



## GENERAL: Triage

- a. A safety perimeter must be established
- b. Personal protective equipment should be utilized as appropriate along with body substance isolation techniques. Equipment should be utilized as appropriate. All providers and bystanders should be protected from environmental hazards as appropriate
- c. This information must be forwarded to the dispatch centre and the designated site commander so the appropriate senior staff can be informed.
- d. The initial triage must be conducted rapidly and carefully ensuring that no patients are missed. The total number of casualties should be assessed and reassessed regularly.
- e. 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. The command EMS personnel or the medical authority in charge should remain at the scene to direct additional units.
- f. Implementation of local critical incident stress protocols should be considered early in the incident.
- g. 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.
- h. EMS personnel are responsible for being familiar with disaster plans for their service, community, and region along with communication procedures, criteria for activating different levels of response, their roles and responsibilities at a mass casualty incident, and use of triage tags (which is helpful in identifying, prioritizing, and tracking of patients from the scene through to final destination in the health care facility).
- i. High priority(red)-those who need immediate treatment and transport in order to survive; Intermediate priority(yellow)-those that will most likely survive but require treatment; Low priority (green)-those who require little or no treatment or whose treatment can be delayed; Lowest priority(black)-those that 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.
- j. Initial treatment and stabilization should occur prior to move.
- k. The decision to centralize/move patients prior to triage and treatment depends on the distribution of patients at the site, scene assessment/safety, and available resources.
- l. If resources do not permit for this then triage must be performed on all patients in the field.
- m. 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.
- n. 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. Treating patients in the low/lowest priority category 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.
- o. A morgue for the dead should be established in a different location from the triage and treatment areas.
- p. Medical response must remain coordinated with other response agencies and activities. This task is best done through the overall site commander.