

DISASTER INCIDENTS

Revised 3/1/2000

d-1 MULTIPLE CASUALTY (TRIAGE GUIDELINES)

PRIORITIES:

- Establish order
- Summon additional assistance as appropriate
- Patient Triage
- Patient treatment
- Transport of the most critically ill
- Re-assessment of remaining patients

1. ESTABLISH ORDER

- a. Overall scene command is under the direction of the Incident Commander. Medical scene control is under the direction of the Multi-Casualty Branch Director (on large scale MCI events) and the Medical Group/Division Supervisor (on small scale MCI events).
- b. Ensure the safety of the scene, rescuers and bystanders;
- c. Identify a Triage Unit Leader and begin triage.

2. TRIAGE

- a. Perform a Primary Survey on all patients using S.T.A.R.T. method of triage. Treatment during this process shall be confined to opening the airway and controlling serious hemorrhage;
- b. Based on the primary Survey findings, prioritize casualties:
 - **IMMEDIATE (RED):** These patients are of the highest priority and are removed and treated first. They are the ones that will die within an hour if not treated rapidly. These patients may have altered levels of consciousness, respirations less than 8/minor, greater than 36/min and/or delayed capillary refill.
 - **DELAYED (YELLOW):** The patients falling into this category are those whose injuries are such that they will produce death after an hour, if not treated. These injuries are serious and need attention, however, treatment and removal may be delayed until the Priority 1 patients have been stabilized. Examples may include burns, major multiple fractures and spinal injuries;
 - **WALKING WOUNDED (GREEN):** The types of injuries in this category may have treatment delayed and are generally transported by some means other than ambulance. Examples may include minor fractures, lacerations with minimal blood loss, rib fractures without breathing difficulty and minor burns.
 - **D.O.A./NON-RESUSCITATABLE (BLACK):** These patients are already dead or so severely injured that death is certain within a short time, regardless of treatment given.
- c. Tag Patients according to priority and, if needed, gather into treatment areas by priority.

3. TREATMENT

- a. Begin treatment of casualties, immediate priority first, delayed second and so on, in accordance with specific treatment guidelines.

4. ADDITIONAL RESOURCES

- a. As the needs for additional manpower and equipment become evident, those needs should be communicated to the Incident Commander;
- b. Local hospitals should be notified as to the nature and extent of the disaster.

d-1 MULTIPLE CASUALTY (TRIAGE GUIDELINES) (cont)

5. TRANSPORT

- a. The most critically ill first, and others as indicated by severity, available equipment and manpower allow.

6. RE-ASSESSMENT OF REMAINING PATIENTS

- a. As patients are triaged, treated and transported, re-assessment of those who remain is carried out. Re-triage based on new findings may be necessary.