G4 TRIAGE

Triage is the medical screening and sorting (classification) of a number of patients to determine the priority of need for treatment and transportation. This sorting generally results in patients being placed into one of four general priority categories:

High Priority: **Red**	those who need immediate treatment and immediate transport in order to survive
Intermediate Priority: **Yellow**	those who will most likely survive but require treatment
Low Priority: **Green**	those who require little or no treatment or whose treatment and transportation can be delayed
Lowest Priority: **Black**	those who cannot be expected to survive even with treatment, those who cannot be expected to survive in a mass casualty situation, and those whose vitals are absent

Table 1 summarizes basic triage principles using specific examples.

A mass casualty situation is an event where the number of patients exceed the initially available treatment and transport capacity.

Incidents involving two or more patients should be managed by triaging the patients' condition, and matching their individual needs to the available resources.

In normal daily care, **urgency** is the sole triage criteria.

In mass casualty triage two (2) factors determine priority: **urgency** and **potential for survival**. A rapid system for field triage in mass casualty settings is included in Table 1.

GENERAL

- triage should begin as part of the initial scene assessment
- one of the senior responding EMS personnel or medical authority should be in charge of the medical response and establish and remain in contact with the site commander
- a safety perimeter must be established (Table 3)
- personal protective equipment should be utilized as appropriate
- body substance isolation techniques and equipment should be utilized as appropriate
- all providers and bystanders should be protected from environmental hazards as appropriate

- an estimate of the number and type of casualties should be performed
  - this information must be forwarded to the dispatch centre so the appropriate senior staff can be informed
  - the designated site commander should be informed of this information as well
  - notify potential receiving health care facilities of numbers and estimated severity of the patients' condition(s)
- call for additional assistance if required
  - initiate disaster protocol, if the situation meets the local or regionally established criteria

- the total number of casualties should be assessed and reassessed regularly

- all patients should be moved through a central/triage area (Table 3)
- the decision to centralize/move patients prior to triage and treatment depends on
  - distribution of patients at the site
  - scene assessment/safety
  - available resources
- initial treatment and stabilization should occur prior to move
- if resources do not permit for this then triage must be performed on all patients in the field
- primary survey on all patients
  - rapid assessment (ABC's) and triage of all patients
    - open airway for unconscious patients and give two ventilations if necessary
    - tag all patients utilizing triage tags
- treatment area
  - after initial triage move patients into smaller more workable groups by category
  - correct immediate life threatening conditions
  - conduct a secondary assessment on all patients
- correct other immediate life threatening conditions if resources permit
  - in a mass casualty situation, prolonged effort in assessing and treating patients in the low/lowest priority category is inappropriate if it delays the assessment and treatment of the remaining patients
  - this delay may result in unnecessary deterioration or death of a patient who might otherwise have been saved through basic interventions
  - as additional resources become available low priority patients should be reassessed and treated if appropriate
- treat and transport as indicated by priority, equipment, and provider availability

NOTE
- initial triage must be conducted rapidly and carefully ensuring no patients are missed

- one person must assume control to oversee patient treatment, delegate equipment and resources, and coordinate proper loading order and dispositions (i.e. order of transport priority)
  - this person must remain in charge until relieved by a suitably qualified individual

- the command EMS personnel or the medical authority in charge should remain at the scene to direct additional units

- communications with health care facilities, other ambulance units, rescue vehicles, and other responding agencies is paramount to the successful management of a mass casualty situation
  - the inability to communicate effectively between all responding agencies and receiving facilities is the most common problem in managing a mass casualty situation

- EMS personnel are responsible for being familiar with
  - disaster plans for their service, community, and region
  - communication procedures
  - criteria for activating different levels of response
  - their roles and responsibilities at a mass casualty incident

- use of triage tags is helpful in identifying, prioritizing, and tracking of patients from the scene through to final destination in the health care facility

- implementation of local critical incident stress protocols should be considered early in the incident

- a morgue for the dead should be established in a different location from the triage and treatment areas

- medical response must remain coordinated with other response agencies and activities
  - this is best done through the overall site commander

Table 1. Basic Triage Summary

TRIAGE SUMMARY	
High Priority (Red Priority)	**Intermediate Priority** (Amber Priority)
• Airway and breathing difficulties • Shock • Uncontrolled or suspected severe bleeding • Open chest or abdominal wounds • Any pneumothorax • Severe head injuries or head injuries with decreasing levels of consciousness • Severe medical problems, such as: poisoning, diabetes with complications, and cardiac emergencies, etc.	• Burns without complications • Major open or multiple fractures • Back injuries with or without spinal cord damage • Eye injuries • Stable abdominal injuries
Low Priority (Green Priority)	**Lowest Priority** (Black Priority)
• Fractures, sprains or strains, lacerations, soft tissue injuries or other injuries of a minor nature • Psychological problems • No injuries	• Obviously mortal (devastating) wounds where death appears reasonably certain(if sufficient personnel are not available to care for numerous other patients) • Obvious death • Cardiac arrest (if sufficient personnel are not available to care for numerous other patients)

The above lists provide examples of some of the triage sorting that should occur. The actual sorting of patients will be affected by the availability of response personnel, the qualifications of the personnel, resources on-scene, environmental considerations and the proximity of definitive care facilities.

If resources are limited, patients triaged into the Lowest Priority category may be significantly delayed to enable these resources to be focused on "salvageable" patients.

Table 2. S.T.A.R.T for Mass Casualty Settings

S.T.A.R.T. refers to **s**imple **t**riage **a**nd **r**apid **t**reatment
→ it is designed for rapid assessment and categorization of multiple patients in minimal time

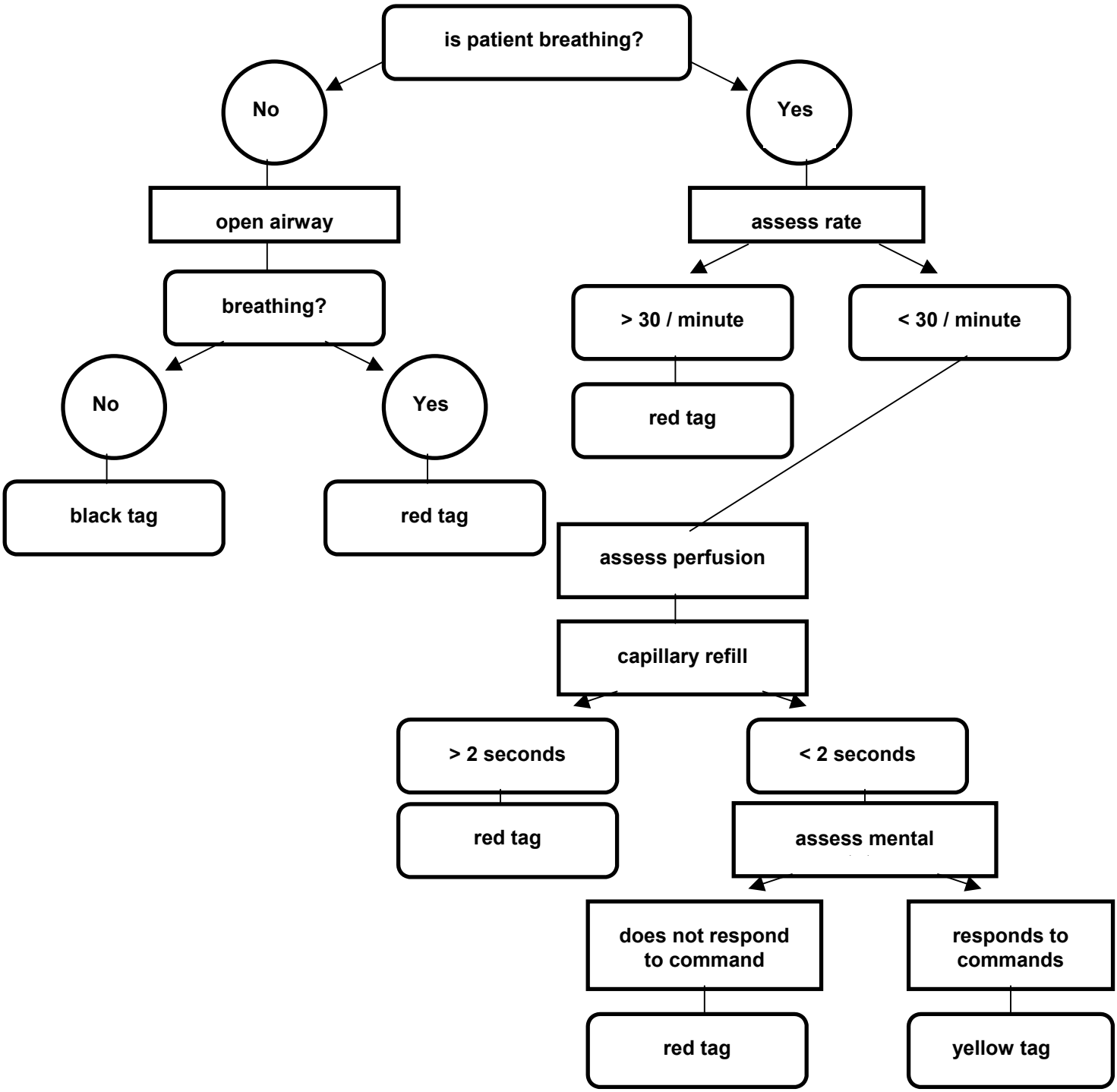
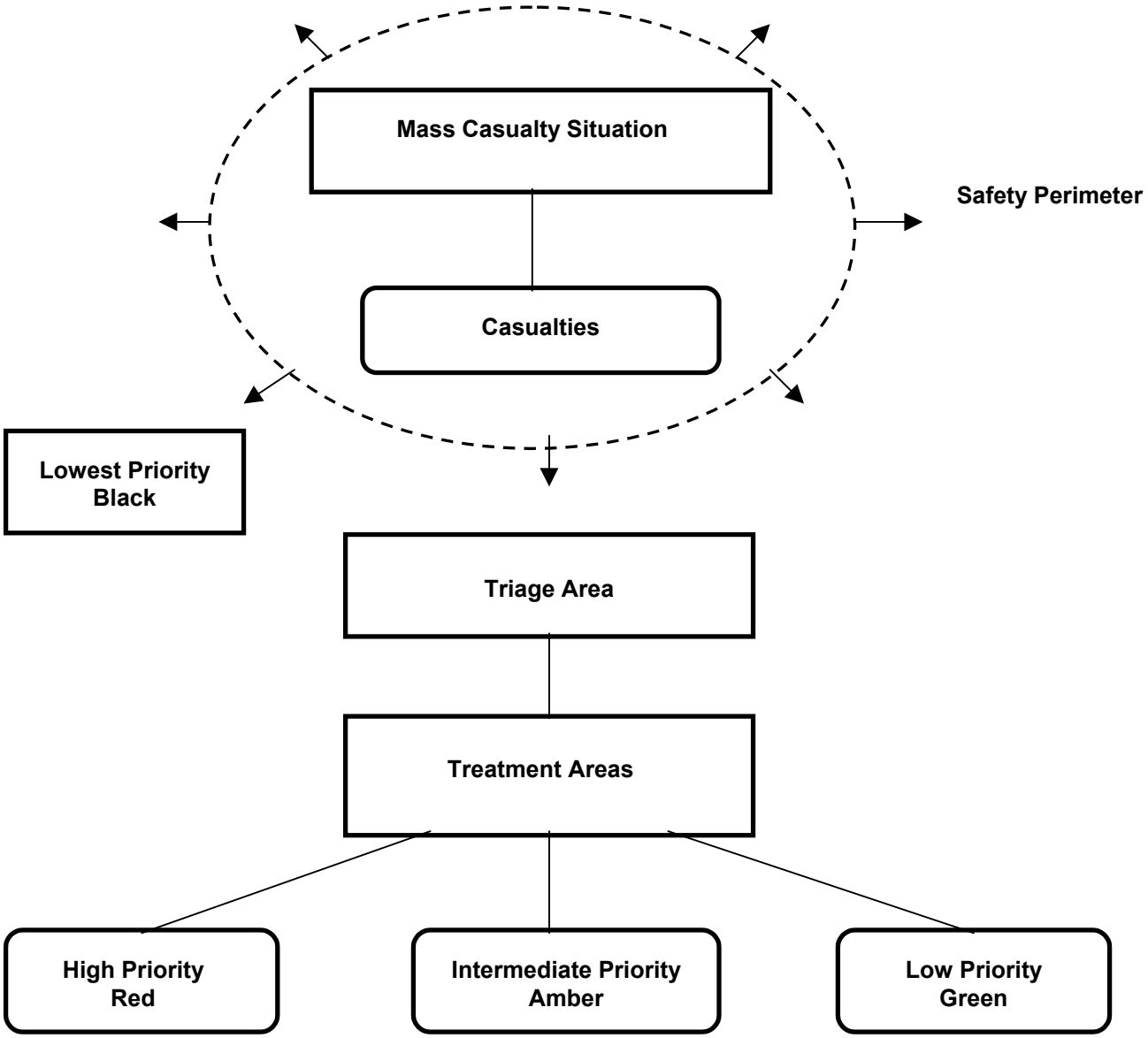


Table 3. Casualty Flow Chart



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