

From Dr. Lou Romig:

For many years multiple and mass casualty triage tools have been designed and used in a factual vacuum. We've adopted tools such as *START* and my own *JumpSTART* because we believed that having tools that seemed to make sense was better than having no tools at all. Indeed, even lacking clinical and academic validation, it can be argued that such tools have benefitted disaster medicine by promoting an awareness of the differences between *daily* triage and *disaster* triage and prompting further evaluation of the triage process.

The time has come to allow disaster triage to evolve. Hard though change can be, we must lose the reins of tradition and accede to the power of evidence. Neither *START* nor *JumpSTART* has been clinically validated. Evidence is gathering that shows that today's *START*-like triage systems aren't even performed consistently by field providers. If a more valid tool exists that meets the needs of patients of all ages, we must seriously consider changing our triage practices, abandoning dogma and embracing evidence.

I have long said that my interests lie in meeting the needs of children in disasters and those who care for them. If I can better meet those needs by supporting the development and adoption of a new evidence-based triage tool, I will do so and am prepared to do so now. I've been working with Dr. Bill Sacco and his colleagues for several years, helping to assure that their Sacco Triage Method (STM) adequately addresses issues of pediatric triage, using the best available data from real pediatric trauma patients. At this time, I'm satisfied that the STM has sufficient academic validation to warrant its introduction into common medical practice and I believe it will reduce preventable deaths through better triage and resource management. The best way to clinically study the STM will be to put it to use and prospectively collect data to document its performance.

Let me make it clear that I have no financial interest in the Sacco Triage Method and have received no incentive from ThinkSharp other than the opportunity to help advance the science of disaster medicine. Although I believe the STM represents the future of MCI triage for patients of all ages, I must continue to do what I can to try to make sure pediatric-appropriate tools are accessible to all types of responders. There are too many variables in disaster response to limit such tools prematurely. This means that, while advocating for the further exploration and adoption of the STM, I will continue to provide support to those who choose to utilize *JumpSTART*. I encourage *JumpSTART* users to stay current with triage research and to collect data and contact me if they use the tool in real incidents and drills.

We're still far from having a validated, reliable universal disaster triage tool. At this time, no tool can reliably predict and positively affect outcomes for the full spectrum of conventional trauma, chemical and radiologic exposures and medical emergencies resulting from natural and manmade disasters; however, I believe the Sacco Triage Method is the closest we've come to date. Current and future studies may show that the Sacco approach is flexible, responsive and valid for applications other than conventional trauma. It's now up to us to prove its worth by collecting scene and hospital-based data not only on victims of disasters but also on all trauma patients, using the STM on a daily basis. No clinical tool can be validated if it's sitting on the shelf. We must *put it* to work to see *how* it works. Using it on a daily basis will not only generate additional evidence but also assure that providers can reliably employ it in the chaos of a disaster.

It should be important to all of us that children are no longer considered a "special population" whose issues are addressed mostly *after* those of the adults who make up the majority of our population. The

Sacco Triage Method has included pediatric considerations from the beginning, for which I am grateful. As an experienced emergency pediatrician and disaster responder, I sincerely believe the STM will work for infants and children. I look forward to working toward documenting its performance and validity on behalf of our smallest disaster and trauma victims.

For more information on the Sacco Triage Method, go to www.saccotriage.com or contact Bob Waddell at 307-920-2020. For more information on JumpSTART, go to www.jumpstarttriage.com

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Promoting better outcomes for children, families and responders.