

# Just in Time SALT Triage Training

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**Columbus Medical Association & Affiliates**

Columbus Medical Association Foundation | Physicians CareConnection | COTS | Physicians Leadership Academy

**01/24/2023**





## Background

- Las Vegas (2017) and Sandy Hook (2012)



# Background

## The Columbus Dispatch

LOCAL

### If the next mass shooting is in Columbus, are paramedics here ready?



**Bethany Bruner**

The Columbus Dispatch

Published 6:10 a.m. ET June 9, 2022 | Updated 1:01 p.m. ET June 9, 2022

With an increasing number of mass shooting incidents across the U.S., including between June 3-5, Columbus Division of Fire emergency medical personnel know





## DAYTON, OHIO VICTIMS



## ON THE COVER

### The Ohio State University Armed Aggressor Incident: A Recollection of Events

Nicholas E. Kman, MD, FACEP

At 9:55 AM on Monday, November 28, we received the page that no one wants to get (Figure 1).

The first 2 things I did were to call down to the emergency department (ED) to alert the 3 emergency physicians working and then to check social media to verify the possibility of an actual emergency on campus.

When I saw the tweet giving instructions to “Run Hide Fight” (Figure 2), I immediately headed down to the ED from our administrative offices. I had worked 3 to 11 in the ED the night before. Begrudgingly, I was in early that Monday to catch up on e-mail.

When we arrived in the ED, nurses and residents were already congregating in the trauma bays near the emergency medical services (EMS) entrance. Our ED director had been quickly briefed by our chief medical officer. As in most mass casualty events, we had a paucity of information at the onset. We heard that we were getting as many as 12 patients from an “active

## Background

- Kman NE. The Ohio State University Armed Aggressor Incident: A Recollection of Events. Disaster public health preparedness. 2017 April;





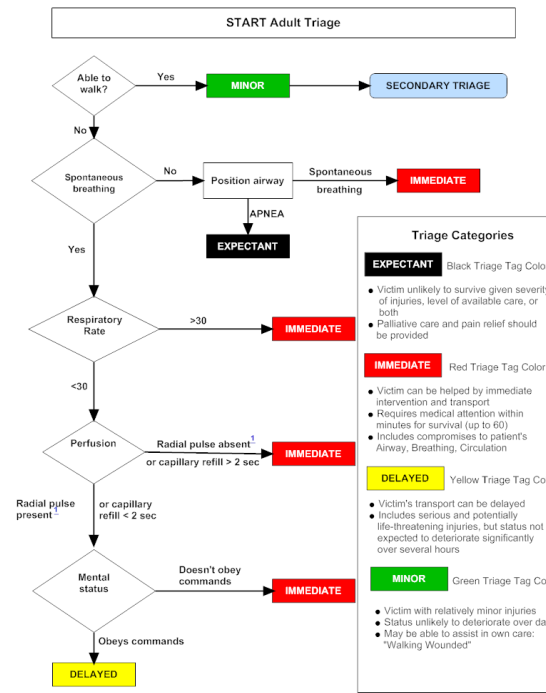
# Transition to SALT Triage





# START vs SMART

- START is a method of triage



- SMART is a series of proprietary products

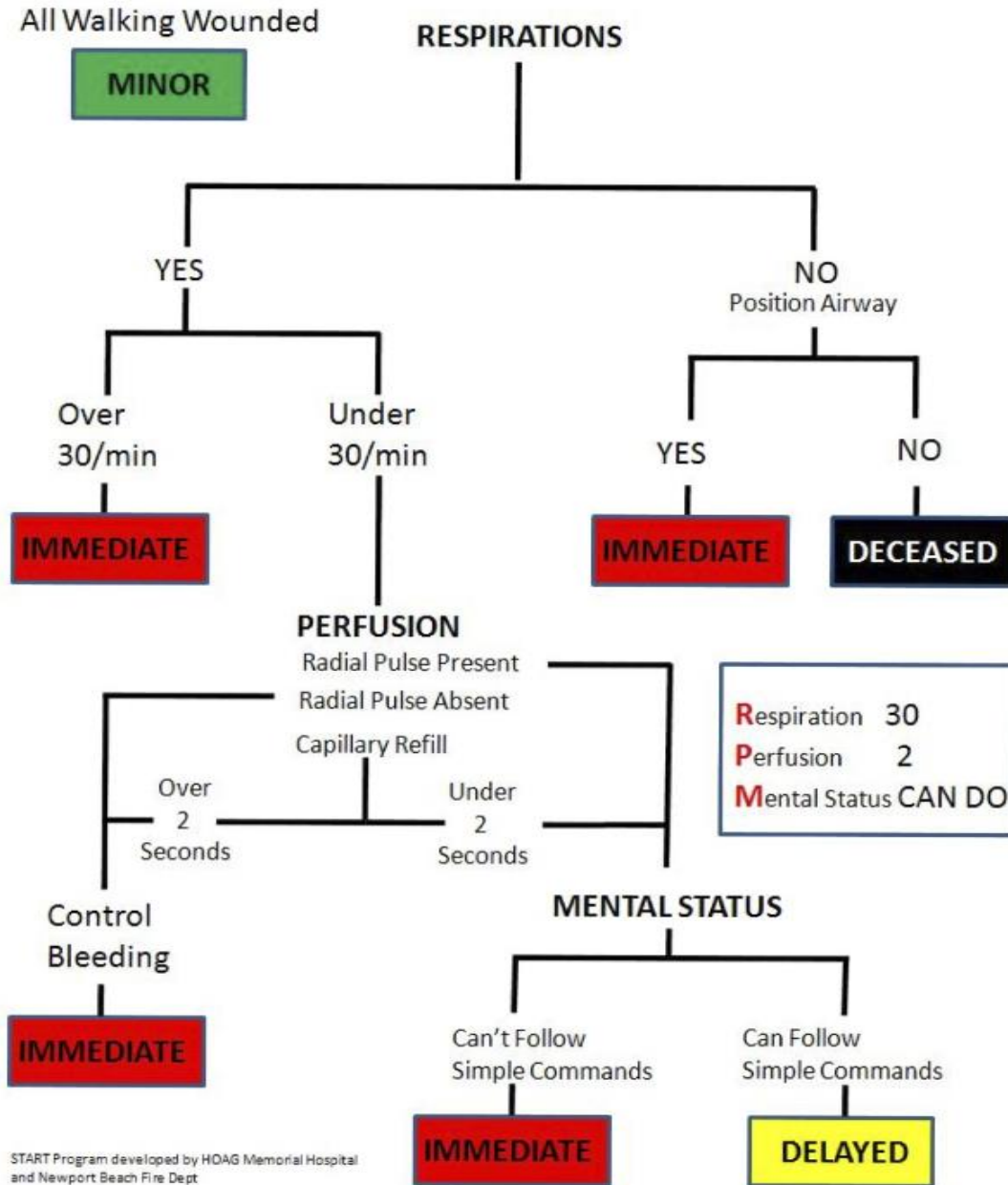


<https://kingfishermedical.com/product/smart-triage-pack/>



# START TRIAGE

(Simple Triage and Rapid Treatment)



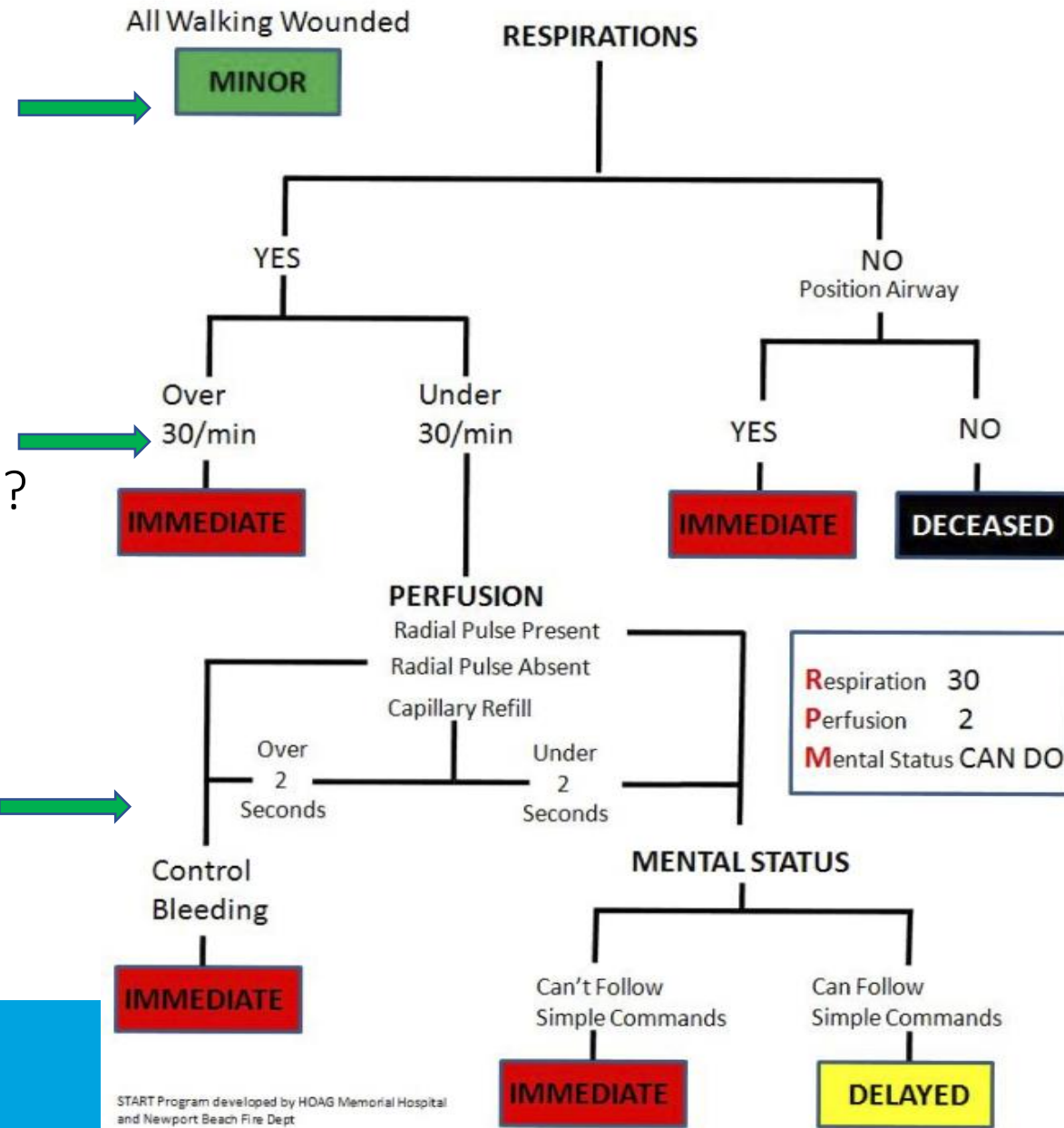
# START TRIAGE

(Simple Triage and Rapid Treatment)

Are all walking wounded minor?

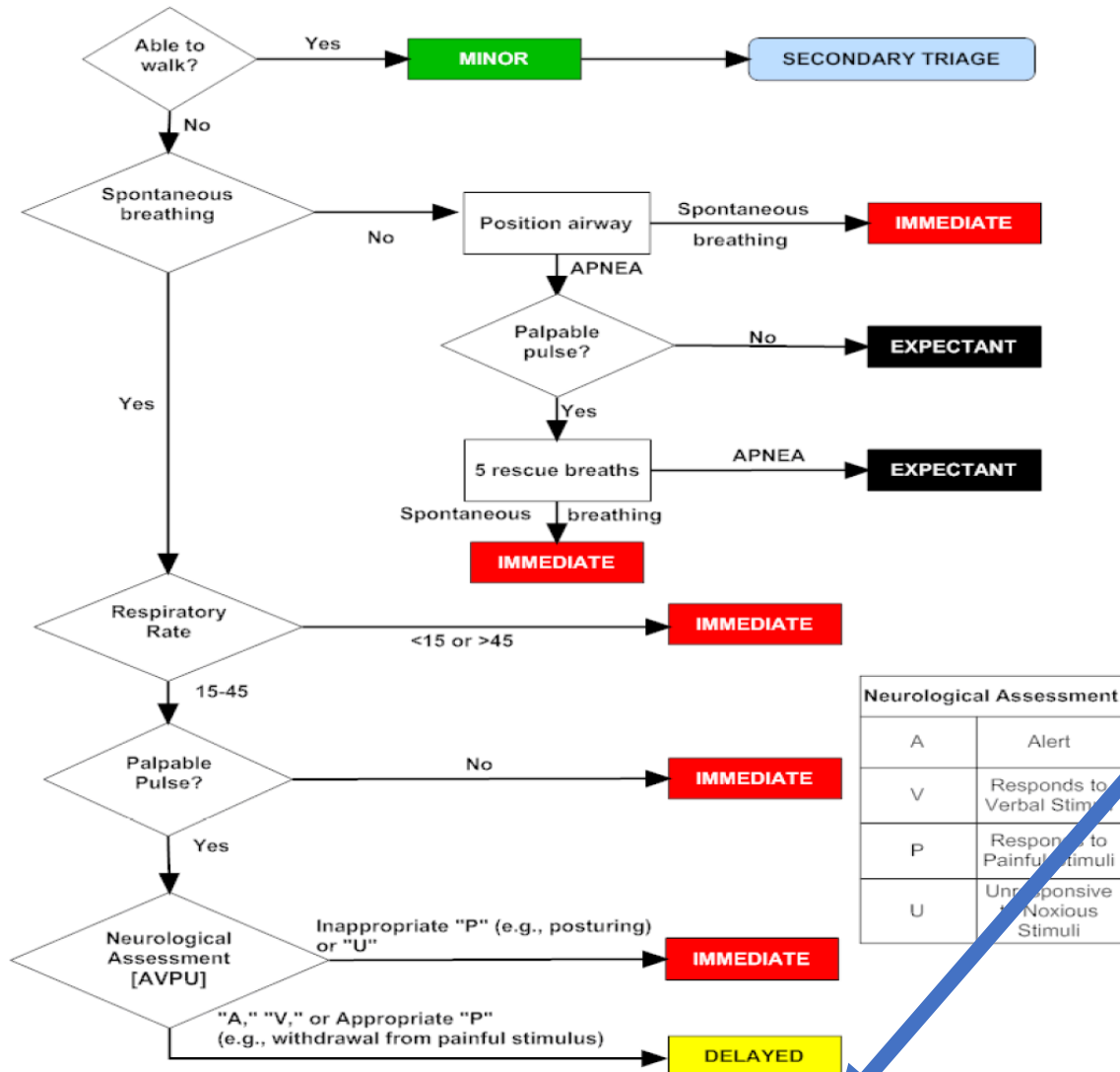
How good are we at counting respiration rate?

Is hemorrhage control prioritized?

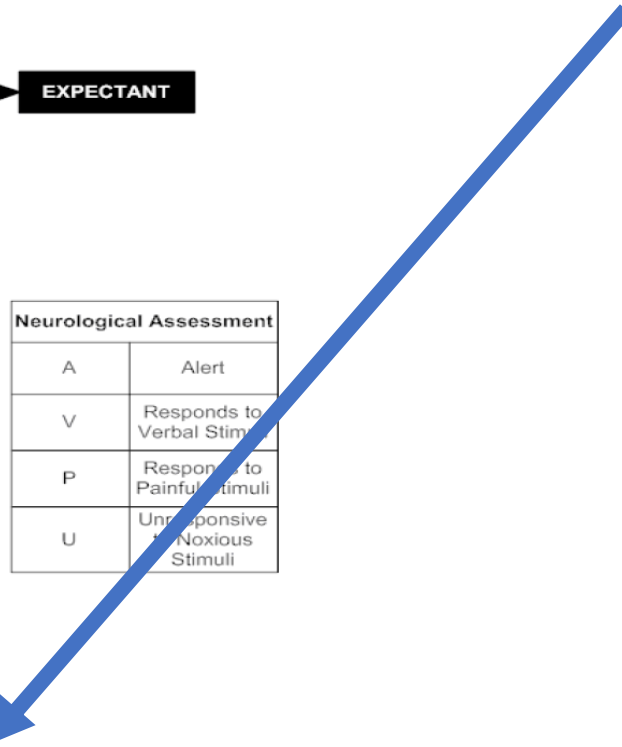




# JumpSTART Pediatric Multiple Casualty Incident Triage



Now do this in addition to that but don't forget that respirations are now 15-45 and not 30.



Neurological Assessment	
A	Alert
V	Responds to Verbal Stimuli
P	Responds to Painful Stimuli
U	Unresponsive to Noxious Stimuli

Use JumpSTART if the Patient appears to be a child.

Use an adult system, such as START, if the patient appears to be a young adult.



# Special FOCUS

## SALT Mass Casualty Triage

*Concept Endorsed by the American College of Emergency Physicians, American College of Surgeons Committee on Trauma, American Trauma Society, National Association of EMS Physicians, National Disaster Life Support Education Consortium, and State and Territorial Injury Prevention Directors Association*

It is recognized that there is a need for a national standard for mass casualty triage, because disasters frequently cross jurisdictional lines involving responders from multiple agencies. After reviewing all of the existing triage systems, a consensus review panel found that there was insufficient evidence to support 1 system over the others. Using aspects of the existing systems and based on best evidence, SALT (Sort-Assess-Lifesaving Interventions-Treatment and/or Transport) was developed as a national all-hazards mass casualty initial triage standard for all patients (eg, adults, children, special populations). SALT was designed to allow agencies to easily incorporate it into their current MCI triage protocol through simple modification.

### STEP 1: SORT

SALT begins with a global sorting of patients, prioritizing them for individual assessment. Patients who can walk should

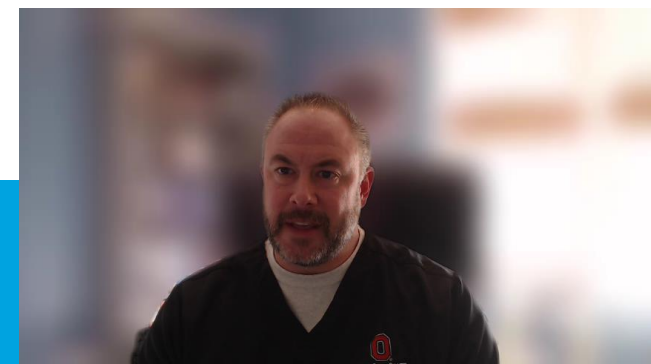
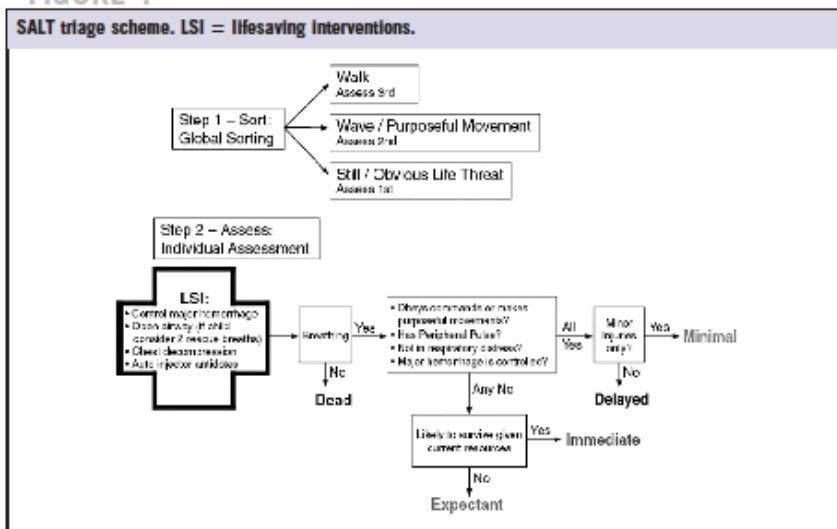
be asked to walk to a designated area and should be assigned last priority for individual assessment. Those who remain should be asked to wave (ie, follow a command) or be observed for purposeful movement. Those who do not move (ie, are still) and those with obvious life-threatening conditions should be assessed first because they are the most likely to need lifesaving interventions (Fig. 1).

### STEP 2: ASSESS

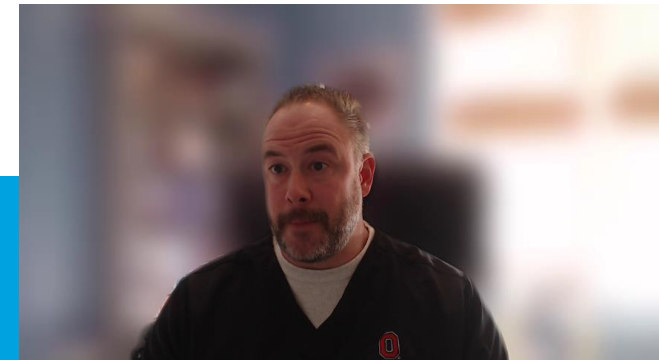
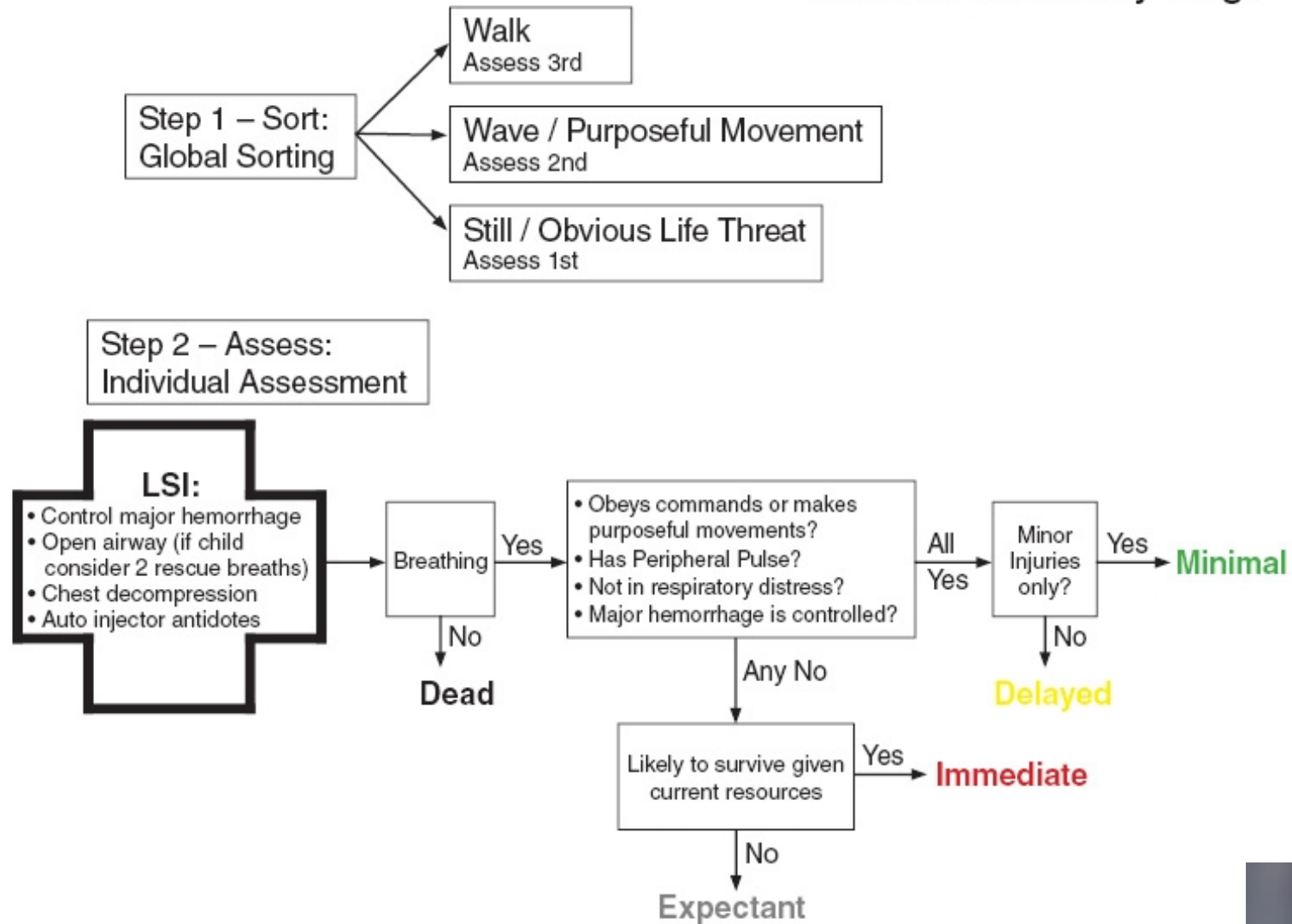
The individual assessment should begin with limited rapid lifesaving interventions:

- Control major hemorrhage through the use of tourniquets or direct pressure provided by other patients or other devices
- Open the airway through positioning or basic airway adjuncts (no advanced airway devices should be used)

FIGURE 1

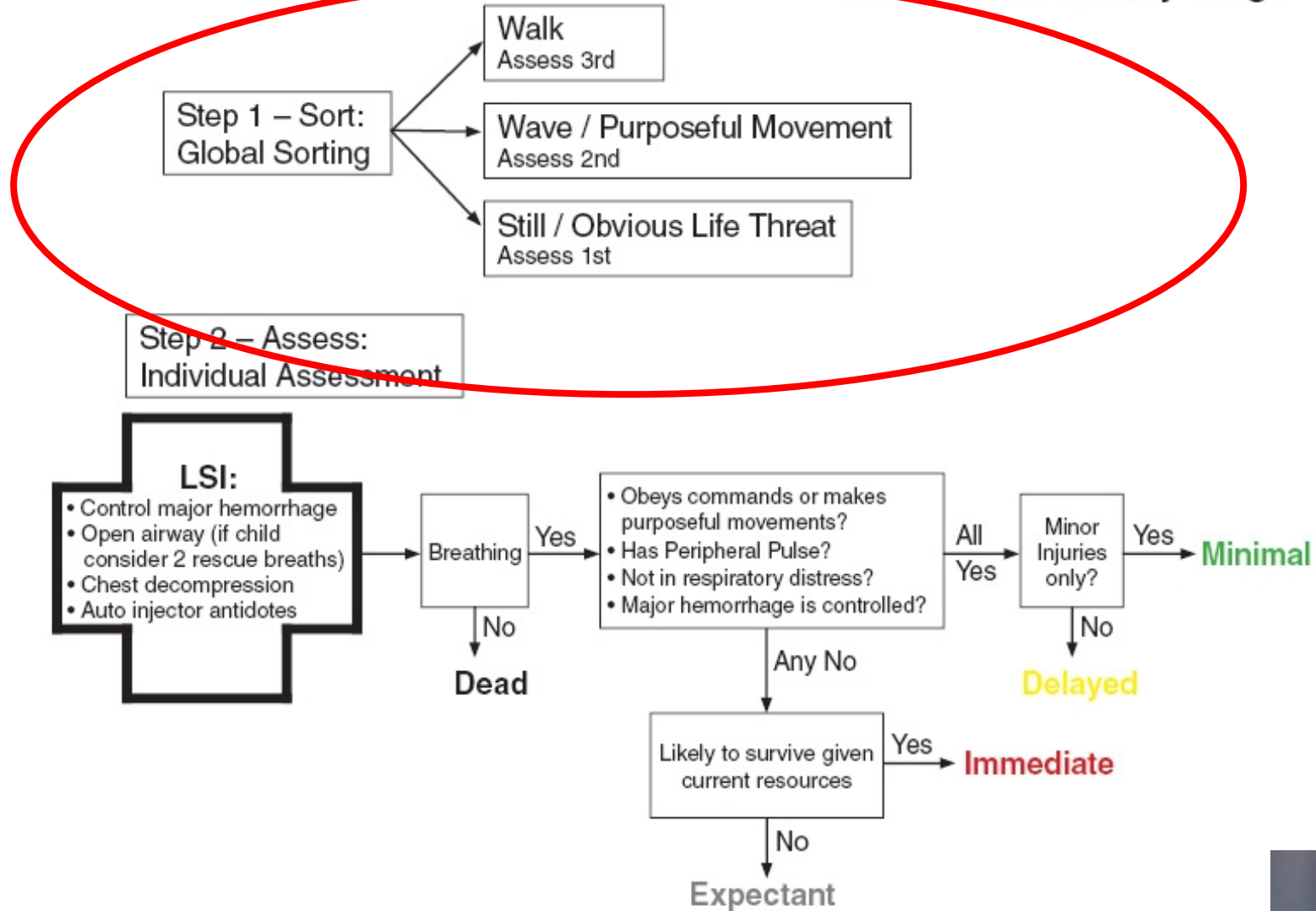


## SALT Mass Casualty Triage





## SALT Mass Casualty Triage

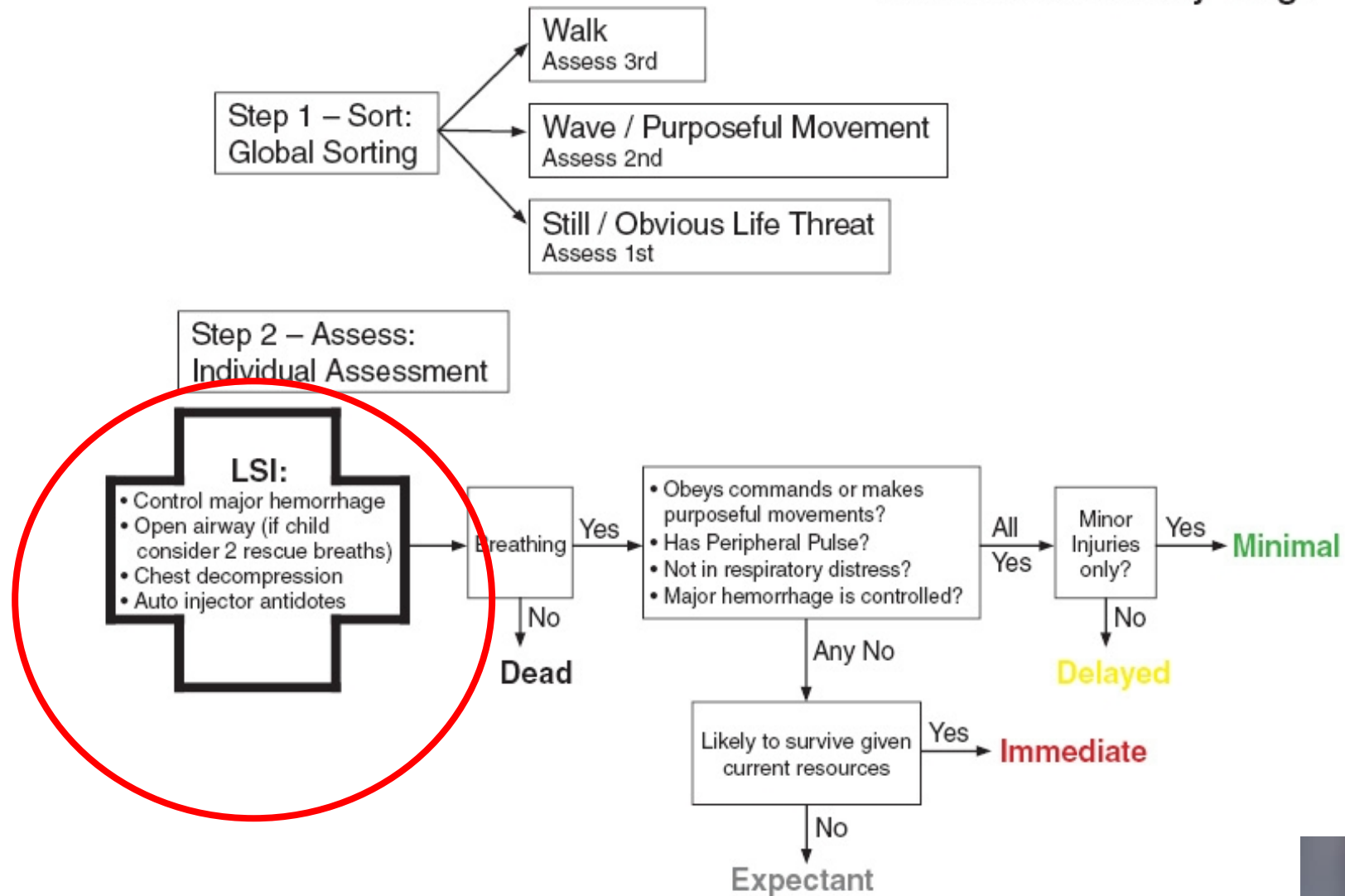


# Global Sorting Result

- Casualties now prioritized for individual assessment
  - Priority 1: Still, *and those with obvious life threat*
  - Priority 2: Waving/purposeful movements
  - Priority 3: Walking



## SALT Mass Casualty Triage





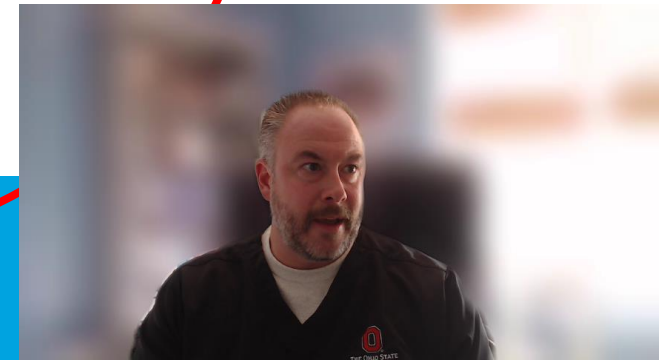
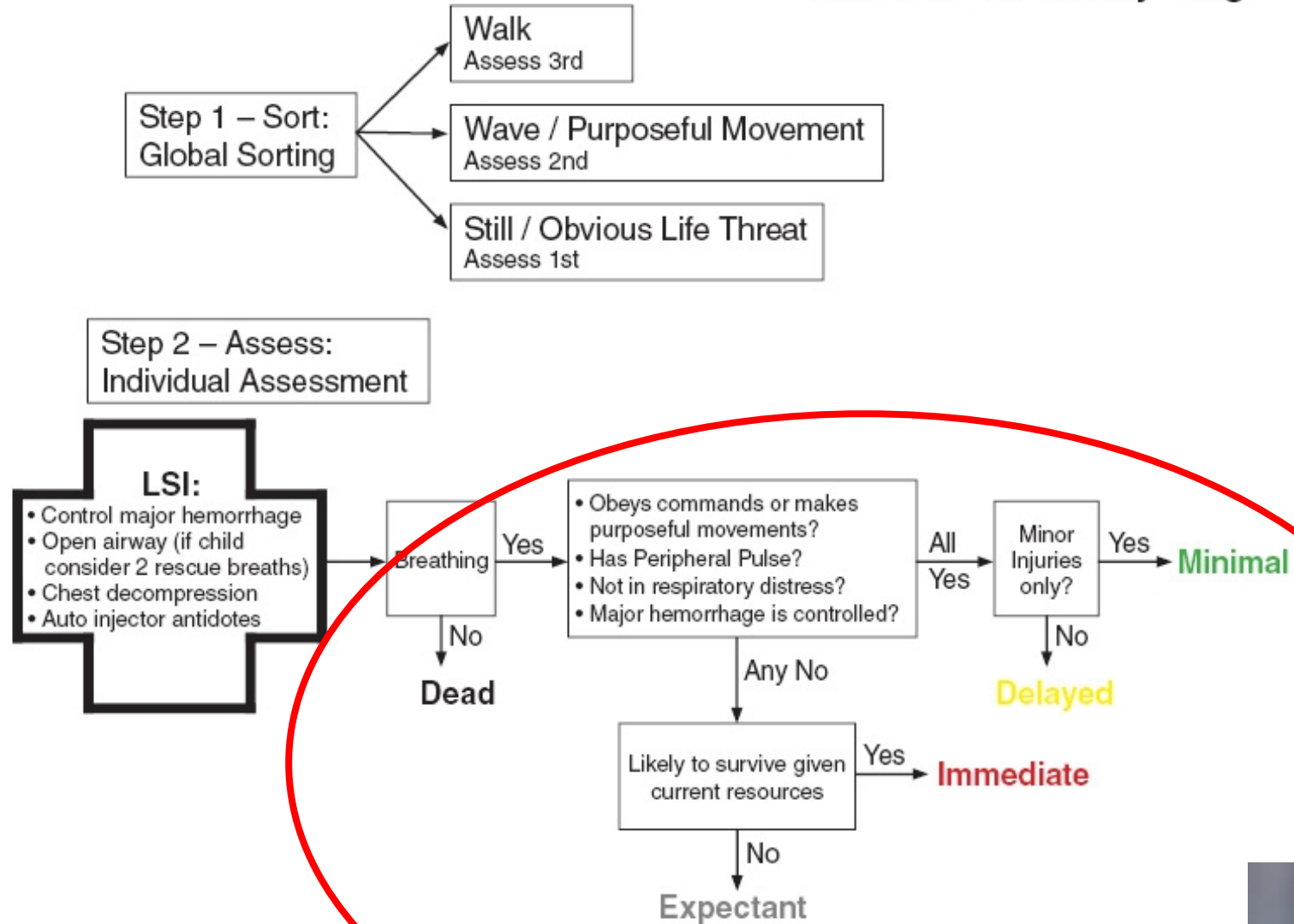


## Step 2: Assessment- Life Saving Interventions (LSI)

- Control major hemorrhage with tourniquets
- Open the airway through positioning or basic airway adjuncts (no advanced airway devices should be used)
- If the patient is a child, consider giving 2 rescue breaths
- Chest decompression
- Autoinjector



# SALT Mass Casualty Triage



## Step 2: Assessment

- ◆ If the answers are **NO** and the patient **IS** likely to survive given current resources, tag them as **IMMEDIATE (red)**
- ◆ If the answers are **NO** and the patient is **NOT** likely to survive given current resources, tag them as **EXPECTANT (gray)**
- ◆ If the answers are **YES**, but injuries are not minor and require care, tag patient as **DELAYED (yellow)**
- ◆ If the answers to all of those questions is **YES** and the injuries are minor, tag patient as **MINIMAL (green)**





# Dead

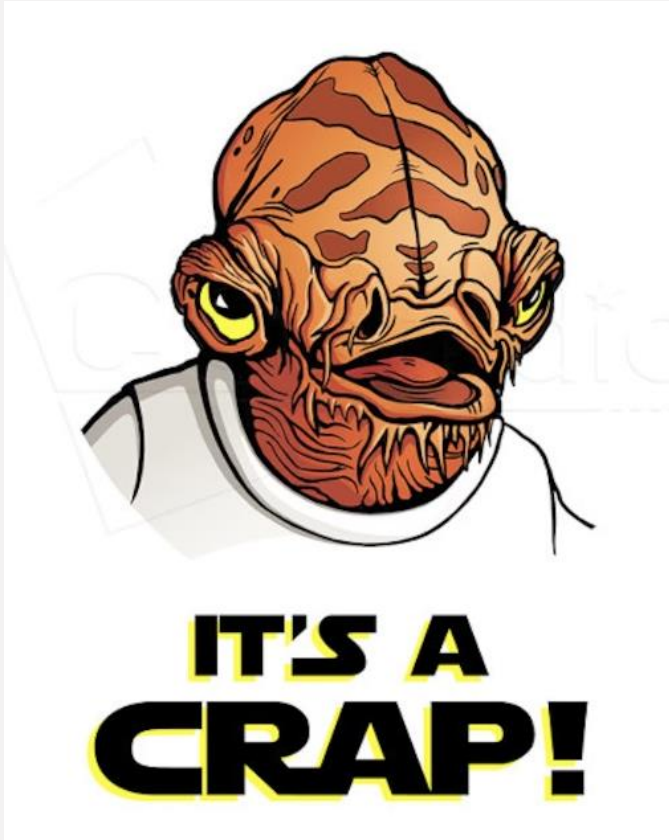
- Patient is not breathing after opening airway
  - In Children, consider giving two rescue breaths
  - If still not breathing must tag as dead
- Tag dead patients to prevent re-triage
- Do not move
  - Except to obtain access to live patients
  - Avoid destruction of evidence
- If breathing conduct the next assessment



## Step 2: Assessment

◆ A mnemonic for the four Assessment Questions is **CRAP**:

- ◆ C – Follows **Commands**
- ◆ R – No **Respiratory Distress**
- ◆ A – No (uncontrolled) **Arterial bleeding**
- ◆ P – **Peripheral Puls**



# Immediate

- Serious injuries
- Immediately life threatening problems
- High potential for survival
- Examples
  - ☐ Tension pneumothorax
  - ☐ Exposure to nerve agent
    - Severe shortness of breath or seizures





# Immediate

- **No** to **any** of the following
  - ☐ Has a peripheral pulse?
  - ☐ Not in respiratory distress?
  - ☐ Hemorrhage is controlled?
  - ☐ Follows commands or makes purposeful movements?
- **Likely** to survive given available resources

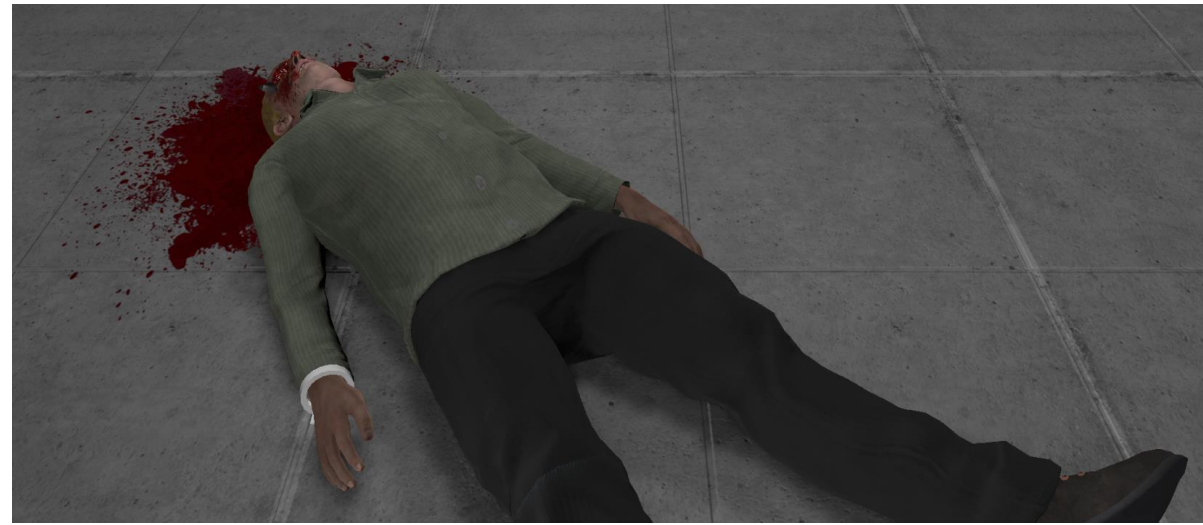


# Expectant

## ■ No to any of the following

- ☐ Has a peripheral pulse?
- ☐ Not in respiratory distress?
- ☐ Hemorrhage is controlled?
- ☐ Follows commands or makes purposeful movements?

## ■ Unlikely to survive given available resources



# Expectant

- DOES NOT MEAN DEAD!

- Important for preservation of resources

- Should receive comfort care or resuscitation when resources are available

- Serious injuries

- Very poor survivability even with maximal care in hospital or pre-hospital setting

- Examples

- 90% body surface area burn
  - Multiple trauma with exposed brain matter



# Delayed

## ■ Serious injuries

- ❑ Require care but management can be delayed without increasing morbidity or mortality

## ■ Examples

- ❑ Long bone fractures
- ❑ 40% BSA exposure to Mustard gas



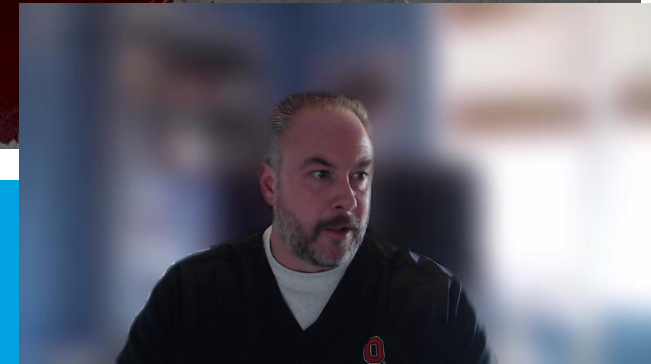
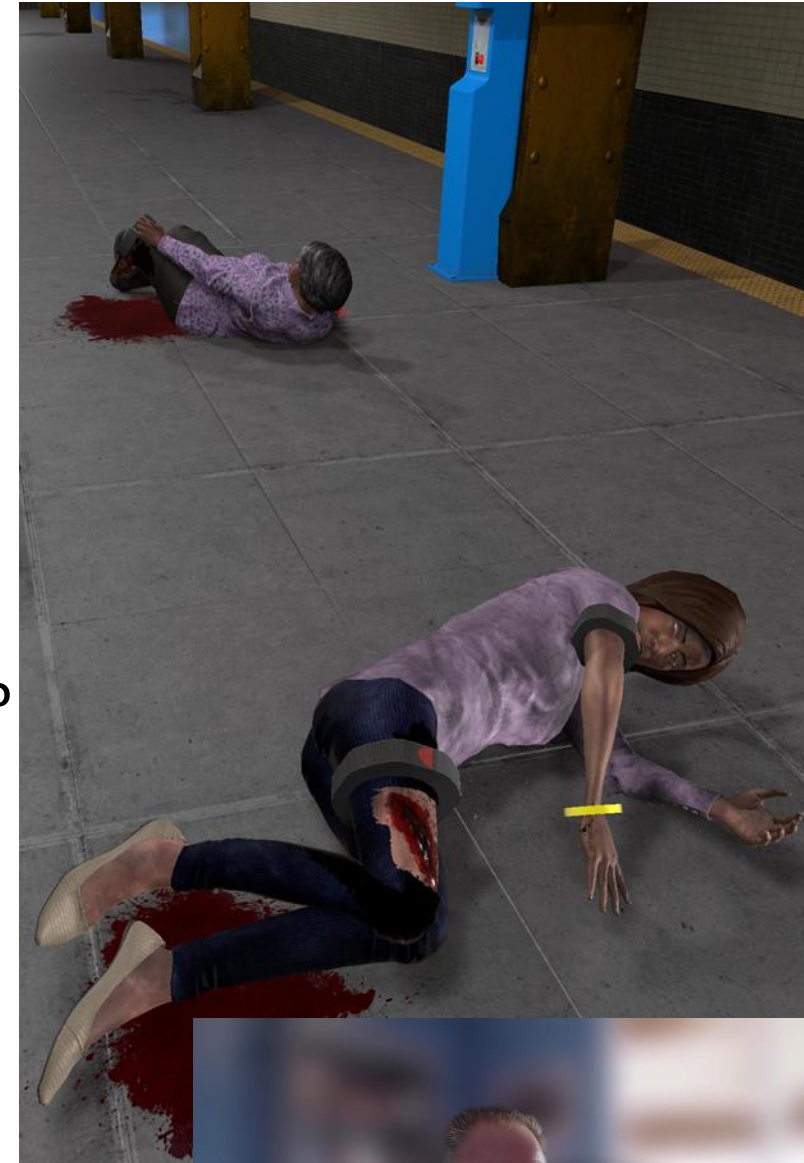
Photo Source: Phillip L. Coule, MD (from SALT Triage <https://www.ndlsf.org/salt>)





# Delayed

- Yes to **all** of the following
  - ☐ Has a peripheral pulse?
  - ☐ Not in respiratory distress?
  - ☐ Hemorrhage is controlled?
  - ☐ Follows commands or makes purposeful movements?
- Injuries are **not** Minor and require care



# Minimal

## ■ Yes to **all** of the following

- ☐ Has a peripheral pulse?
- ☐ Not in respiratory distress?
- ☐ Hemorrhage is controlled?
- ☐ Follows commands or makes purposeful movements?

## ■ Injuries **are** Minor

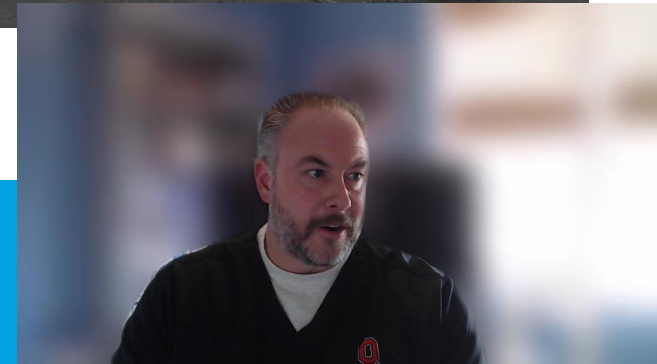
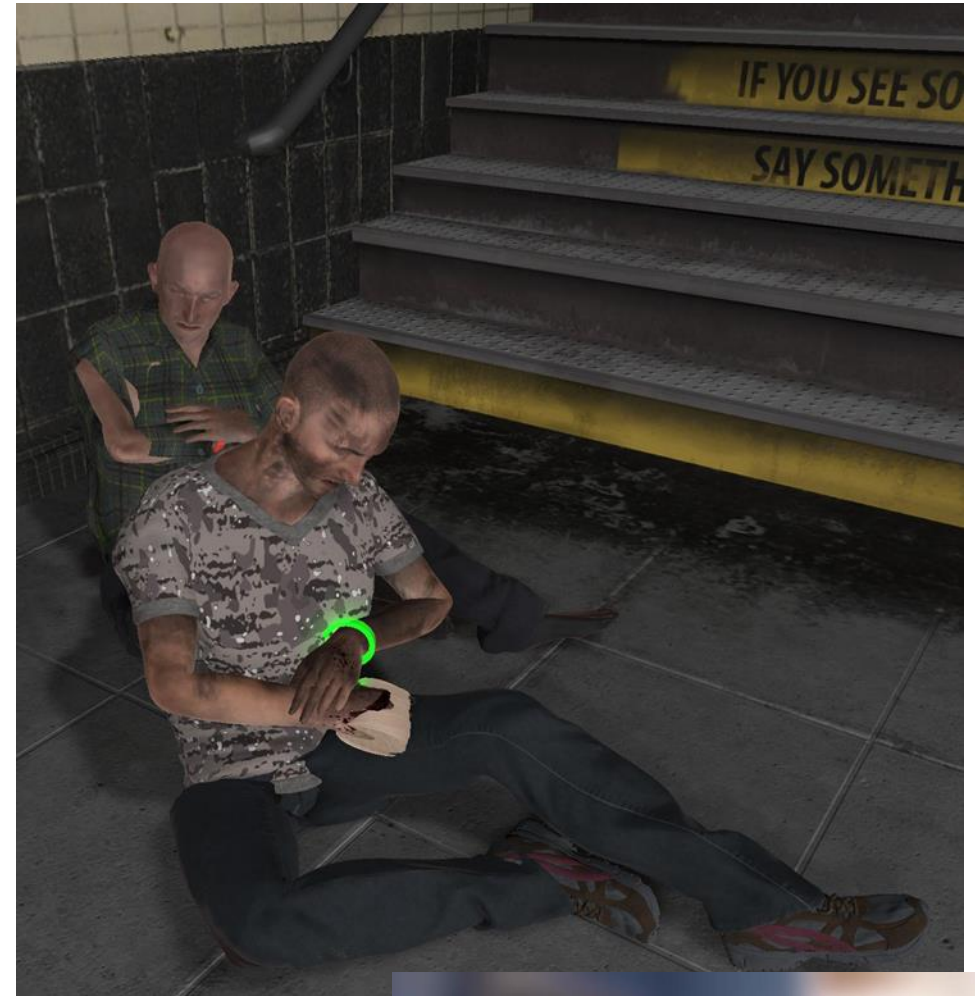


# Minimal

- Injuries require minor care or no care

- Examples

- ☐ Abrasions
- ☐ Minor lacerations
- ☐ Nerve agent exposure with mild runny nose



# Transport

- ◆ Transport priority is determined in the Treatment Area or by the Transport Group
- ◆ Do not overload any hospital, regardless of transport distance to other hospitals.
- ◆ In an MCI, many trauma patients will need to be transported to non-Trauma Centers.
- ◆ All hospitals will accept and stabilize trauma patients during M





# Ribbons, Tape, or Slap Wraps



# Final Pearls

- SALT triage
  - Global sorting of patients using voice commands allows providers to start with the presumed sickest patients (not just the first person you come to!).
  - Life-saving interventions are considered **first** during individual assessment (Stop the Bleed).
  - Expectant category is included, but retriage is certainly necessary.
  - Assessment must not require timing vital signs and inst criteria.

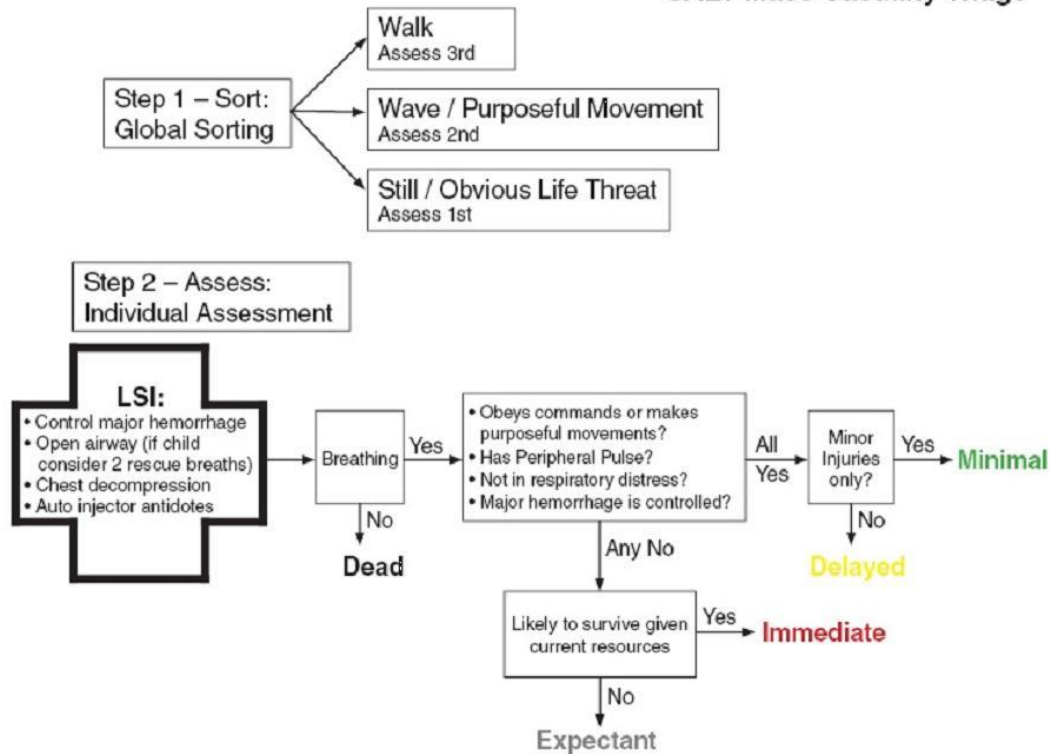
## USE OF SALT TRIAGE IN A SIMULATED MASS-CASUALTY INCIDENT

E. Brooke Lerner, PhD, Richard B. Schwartz, MD, Phillip L. Coule, MD,  
Ronald G. Pirrallo, MD, MHSA



# Thank You!

## SALT Mass Casualty Triage



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