Magpas AIR AMBULANCE

STANDARD OPERATING PROCEDURE

10.2 Major incident triage

Position responsible: Medical Director
Approved by: CGC

Issue Date : January 2021
Review Date : December 2023

Related Documents	10.4 Major Incident Equipment
Further information	NHS England Clinical Guidance for Major Incidents and Mass Casualty Events 2020 NARU NASMed Triage Sieve July 2015 EEAST Major Incident Plan v1.6

This document is the intellectual property of Magpas

1.0 Background

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 (ECT) 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)
- Perform clinical care (forward medical team)

1.3 This SOP will focus on the triage aspect of a declared major incident.

1.4 All team members will ensure that they are wearing the appropriate PPE and major incident tabard for their assigned role. The Magpas Major Incident Bag contains the equipment referred to.

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, see below:

 Copyright Magpas 2021

3.3 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 (Casualty Count card provided) 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).

3.4 Those categorised as "uninjured" should be directed to the Survivor Reception Centre for identification by the Police.

3.5 Those categorised as P3 should be directed to the casualty clearing station or the designated P3 area for further sorting and/or treatment.

3.6 Those categorised as P1 and P2 will be transported to the casualty clearing station for further prioritisation and/or treatment.

3.7 Those categorised as dead, should be identified with a completed triage card and left in-situ for later identification and/or investigation by the police/coroner. Dead patients can be moved if access is required to living casualties.

4.0 Casualty Sort

4.1 Casualties arriving at the Casualty Clearing Station (CCS) 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 (Appendix 2).

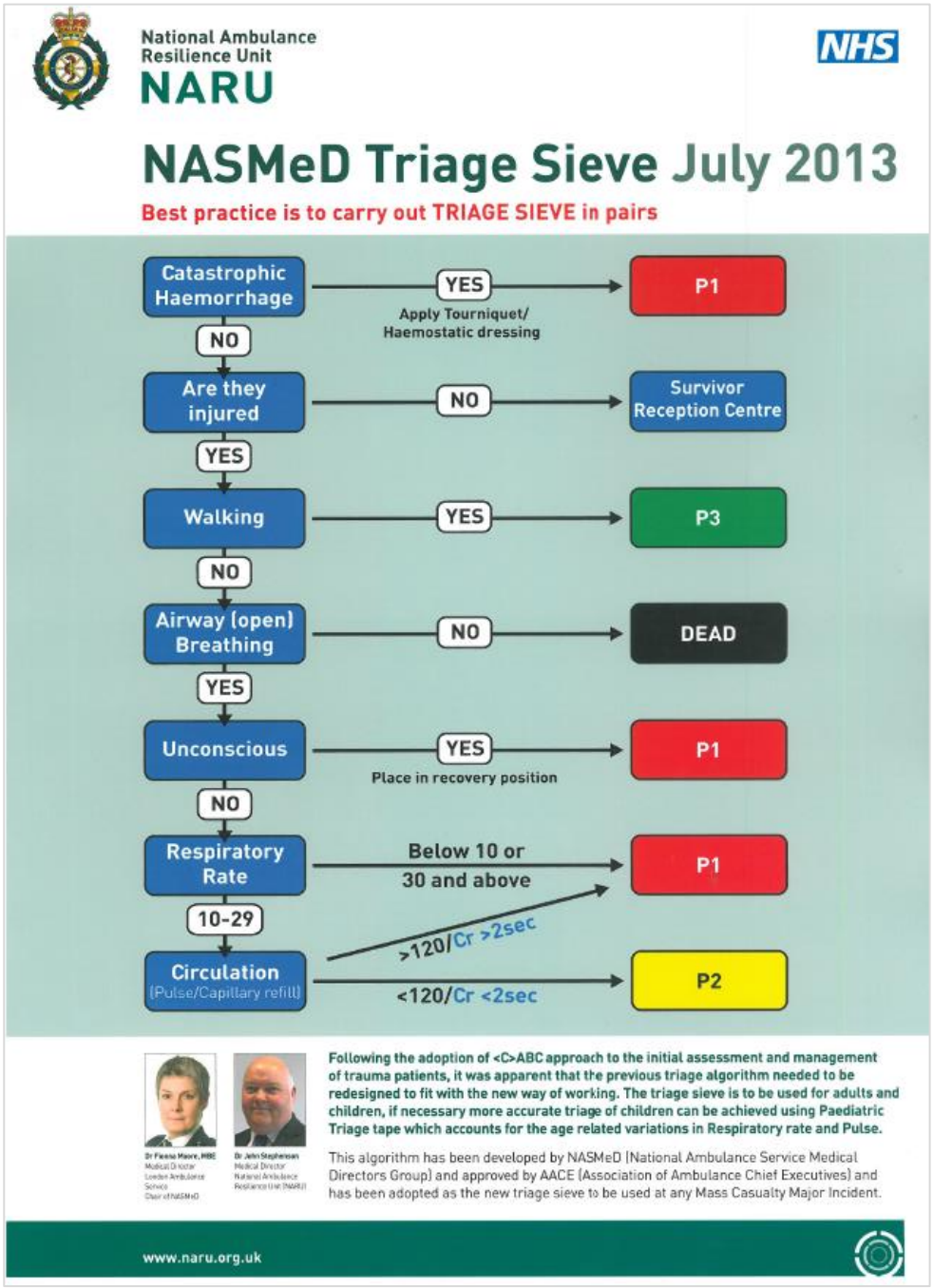
4.2 This triage sort is performed using the triage sort criteria documented in the triage category cards, and is a combination of vital signs and Glasgow Coma Score. This total score should be documented on each casualty's triage card along with the time the assessment took place.

4.3 It is expected that initial treatment and resuscitation is performed at the CCS in order to stabilise and allow onward transfer to an appropriate hospital.

4.4 Staff undertaking triage sort must ensure that the Casualty Clearing Officer is informed of all casualty priorities.

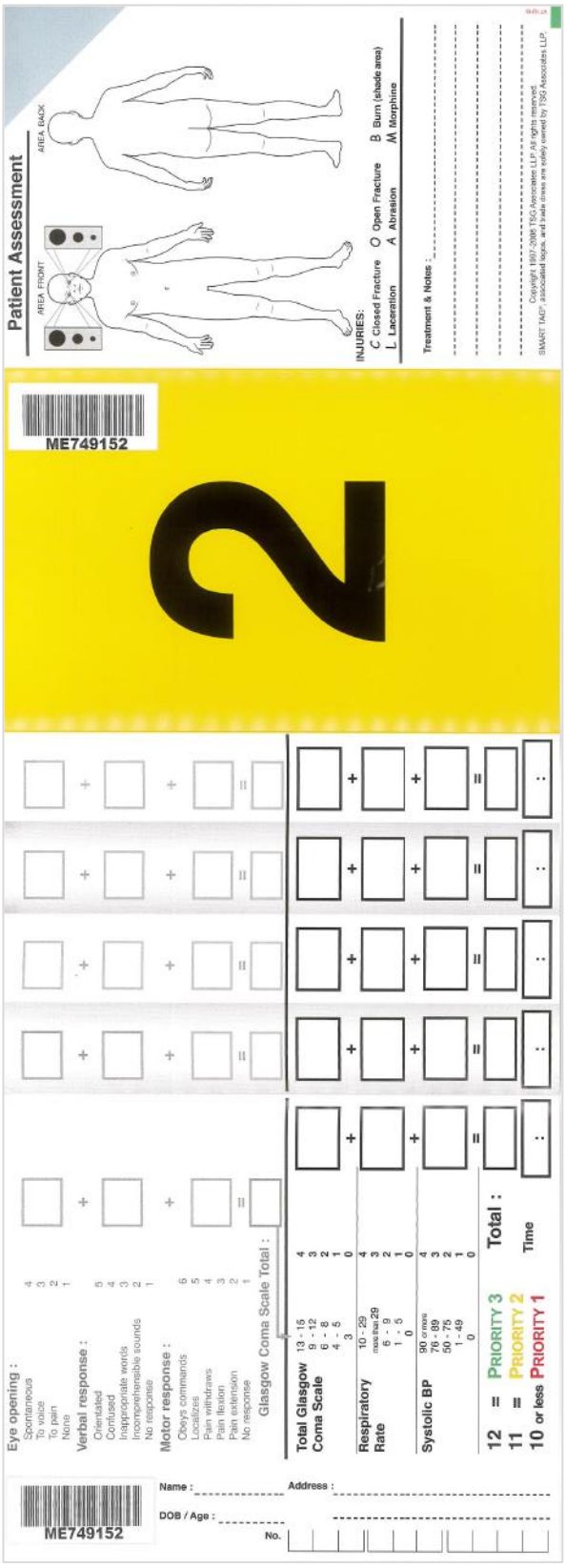
 Copyright Magpas 2021

Appendix 1 – NARU Triage Sieve



 Copyright Magpas 2021

Appendix 2- Smart triage sort card



 Copyright Magpas 2021