREEN, **RED**, **YELLOW** or **BLACK**?



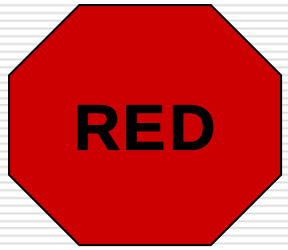
What's your call?

- A young school aged boy props himself up on the road.
- RR 28
- Good distal pulse
- Answers question and commands.
- Has obvious deformity of both lower legs.
- Would you TAG **GREEN**, **RED**, **YELLOW** or **BLACK**?



What's your call?

- A toddler lies among the wreckage.
- RR 50
- Palpable distal pulse
- Withdraws from painful stimulus
- Would you TAG
  GREEN, **RED**, **YELLOW** or **BLACK**?



In Summary

- Knowing how to use the ***SMART TAG*** will:
  - Assure the appropriate people receive the appropriate care
  - Prevent re-triage
  - Assure your Mass Casualty scene does not become a DISASTER
  - Assist with priority of treatment and transfer.

ANY QUESTIONS?

Take the quiz online -

http://www.blessinghealthsystem.org/formbuilder/forms.aspx?formid=37488&sid=1