

## Sample Triage Scenario: Competency-Based Example

<b>Scenario #</b> 302	Triage - Collision with ski racking at base of lifts, broken ribs and lacerations. Heart attack. Severe lacerated hand.
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Instructor:  Assistants: Nil - Triage and Initial treatment

Difficulty: High No of Students: 1 + 3 cas Time: 20 mins

- Equipment Required:
- Slings
  - Wound dressings
  - Gloves
  - No Oxygen or other equipment.
  - Radio and first-aid bumbag

- Set Scene:
- A patroller walks out of the café after lunch on a warm spring day and sees an out-of-control snowboarder speeding through the crowds and collide with ski-minding racks, then collapse to the ground
  - Upon arrival at scene, the patroller finds a snowboarder laying on the ground amongst a pile of skis and boards, blood oozing from a gash on their lower left arm, holding their chest with the right arm and having difficulty breathing
  - A number of bystanders are abusing the snowboarder, including the ski minding supervisor (an overweight, elderly lift company employee) who becomes upset and grabs at his chest in pain. He has radiating pains in his right arm. After two minutes, he collapses to the ground unconscious on his back.
  - *Cas 1 note - extreme pain on breathing in ribs right hand side, scared of sight of blood, also feel stinging sensation in right leg (minor laceration to inside of thigh just above knee)*
  - *Cas 2 note - initial heart attack then becomes unconscious*
  - *Cas 3 note - left hand (palm) sliced open when ski rack falls over, alert and calm, spurting blood from laceration*

- Discussion Points:
- Triage, initial assessment of casualties, scene assessment
  - Prioritisation of treatment, DRABC
  - Control scene and bystanders
  - Assistance from non-first-aid bystanders
  - Danger - gloves
  - Treatment of broken ribs and arm by slings and dressings
  - Treatment of myocardial infarction
  - Treatment of arterial bleed
  - Examination for other injuries to find leg laceration (secondary exam)
  - Witness statements

Comments / Feedback: This scenario is to cease prior to the arrival of additional patrollers and equipment. The aim of this exercise is to practice prioritisation and multi-tasking triage skills



## Multiple Casualty Triage



### Objectives

At the end of this module the participant will be able to:

- Prioritise the management of casualties.
- Identify the four categories of triage.
- Perform a primary survey and assessment.
- Apply DRABC to multi-casualty scenarios.
- Assess several casualties with injuries, through a triage process.
- Manage multiple casualties using a trauma management model.
- Use resource management techniques (including direction of bystanders) to maximise effectiveness.
- Multi-task to maximise single patroller effectiveness.

### Study Guide

#### Incident Scene Evaluation

- Danger to self, bystanders and the casualty

#### Mass Casualty Incidents

- Assessment of priority of treatment (triage)
- International triage categories (red - immediate - life threatening, yellow - delayed - serious injuries, green - hold - non life threatening, black - dead - vital signs absent or soon to be absent)
- Bystander assistance (direction and coaching)
- Ask permission
- Mechanism of injury
- Witnesses
- Take notes as you assess (particularly with larger numbers of casualties)

#### Casualty Assessment (covered in detail in Casualty Assessment module)

- Primary Survey - Danger, Response, Airway, Breathing, Circulation
- Vital Signs Survey - Level of Consciousness
- No Secondary Examination in the initial triage assessment

#### Lateral Recovery Position

- Application and reasons for use

#### Simple Triage and Rapid Treatment (START)

- Register a first impression and report to base station so that help can be obtained and resources mobilised.
- Identify casualties with minor injuries who are not at risk. (green)
- Assess each casualty's respiration and provide appropriate treatment.
- Assess each casualty's circulation and provide appropriate treatment.
- Assess each casualty's mental status.
- Identify those who, for practical purposes, are dead.



## Sample Questions

- Which of the following casualties is the highest priority for treatment (ie red - immediate)?
  - Upper airway obstruction.
  - Severe head or chest injuries.
  - Closed fracture with minor burns.
  - Cardiac arrest.
- You are the first to arrive at the scene of a chairlift drop from a high cable. There are at four people that you can see in various states of injury. Do you:
  - Quickly put on rubber gloves and carry out a one-minute primary survey of each casualty.
  - Quickly assess the casualties, then treat the most severe injuries first.
  - Call for assistance on your radio giving a report of the scale of the incident.
  - Carry out CPR on the first person you come across, as they are unconscious and suffering cardiac arrest.
- What are the four levels of triage assessment?
- After the initial assessment and treatment of Priority 1 (immediate) casualties in a multi-casualty incident, a patroller should:
  - Assume that the casualties will be stable in that condition until help arrives.
  - Monitor all casualties for degradation in their priority for treatment.
  - Transport the casualty with the greatest need to medical assistance.
  - Conduct secondary surveys of each casualty.
- In a 20 casualty incident, what instructions would you give to an ambulatory casualty with minor abrasions who asked what they could do to help?
- List four injuries that would be classed as 'yellow - DELAYED' in their priority of treatment.
- How often should you recheck vital signs during triage assessment?
- Why should a casualty with a lowered level of consciousness be placed in a lateral recovery position for transport?

## References

Primary Reference: ASPA First Aid Manual - Chapter 3

Basic Life Support: ASPA First Aid Manual - Chapter 4

**Golden Hour Rule.** The Golden Hour is the average amount of time that elapses before a seriously injured casualty starts to deteriorate rapidly. A casualty's chances of survival are *reduced by half* for every 30 minutes after the Golden Hour.

**Body Substances Isolation.** (BSI) Avoidance of unprotected contact with all moist body substances, replaces the term 'Universal Precautions'.

Helpful **Mnemonics**

### OPQRST - (Medical History)

Onset  
Provocation  
Quality  
Radiation  
Severity  
Time

### DECAP - BTLS (Trauma History)

Deformities  
Contusions  
Abrasions  
Punctures, Penetrations  
Burns, Bleeding  
Tenderness  
Lacerations  
Swelling



Sample Triage Scenario: Competency-Based Example

<b>Scenario #</b> 301	Triage - High speed collision with skidoo on a track. Broken forearm (ulna/radius fracture), cracked ribs/winding, difficulty breathing; and wrist fracture, impaled on broken windscreen, lower level of consciousness.
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Instructor:  Assistants:

Difficulty:  No of Students:  Time:

- Equipment Required:
- Slings
  - Wound dressings
  - Gloves
  - No Oxygen or other equipment.
  - Radio and first-aid bag/vest

- Set Scene:
- A patroller is following (at a distance) behind a skier who is skiing very quickly down a road that has been cut into the side of a hill. She sees the skier collide with a skidoo (head-on) as it slowly comes around a blind corner. The skidoo driver is flung forward onto the windscreen, which cracks and impales the driver's upper right arm. Immediately prior to this, the skier falls and his ribs and chest collide with the skidoo skids.
  - You arrive to find a skier laying on the ground wrapped around the skids, blood oozing from a graze on his left forearm where there is also an unnatural bend; he is holding his chest with the right arm and having difficulty breathing.
  - There are a number of skiers and snow boarders who are skiing down the track to find the access blocked.
  - The skidoo driver (a lodge owner) is dazed and she is bleeding profusely from where the Perspex is protruding from her arm.
  - *Cas 1 note - extreme pain on breathing in ribs (right hand side), also pain at site of closed break on the left forearm.*
  - *Cas 2 note - impaled right upper arm with severe bleeding, point tenderness at left wrist. Groggy, slow speech and disoriented, intermittent fainting.*
  - *Others - increasing crowd of onlookers. All healthy and cooperative.*

- Discussion Points:
- Triage, initial examination of casualties, scene assessment
  - Initial assessment
  - Prioritisation of treatment, DRABC
  - Control Scene and bystander management
  - Assistance from non-first-aid bystanders
  - Danger - gloves
  - Treatment of ribs/winding and forearm by slings and dressings
  - Treatment of arterial bleed, lower level of consciousness
  - Examination for other injuries to find left wrist broken
  - Witness statements

Comments / Feedback: This scenario is to cease prior to the arrival of additional patrollers and equipment. The aim of this exercise is to practice prioritisation and multi-tasking triage skills.