

CERT

COMMUNITY EMERGENCY RESPONSE TEAM

BRECKSVILLE – BROADVIEW HEIGHTS

General Meeting Minutes

Date: 1/19/2011

Time: 7:00pm-7:45pm

Location: Brecksville Community Center

This meeting was a Triage refresher by Mike Packard, Brecksville Fire Department Paramedic followed by some updates from Chief Ed Egut.

A. Triage—Mike Packard

1. A National Triage Standard was developed in California in 1980 with the objective being to have a consistent plan for everyone involved in triage incidents. The basics of triage are to do the most good for the greatest number of people in the shortest amount of time. The hardest part of triage is leaving those you cannot save behind. Remember the word START when performing triage:

Simple
Triage
And
Rapid
Treatment

2. The three main areas that you need to remember in a triage situation is:

Respirations
Pulse or Perfusion (capillary refill)
Mental status

Respirations

- If there are no respirations, attempt to open airway with a head tilt. If this does not work try one more time, if no respirations after the second attempt tag the victim as “Deceased”-- Black tag.
- If the victim is breathing and unconscious or with respirations of >30 per minute tag as “Immediate”—Red tag.

Pulse

- If capillary refill is greater than 2 seconds or there is no radial pulse in the arms, tag as “Immediate”—Red tag.
- Control any bleeding, tag as “Immediate”—Red tag.

Mental Status

- If the victim cannot comprehend what has happened or cannot follow simple commands tag as “Immediate”—Red tag.

Those with injuries that do not fit into the above categories should be tagged as “Delayed”—Yellow tag. These individuals are considered the “walking wounded” and may be utilized to help other victims or the team in managing the situation.

3. Treatment

The treatment area should be used to control bleeding and treat for shock. The faster the “Immediate” victims get to the treatment area and to ambulances the better they do.

4. Incident Command Considerations

- Make sure the scene is safe, wear protective equipment
- Communicate back to Incident Command as to what’s going on and the scale of the incident (i.e. if squads are needed)
- Assign team members to triage
- Triage in a systematic way spending no more than 30 seconds/victim
- Tag victims as you go, if they deteriorate give them a new tag
- Set-up a sorting area utilizing color coded flags
- Black tagged victims should be kept separated from other victims
- A second team should be responsible for filling out more information on the triage tags and prepare the patients for transport
- Remember to call other CERT groups for help if needed
- A staging area for squad pick-up should be designated
- Documentation during an event is difficult but very important
- Debriefing after the event is essential
- Pitfalls:
 - There should be no more than 6 people under each leader
 - No team plan, organization or communication
 - Indecisive leadership
 - Treating instead of triaging by focusing too long on one injury

5. Recent Triage Updates—Chief Ed Egut

- New triage tags have been developed for use in Cuyahoga County that contain bar codes. These new tags will be Beta tested in the county.
- New Command Vests for Duty Officers are now available with specific vests for Incident Commander, Transportation Officer, EMS Officer and Staging Officer.
- Log sheets need to be completed by the Transportation Officer and in the Treatment area
- New red light sticks are now available to place inside triage tag packs to find immediate victims in a dark situation or environment

Respectfully Submitted,

Sue Schindler

Cc: E.Egut, J. Hajek, C. Jatsek, P. Koss