

Major Incident Triage

Position Responsible: Clinical Director
CGC Approved: November 2017

Issue Date : Dec 2017
Review Date : Dec 2020

Related Documents	10.4 Major Incident Equipment NHS England EPPR Guidance 2013 NARU NASMed Triage Sieve July 2013 EEAST Major Incident Plan v1.6
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1.0 Background

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- 1.1 A major incident can be defined as any event whose impact cannot be handled within routine service arrangements. It requires the implementation of special procedures by one or more of the emergency services, the NHS, or a Local Authority to respond to it.
 - 1.2 In major incidents the role of the Enhanced Care Team is likely to be: to undertake identified roles within the command and control structure (Medical Advisor), triage casualties using approved methodology (Primary Triage Officer or Secondary Triage Officer) and/or perform clinical care (Forward Medical Team).

This SOP will focus on the triage aspects of a declared Major Incident.

2.0 Casualty Triage

- 2.1 The triage sieve is performed on casualties involved in the incident in non-medical locations ie where the casualty is found in the incident
- 2.2 Triage sort is performed at the Casualty Clearing Station.

3.0 Triage Sieve

- 3.1 Triage sieve may be performed by anyone trained in the use of the NASMeD Triage sieve (appendix 1) and should be conducted in teams of 2 wherever possible.

This is a simple and brief act with very little or no intervention.

- 3.2 To assist in undertaking the triage sieve, the clinical team have available to them a selection of printed 'triage category cards' included in the Major Incident equipment bag.

The clinical teams should remember:

- To identify casualties one at a time and assign them a triage category

- The **only** treatment should be **brief** attempts to control catastrophic haemorrhage (application of a Combat Application Tourniquet), opening of an airway or placement into the recovery position.
 - The triage category should be denoted by folding the triage card to the appropriate colour-coded side and attaching to the casualty.
 - Coloured light sticks can be used to augment this process in the dark.
 - To keep a tally of the numbers of casualties assessed in each category and if necessary draw a sketch map to identify casualty locations.
 - That triage is a dynamic process, often requiring reassessment when parameters change (ensuring casualty numbers remain correct)
- 3.3 Those categorised as “uninjured” should be directed to the Survivor Reception Centre for identification by the Police.
- 3.4 Those categorised as P3 should be directed to the casualty clearing station or the designated P3 area for further sorting and/or treatment.
- 3.5 Those categorised as P1 and P2 will be transported to the casualty clearing station for further prioritisation and/or treatment.
- 3.6 Those categorised as Dead, should be labelled as such and left *in-situ* for later identification and/or investigation by the police/coroner.

4.0 Casualty Sort

- 4.1 Casualties arriving at the Casualty Clearing Station need to be sorted in order of priority for stabilisation and/or transportation to an appropriate facility for ongoing or definitive care. Any casualty arriving at the CCS without a triage label will initially be sieved before going on to triage SORT.
- 4.2 This triage sort is performed using the Triage Sort criteria documented in the triage category cards, and is a combination of vital signs and Glasgow Coma Score. This total score should be documented on each casualty’s triage card along with the time the assessment took place.
- 4.3 It is expected that initial treatment and resuscitation is performed at the Casualty Clearing Station.
- 4.4 Staff undertaking triage sort must ensure that the Casualty Clearing Officer is informed of all casualty priorities.

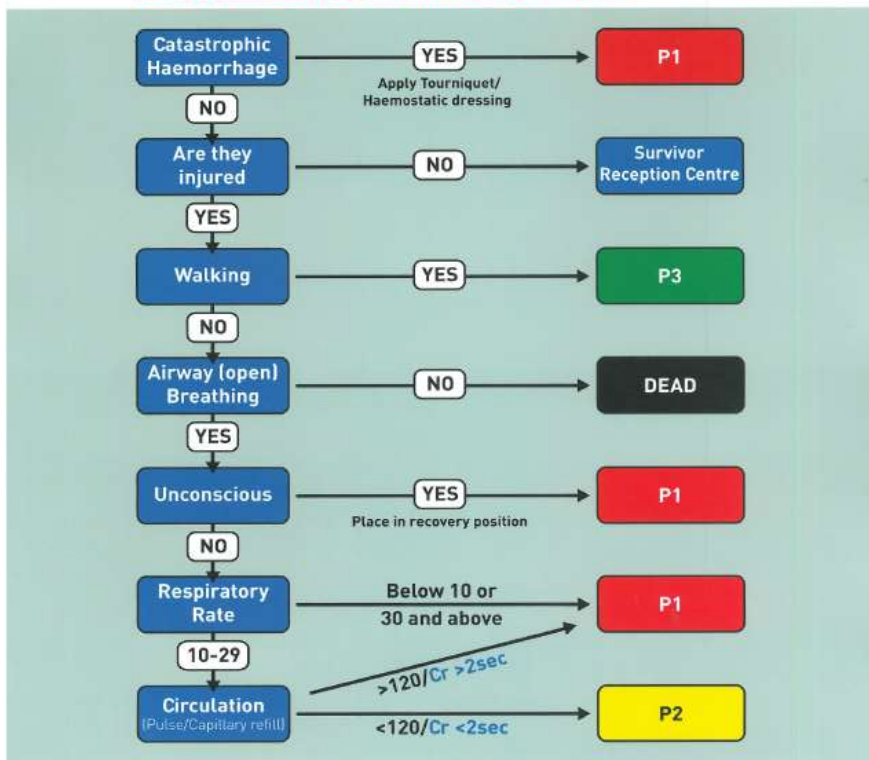


National Ambulance Resilience Unit
NARU



NASMeD Triage Sieve July 2013

Best practice is to carry out TRIAGE SIEVE in pairs



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Chair of NASMeD



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Following the adoption of <C>-ABC approach to the initial assessment and management of trauma patients, it was apparent that the previous triage algorithm needed to be redesigned to fit with the new way of working. The triage sieve is to be used for adults and children, if necessary more accurate triage of children can be achieved using Paediatric Triage tape which accounts for the age related variations in Respiratory rate and Pulse.

This algorithm has been developed by NASMeD (National Ambulance Service Medical Directors Group) and approved by AACE (Association of Ambulance Chief Executives) and has been adopted as the new triage sieve to be used at any Mass Casualty Major Incident.

Appendix 2- Smart triage card

Eye opening :						
Spontaneous	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To voice	3					
To pain	2					
None	1					
Verbal response :		+	+	+	+	+
Oriented	5					
Confused	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate words	3					
Incomprehensible words	2					
No response	1					
Motor response :		+	+	+	+	+
Obeys commands	6					
Localizes	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain withdraws	4					
Pain flexion	3					
Pain extension	2					
No response	1	=	=	=	=	=
Glasgow Coma Scale Total :		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Glasgow Coma Scale						
13 - 15	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 - 12	3					
6 - 8	2					
4 - 5	1					
3	0		+	+	+	+
Respiratory Rate						
10 - 20	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
more than 20	3					
6 - 9	2					
1 - 5	1					
0	0		+	+	+	+
Systolic BP						
90 or more	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70 - 89	3					
50 - 75	2					
1 - 49	1					
0	0		=	=	=	=
12 = MINIMAL 3	Total :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 = DELAYED 2	Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 or less IMMEDIATE 1		:	:	:	:	: