



# First Responder Accreditation

Topic 5:

Triage (SMART)

## Acknowledgements

This resource has been put together to assist you in completing your First Responder Accreditation workbook and/or your Reaccreditation book for 2012. St John Ambulance Australia would like to thank Dr Stephen Luke for his contribution to this topic.

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## Introduction

As a First Responder there may be times that you will need to triage patients. This topic will introduce you to the SMART triage system. This topic will cover information on the following:

- What is triage?
- Why do we triage?
- The four standard levels of triage
- Standard language/terminology for the four levels of triage
- Standard colour assignment for the four levels of triage
- How to use the Smart triage standard flowchart - sieve

## What is Triage?

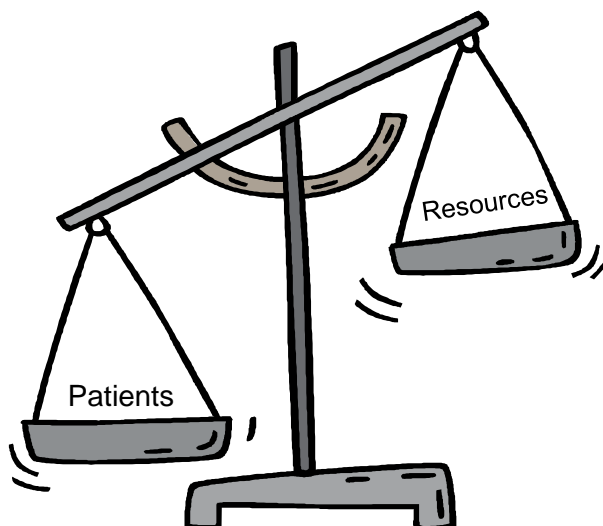
Triage is defined as the process of sorting patients and setting priorities for treatment. The aim is to establish priority of care for each patient, to assist in the allocation of resources and the management and evacuation of the scene. The fundamental goal is for the greatest good to be done for the greatest number of people.

Triage needs to be:

1. Rapid                      Triage should be achievable within 60 seconds for each patient and should not delay urgent treatment.
2. Reproducible            Triage will be done the same way by everyone who attended to the patient; therefore the results should be the same regardless of the provider.
3. Dynamic                   Triage can be repeated at any stage should the patient's conditions change.

## When do we triage?

We triage when the number or complexity of patients exceeds the resources available.



*The fundamental goal is for the greatest good to be done for the greatest number of people.*

## Triage Systems

There are many different triage systems used in Australia. Each system is designed to provide tools and guidelines to assist with patient assessment and management. Examples of systems in use in Australia are:

- Call-taking and Dispatch Systems e.g. State and Territory Ambulance Services
- Australasian Triage Scale (primarily used in hospitals by emergency department staff)
- Mass Casualty Incident Triage

Within St John Ambulance Australia there are several systems used for various purposes, examples of these are:

- St John Computer Aided Dispatch system (state/territory specific)
- SMART Triage Mass Patient System

This topic will concentrate on the SMART Triage Mass Casualty System.

## Mass Casualty System

The aim of the system is to do the greatest good for the greatest number of people.

- Initial **SIEVE**
  - Performed best by non-health professionals
  - Quick screening for further assessment and management
  - Based on mobility and airway, breathing and circulation (ABC)
- Then **SORT**
  - More detailed re-assessment after sieve
  - This is an Advanced Responder skill
  - The scoring system is based on heart rate, respiratory rate (RR) and Glasgow Coma Scale (GCS).

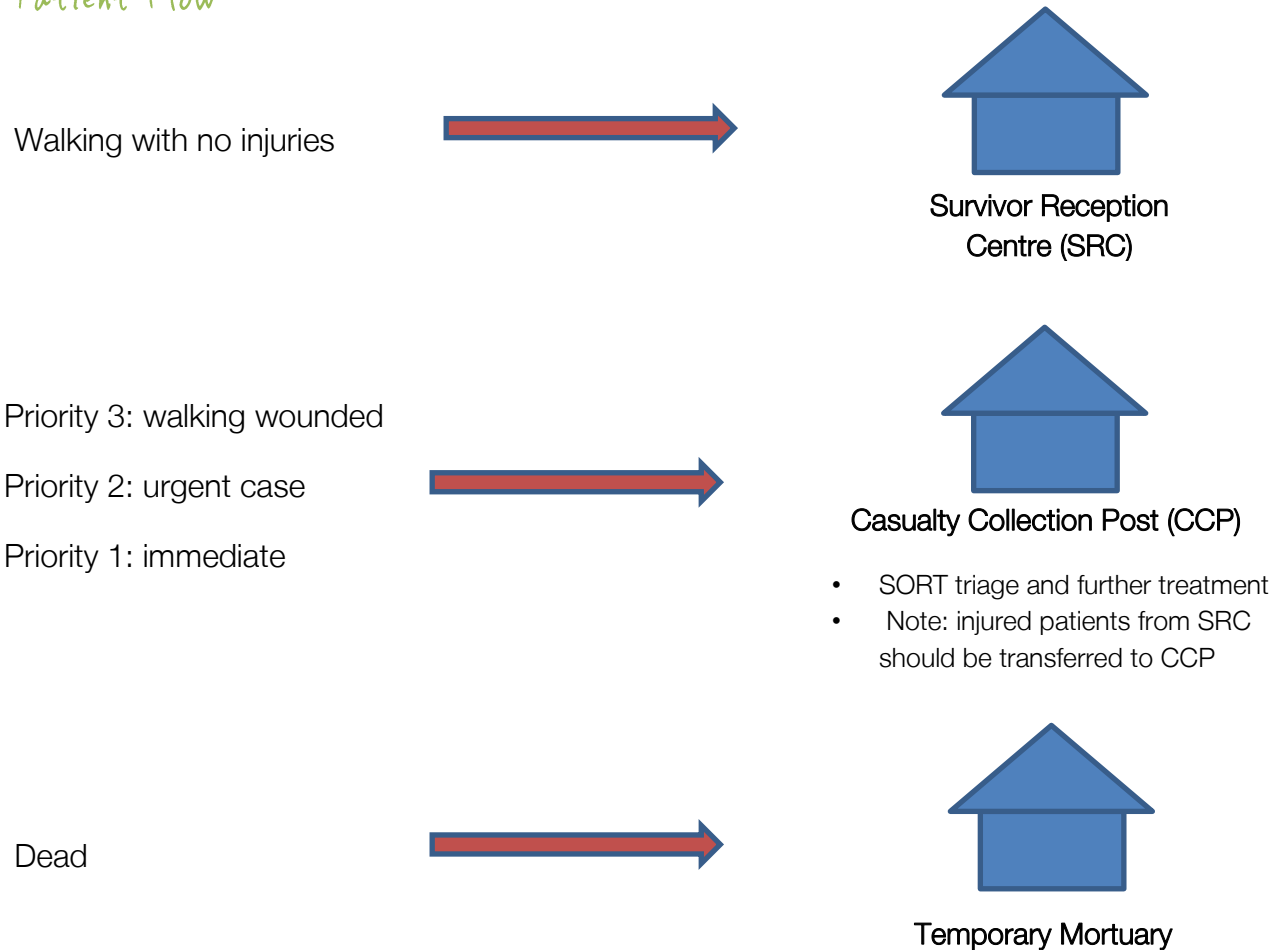
SMART Triage is a commercial product used around the world and based on sieve-sort triage principles.

## Staff Allocations

- **SIEVE** triage
  - At least one clinical person to do this job only
- **SORT** triage
  - Treatment for priority 1 (P1), priority 2 (P2) and priority 3 (P3) patients
  - First aid and reassessment in survivor area
- Non-clinical roles
  - Welfare and registration in Survivor Reception Centre (SRC)
  - Casualty Clearing

- prioritise and coordinate transport to hospital
- Transport coordination (vehicles)
  - Control ambulance access (in) and egress (out)
- Agency command and communications
- Interagency liaison

## Patient Flow



### Offsite patient transport

- Priority ambulance transport through Ambulance Loading Point
- Walking wounded may be transported by car, bus or ambulance

## Survivor Expectations

Aiming to do the greatest good for the greatest number of people may mean that some survivor expectations are not met.

Manage expectations by:

- **Providing what information you can** - this will be about the incident and either where they should go for more help (if mobile), or how to provide survivor care if not mobile.

- **Advice that you are not stopping and that further help is coming.** Be realistic and honest. If help is coming quickly then say so, but if it is delayed then communicate this as well.
- **Provide some means for survivor self-care (if needed).** Pads and roller bandages or a sling is usually enough to help survivors care for themselves or other survivors and allow you to continue triage. It protects life and keeps survivors occupied.
- **Encourage support of other survivors.** The emotional support of survivors can be invaluable in reducing anxiety and will reduce the demands placed upon you whilst you continue your triage.

## SMART Triage System

The smart triage system includes:

- Triage cards
  - Colour coded, water-proof and barcoded
  - These cards are to be attached to patients with elastic bands
  - Refold card to change triage category
  - Record of patient details and treatment
  - Available in portable pouches
- Command resources
  - Keep track of patient numbers
  - Record of transport and destinations
  - Portable command log and board

## Example SMART Tag



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## Triage Sieve

- This is a First Responder skill
- Use of the Patient Assessment Flowchart which is printed on the reverse side of the triage card
- Assessment requires six (6) observations
  1. Is the patient obviously **injured**?
  2. Can the patient **walk**?
  3. Is the patient **breathing**?
  4. If not breathing, does breathing start when **airway is opened and cleared**?
  5. Is the **respiratory rate** under 10 or over 30?
  6. What is the patient's **pulse rate**?

## Adult Flow Chart

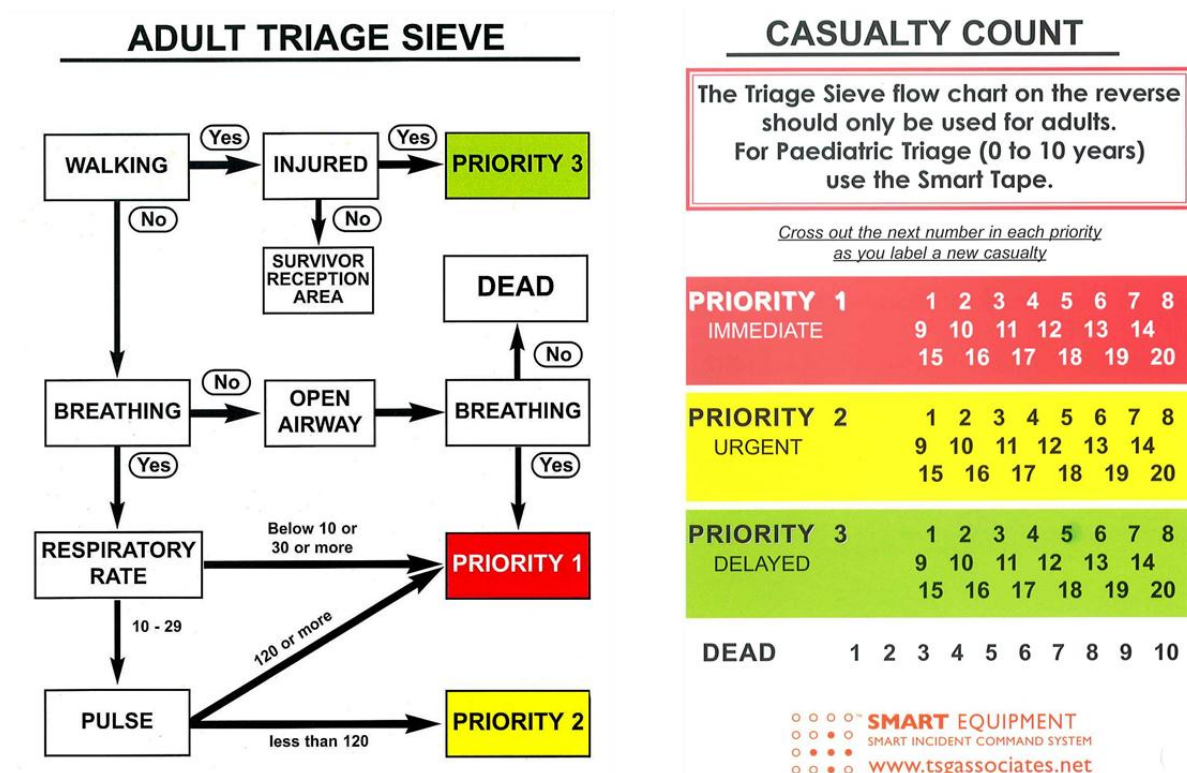


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This is the adult card. In St John we will use it for ALL patients of ALL ages. There is a specific PAEDIATRIC (Child) tape to enhance the SIEVE process for children, however this is not likely to be available to all members at all times, so the ADULT card will be used. The impact of this will probably over triage paediatric (child) patients. Where the paediatric (child) tape is available then the provider (usually a paramedic or other health professional) assessment based on the tape will be used by St John.

There are two (2) points where **immediate** aid is to be applied during the triage process;

1. When there is no breathing and we are directed to OPEN the AIRWAY
2. When there is major bleeding, the application of haemorrhage control is appropriate for major bleeding (basic pressure, pad, and bandage)

#### Priority and colour codes for triage

Each level relates to the order in which patients are treated and transported from the scene to a health care facility.

<b>Treatment</b>	<b>Priority</b>	<b>Color</b>
Immediate	1	Red
Urgent	2	Yellow
Delayed	3	Green
Dead		Black



## Triage Sort

The next step, Triage SORT, is an Advanced Responder and Health Care Professional skill and is therefore beyond the scope of First Responders. A brief description follows for information only.

Once patients are initially triage using the SIEVE Smart system the patients will be reassessed and a revised triage score will be calculated. A score out of 12 will be given and this will then determine their priority, which may be different from their initial triage.

Respiratory rate (RR)	0 – 4
Systolic blood pressure	0 – 4
Glasgow Coma Score	0 – 4
<b>TOTAL</b>	<b>0 - 12</b>

## Managing Multiple Patients

When managing multiple patients you will need to think about the jobs that need to be done, as indicated in the list below:

- Team Leader / Commander take command
  - Non-clinical role
  - Allocate tasks to others
  - Ensure safety and welfare of all members
  - Liaise with event organisers and emergency services
  - Notify and escalate within St John as required
- Appoint at least one person to do triage
  - Use triage tags if you have them
- Find other people to help
  - Patients helping themselves and others
  - Security
  - Event staff
  - Police
  - Off-duty health professionals

## Review

Triage Sieve using the Smart triage system is a First Responder skill. This system involves the use of a flowchart and only requires a maximum of five observations:

1. Can the patient **walk**?
2. Is the patient **breathing**?
3. If not breathing, does breathing start when **airway opened**?
4. Is the **respiratory rate** under 10 or over 30?
5. What is the patient's **pulse rate**?

Treatment	Priority	Color	Description
<b>Immediate</b>	<b>1</b>	<b>Red</b>	<ul style="list-style-type: none"> <li>• at risk of early death</li> <li>• stabilize and transported ASAP</li> </ul>
<b>Urgent</b>	<b>2</b>	<b>Yellow</b>	<ul style="list-style-type: none"> <li>• still injured &amp; possibly serious</li> <li>• needs reassessment after SIEVE</li> </ul>
<b>Delayed</b>	<b>3</b>	<b>Green</b>	<ul style="list-style-type: none"> <li>• minor injuries</li> <li>• may be frightened and in pain</li> <li>• provide reassurance</li> <li>• needs reassessment after SIEVE</li> </ul>
<b>Dead</b>		<b>Black</b>	<ul style="list-style-type: none"> <li>• non-survivable injuries</li> </ul>
<b>Uninjured</b>		<b>N/A</b>	<ul style="list-style-type: none"> <li>• direct to Survivor Centre</li> <li>• registration is very important</li> <li>• they may still need treatment</li> </ul>

### ADULT TRIAGE SIEVE

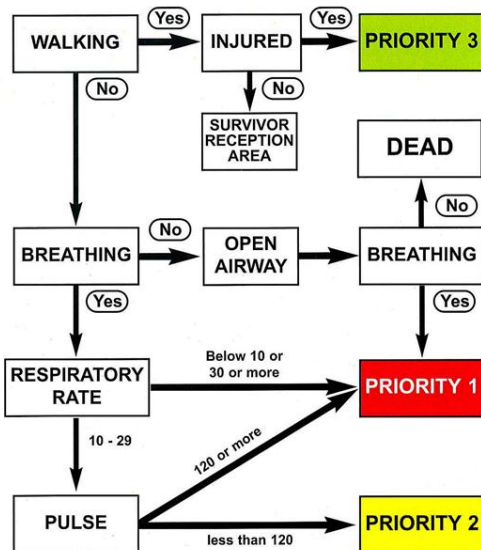


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