

# On the COVER

## SALT Triage Drill

By Sabrina Byrum, MTSC,\* E. Brooke Lerner, PhD,<sup>†</sup> and Phillip L. Coule, MD,\* Department of Emergency Medicine, \*Medical College of Georgia, <sup>†</sup>Medical College of Wisconsin

The students pictured on the cover are participating in an Advanced Disaster Life Support (ADLS) course that was held in July 2008 at Fort Gordon in Augusta, GA. The ADLS course teaches students how to conduct mass casualty triage in the event of a disaster, regardless of the cause. (For more information on ADLS courses, visit the National Disaster Life Support Foundation at [www.ndlsf.org](http://www.ndlsf.org).)

The triage model used during this drill is SALT (sort–assess–lifesaving interventions–treatment and/or transport) triage. SALT was developed as a proposed national guideline for mass casualty triage. It uses a 2-step triage process: global sorting through voice commands followed by individual assessment. Patients are categorized into 1 of 5 triage designations: immediate, delayed, minimal, expectant, and dead.

Although a drill can never truly illustrate the realities of a disaster response, it is one of the best tools we have to train providers to respond to a mass casualty incident. Research has shown that this experience improves provider confidence.<sup>1</sup> The ability to participate in a mass casualty triage drill is important for all potential responders and is an opportunity that most communities make a significant investment to provide at regular intervals. Likely the incorporation of real-life distractions such as secondary devices, noise, poor lighting, and interruptions from the media are keys to making these activities as lifelike as possible.

Get your photograph of a disaster event/response effort considered for the cover of *Disaster Medicine and Public Health Preparedness*. See the Instructions for Authors at the back of the issue or [www.dmph.org](http://www.dmph.org) for details.

### REFERENCE

1. Lerner EB, Schwartz RB, Coule PL, Pirralo RG. Determination of field providers opinions of SALT triage [abstract]. *Prehosp Emerg Care*. 2009;13:114.

