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## START OR SALT: WHICH TRIAGE SYSTEM WOULD YOU CHOOSE FOR YOURSELF AND YOUR COMMUNITY?

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**Statement of the Problem:** Triage is critical in disaster medicine. There are a number of triage tools globally, but none has been scientifically validated. START (simple triage and rapid treatment) has the most traction because of its simplicity and its advocacy of two key medical interventions. SALT (sort, assess, life-saving interventions, treatment) has been advocated by reputable agencies in the United States such as FEMA, AMA (American Medical Association), and the National Disaster Medical System. SALT differs from START because of its recognition of victims with non-survivable conditions (gray) and the addition of two additional medical interventions (antidote administration and needle thoracostomy). However, despite SALT's proponents, it is not as well-known among healthcare professionals and students. The positives and negatives of both triage systems will be presented.

**Methodology & Theoretical Orientation:** The learner will receive an introduction of triage, its history and its evolution. Then there will be a comprehensive presentation of START and SALT triage reviewing the advantages and limitations of each. Following this, there is one or more triage table-top exercises with which the learner will review each case scenario and determine which victims are red, yellow, green, black, and gray. They will also determine what medical interventions are required. Debriefing of the scenarios will follow.

**Findings:** The learner will then determine which of the triage tools they would select for their own community and their own healthcare institution based on the knowledge they acquired in class and during the drill.

**Conclusion & Significance:** Triage is a critical aspect of emergency and disaster medicine. The presentation of triage in general and START and SALT systems in greater detail will empower nurses to take the lead in improving their own triage skills and selecting the best tool for their hospitals and their community.

### Biography

Paul Rega has been an Emergency Physician for over thirty years and has been board-certified in Emergency Medicine and Pediatric Emergency Medicine until his retirement. At present, his activities have been concentrated in education and research at The University of Toledo College of Medicine where he is an Assistant Professor in both the Department of Public Health & Preventive Medicine and the Department of Emergency Medicine. He currently has a number of semester courses relating to pandemics, global health, and disasters. Virtually all of his educational endeavors are multidisciplinary in nature (Medicine, Nursing, PA, Pharmacology, and Public Health) and he makes extensive use of simulation (table-top and functional exercises, high-fidelity simulations, hybrid simulations, etc.). His association with the university has also resulted in a number of publications in peer-reviewed journals and grants associated with disaster medicine, simulation medicine, and pandemic preparedness and response.

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