


The triage process

at major incidents

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Presented by Matt Dinnery, a qualified teacher with PGCE, completed MIMMS provider training in 2015 & 2019, followed by SMART D-Net CPD in 2020. Clinically awarded FREC4 in 2020, having also obtained a BSc (Hons) Biomedical Sciences in 2012.

Matt has worked in events, including crowd safety, security, event safety & medical, since 2006.

He has produced various event, crowd & medical operational/safety plans for events from 50-280,000 guests.

Training courses



- Visit www.promed999.co.uk/training for full details & dates
- QA Level 3 Certificate in First Response Emergency Care (RQF) + QA Level 3 Award in Administering Medical Gases (QCF) - £325.00+VAT
- QA Level 4 Certificate in First Response Emergency Care (RQF) - £395.00+VAT
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No quibble refund if the course is cancelled

No refund will be provided for cancellations made less than 24 hours in advance, or in case of no-show. A cancellation fee of £30 per person applies for cancellations made less than 7 days in advance. No cancellation fee applies for cancellations made 7 or more days in advance.

All courses near Aylesbury – can also run courses for 4+ people anywhere in the UK

FREC3: 29th August (3 weekends / 5 days) – includes copy of Ambulance Care Essentials

FREC4: 8th August (3 weekends / 5 days) – includes copy of Ambulance Care Practice

ILS: 20th September (1 day) – includes copy of Resus Council (UK) Immediate Life Support

SALM: 26th September (2 days) – includes JRCALC pocket book £165.00+VAT

Code of conduct



- Everyone attending a ProMed training event has the right to expect a space free from bullying, intimidation and harassment.
- Everyone has the right to be treated with dignity, respect and courtesy and not to be discriminated against.
- Please read the full code of conduct at:
<https://www.promed999.co.uk/training/continuous-professional-development-cpd/code-of-conduct/>
- If you need to report inappropriate behaviour, please privately message ProMed Admin Team during the webinar, or email webinars@promed999.co.uk following the meeting

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ProMed will not tolerate any form of harassment or discrimination. Anybody attending a ProMed event are responsible for their own behaviour and must ensure they behave appropriately showing respect to others during ProMed events and social activities.

Reports of inappropriate behaviour, including behaviour which brings injury or discredit to Professional Medical Ambulance Services Limited, will be treated seriously and acted upon promptly. Any such behaviour may ultimately result in attendees being asked to leave and/or legal action being taken.

The event coordinator has complete discretion to ask individuals to leave the event.

Any persons breaching this code of conduct will be reported to ProMed's leadership team, and may be prevented from attending future opportunities.

The triage process



- Triage sieve
- Trauma Revised Triage Score (TRTS)
- Labelling of casualties
- Priorities for extricating casualties
- Priorities for treating casualties
- Priorities for evacuating casualties to hospital

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Advise people of link to download tonight's slides

M/ETHANE



- Major incident standby / declared / etc
- Exact location
- Type of incident
- Hazards present / suspected
- Access – safe routes
- Number, type & severity of casualties
- Emergency services present / required

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Reminder – windscreen report before leaving vehicle / otherwise going closer to scene

First report to control, and use this format for all 'informative' / update messages

This is on the JESIP app

IIMARCH



- Information
- Intent
- Method
- Administration
- Risk assessment
- Communications
- Humanitarian issues

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Where/what & M/ETHANE

Why & strategy/tactics/operations

How & plans

Command/media/logging/welfare

Threats/PPE

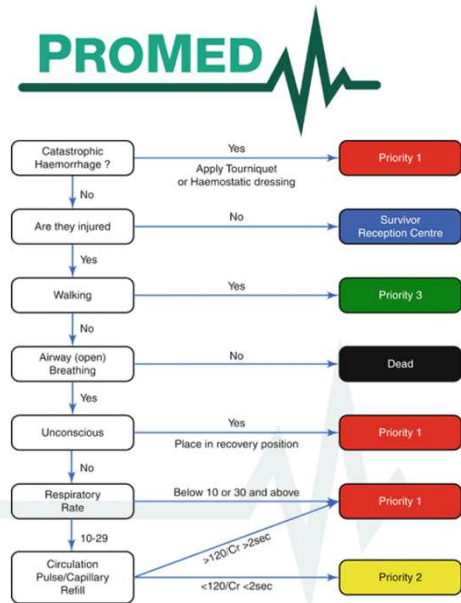
Radios/others/IA

Disclosure

This is on the JESIP app

Triage sieve

- Every person involved in the incident
- Labelling is vital
- Keep a tally & report regularly
- Re-triage after interventions
- Not suitable for (large numbers of) paediatric patients without modification
 - Use paediatric triage tape



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Triage usually begins with a process known as "sieving" or sorting casualties and victims in a particular incident. The Triage Sieve card provides an at-a-glance reminder of the process for juniors, medics and volunteers that may be unfamiliar with the process.

This simple guide allows the rescuer to quickly sieve multiple victims into a logical order of priority so that the right resources can be brought to the scene to deal with the various victim categories.

The Triage Sieve is designed for initial sieving / sorting of victims, typically at the scene. The reverse of the sieve card allows for quick collation of victim numbers and for initial priorities to be assigned.

Glasgow Coma Scale (GCS)



Eyes

- Spontaneous (4)
- To sound (3)
- To pressure (2)
- None (1)

Verbal

- Orientated (5)
- Confused (4)
- Words (3)
- Sounds (2)
- None (1)

Motor

- Obeys commands (6)
- Localising (5)
- Normal flexion (4)
- Abnormal flexion (3)
- Extension (2)
- None (1)

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Source: <https://www.glasgowcomascale.org/what-is-gcs/>

Since 1974, motor had an addition in 1976

The Glasgow Coma Scale can be applied to describe impairment of consciousness from any cause.

Observations initially should be repeated frequently to establish if the patient is stable or to detect any trends of improvement, or of deterioration from developing complications. When a stable pattern emerges as time passes, the frequency can be reduced.

The core concept in the Scale is that the patient's eye, verbal and motor responses are described in simple, objective terms in order to convey a clear unambiguous picture of their condition.

The Glasgow Coma Scale Score is produced by adding the numeric values of the three responses into a sum or composite total. The lowest Score possible is 3, indicating deep coma, and the highest Score is 15, indicating normal consciousness. The other 11 Scores can reflect 118 different combinations of the three responses. Not all of these are clinically realistic.

The importance of the components varies according to the sum score, the motor component contributing most information in severe injury, the eye and verbal in mild and moderate injuries.

Triage Revised Trauma Score



- TOTAL SCORE ≤ 3 : EXPECTANT
- TOTAL SCORE = 0 : DEAD
- On arrival to CCS
- Within CCS supplemented by anatomical information
- On departure from CCS with information as available
- On arrival at hospital

ADULT TRIAGE SORT		
RESPIRATORY RATE		
TOTAL SCORE < 10	10-29	4
PRIORITY 1	>29	3
	6-9	2
	1-5	1
	0	0
SYSTOLIC BLOOD PRESSURE		
TOTAL SCORE = 11	>90	4
PRIORITY 2	76-89	3
	50-75	2
	1-49	1
	0	0
GLASGOW COMA SCALE		
TOTAL SCORE = 12	13-15	4
PRIORITY 3	9-12	3
	6-8	2
	4-5	1
	3	0

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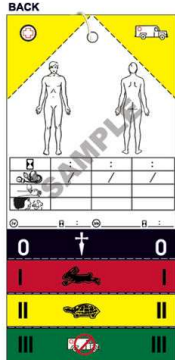
Labelling of casualties




FRONT




BACK



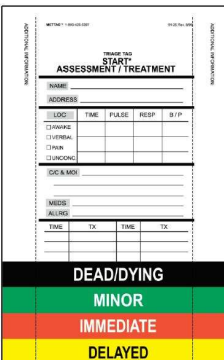
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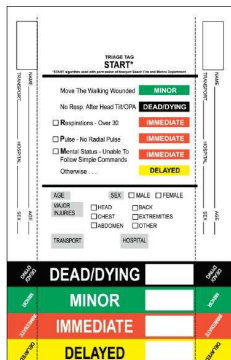
BACK




ASSESSMENT / TREATMENT




START



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METTAG system

The Original METTAG™ MT-137 provides first responders and rescue personnel with the standard triaging features needed to enable them to perform a prompt and accurate assessment of a Mass Casualty Incident (MCI) victim's injuries and to easily record the data.

By utilizing standard graphic symbols and a four-color tear-off triaging system, the Standard Medical Emergency Field Triage tag (MT-137) is truly a universal tool, in that it presents no language or literacy barriers, and can be used in the field by anyone, of any nationality, with minimal training or hands-on experience

The Original MT-137 Medical Emergency Triage Tag is constructed of a high-density damage resistant synthetic material, and is printed using a special thermal printing process, allowing use in the harshest and most demanding field situations. Additionally, each Medical Emergency Triage Tag is equipped with a 30-inch elastic band, which is used for attaching the tag to the victim's body, usually around the neck or to an available limb.

Each MT-137 is coded with a unique sequential barcode serial number, which aids in the identification and tracking of victims and their belongings through the various phases of the triage and treatment processes, both in the field, as well as into the receiving hospital emergency care facilities. These unique SERIAL numbers are conveniently located on both the top right and top left diagonal tear-offs, as well as on the lower colour-coded tear-offs.

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Cruciform Triage system

The Cruciform system provides, in one box, an effective method of relaying information about the dead and injured from the scene of an incident to the final destination.

The system can be used to sieve and/or sort victims and to mark the scene; it identifies records, personal possessions, associated child/close relatives and even separated body parts using a unique number/barcode number strip with numbered wrist band.

Victims are given a barcoded wristband, which has the same GS1 barcode number as those affixed to the back of the Triage Sieve, Cruciform® card and to all amendable pages.

Each Cruciform box contains:

- A Triage Sieve guidance and casualty numbers card
- 10 or 25 expandable, amendable Cruciform cards
- Cards are secured via elastic loop and contained in a liquid-proof, sealable bag
- Per card, a set of uniquely numbered/GS1 bar-coded stickers with wristband
- Other supporting documentation and pen



SMART Triage Tag system

The SMART Tag's folded design means that effective triage is quick and simple, allowing you to reprioritize your casualty quickly without losing information. Made from durable materials the SMART Tag will survive the worst of conditions. Its highly visible design means that the priority of the patient is easy to identify.

The SMART Triage Pac contains 20 SMART Tags, the SMART Tape, Light sticks for identifying casualties at night and it will fit over any duty belt.

The SMART MCI Bag gives a complete grab bag to respond rapidly with all the resources required to manage a mass casualty event.

Containing 4 SMART Triage Packs and 1 SMART Commander, the SMART MCI Bag will provide the supervisor with Triage for 80 casualties, a command and control structure and space to store additional MCI response equipment (not supplied). The SMART MCI Bag is the ideal resource to resupply an on-going incident or set up a medical command post at a pre-planned event (such as a town fair or large sports event).

Labelling of casualties



- How well do the systems keep track of the patient and their possessions (or body parts)?
- How easy is it to change the priority of a patient in each system?
- How would the system fair up in a cold, wet environment?
- Would it be easy to train somebody in triage sieve using each system?
- Are the barcodes actually useful?

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Priorities for extricating casualties



- Triage sieve priority during primary triage
- Triage sort priority if prolonged extrication time
- Forward medical / forward ambulance team clinical input
 - Gross anatomical features
 - Cardiovascular / haemodynamic stability – now and during release
 - Homeostasis stability – what can be done in situ
- Fire service input
 - What they are trapped by
 - What else is the 'structure' affecting – other casualties / structures

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The initially determined triage category can of course be changed to a higher or lower priority as the victim's condition alters. Subsequent changes in priority will be determined by a more careful / qualified examination

Priorities for treating casualties



- Triage sort priority at CCS entry
- Examination by experience healthcare professionals
 - Gross anatomical features
 - Cardiovascular stability
 - Thoracic injuries
 - Haemodynamic stability
 - Homeostasis features

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Priorities for evacuating casualties to hospital



- TRTS repeated following interventions
- Priority again may be altered by experienced clinician
- Availability of transport mode & qualified personnel
 - Helicopter with doctor / paramedic
 - DMA with doctor / nurse
 - DMA with paramedic
 - DMA with technician
 - Patient transport vehicle with technician / first responder
 - Mass transport (bus, train, etc) with first responders

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- Tonight's webinar has been provided free-of-charge
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Questions?

Please type in the chat box, or raise your hand & unmute yourself when invited!

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