

Red Cross and Health Department to care of injured - Medical Examiners Office to handle the dead - Ambulance Supervisor for ambulance service from Fire Department - and Police Department. All the above additional help is incorporated in the Disaster Plan. Remember, keep in constant communication with the Fire Alarm Office at all times so they can give you the necessary help to cope with the situation.

T R I A G E

The term triage is a word of French origin which means sorting. When applied to multiple casualties, it refers to sorting and classifying to establish a priority for emergency care of victims.

In order to apply the principles of triage, it is necessary to readjust our basic impulse to provide care and comfort to all victims as we find them. In some cases, this necessitates by-passing a person who is critically injured, and needs care and comfort, in favor of a victim less seriously injured. This may seem inhuman but when you consider that a proper choice may mean the difference between one survivor or no survivors, this choice is more than justified.

The principles of triage have been established to attain the best use of Emergency and Medical facilities and assure the greatest number of survivors possible.

Victims are classified in five categories according to priority of emergency care. In many cases this priority will apply to removal of victims to medical facilities as well. Much depends on the type of transportation available, the emergency and medical facilities at the scene and the extent of the injuries.

The five emergency care categories are:

Class I Priority:

Victims whose chances of survival depend on immediate emergency care.

Class II Priority:

Victims who need emergency care prior to transportation but whose survival is not dependant on immediate care.

Class III Priority:

Victims who apparently require simple emergency care needs or those who appear uninjured and only require observation.

Class IV Priority:

Victims with fatal injuries whose chances of survival are improbable even with ideal medical care.

Class V Priority:

The obviously deceased victim.

It is difficult to establish a hard and fast rule to cover sorting of multiple casualties. Examination, out of necessity, has to be rapid and superficial; much is left to the judgement of persons with limited experience in this field. When medical attention is available, at the scene, emergency personnel should avail themselves of this professional guidance.

SPECIFIC INFORMATION REGARDING PRIORITIES.

Class I Priority:

Victims whose chances of survival depend on immediate care.

1. Severe Arterial bleeding - survival one minute or less.
2. Cardiac arrest - survival 2 to 4 minutes.
3. Respiratory arrest - survival 4 to 6 minutes.

The above life threatening problems have top priority because of the limited time available. However, with multiple victims in a disaster situation, where response time and initial survey account for 10 minutes or more, these victims may have to be considered as a Class V priority. With a large number of victims and limited manpower time will not permit extensive and complicated emergency care prior to transportation without neglecting several persons who would survive with minimal care.

4. Respiratory Problems (Airway and breathing difficulty).
 - a) Airway problems due to simple obstruction; foreign material, improper position, etc.
 - b) Severe maxillo - facial (upper jaw and face) wounds complicating the airway sucking wound of the chest and tension pneumothorax.
5. Shock resulting from major hemorrhage or multiple injuries.
6. Severe head injuries or damage to the skull exposing intra cranial structure.
7. Wounds exposing abdominal organs - multiple injuries.
8. Severe medical problems.

Poisoning - Cardiac Problems - Diabetics.
9. Burns involving 15% of the body area.

Class II Priority:

Victims who need emergency care prior to transportation but whose survival is not dependant on immediate emergency care.

1. Penetrating abdominal or thoracic wounds without respiratory involvement or severe hemorrhage.
2. Amputations or severe wounds involving major blood vessels of the extremities which have been controlled by application of a tourniquet.
3. Head injuries without loss of consciousness or airway complications.
4. Spinal injuries or major multiple fractures.
5. Burns involving 10% of the body area.
6. Closed fractures and wounds.

Class III Priority:

Victims who apparently require simple emergency care needs or those who appear uninjured and only require observation.

1. Suspected fractures, sprains or strains.
2. Minor wounds or contusions.
3. Minor burns involving less than 10% of the body area.
4. Eye injuries.
5. Severe psychiatric or emotional problems.

Although some victims in this category appear to be uninjured and emotionally stable, they should be removed to a medical facility for consideration by trained medical personnel.

Class IV Priority:

Victims with fatal injuries whose chances of survival are improbable even with ideal medical care.

1. Multiple severe injuries with critical respiratory involvement.
2. Severe burns involving 40% or more of the body area.
3. Obvious deterioration of the central nervous system.

In this category, death is imminent with or without your treatment.

Class V Priority:

The obviously deceased victim. Fatal wounds such as a crushed skull or severe wounds involving vital organs. Absence of pulse, respiration and dilation of pupils.

TRANSPORTATION PRIORITY

Class I Emergency Care Priority:

Victims with life-threatening problems where survival is dependant on prompt and proper care.

Persons in this category should be transported to a medical facility immediately in a well equipped ambulance.

