

ATCT

Advanced Trauma Care Training

TRIAGE

For MASS CASUALTIES

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Clinical practice



Normal clinical practice



Multiple-casualty incident



Mass casualties

Triage = Process and logic

By which priorities are set for the management of mass casualties.

**The aim in a mass casualty situation is
to do the best for the most using available
resources,

not

everything for everyone.**

Most medical personnel who deal with trauma on a regular basis have the clinical skills to deal with mass casualties

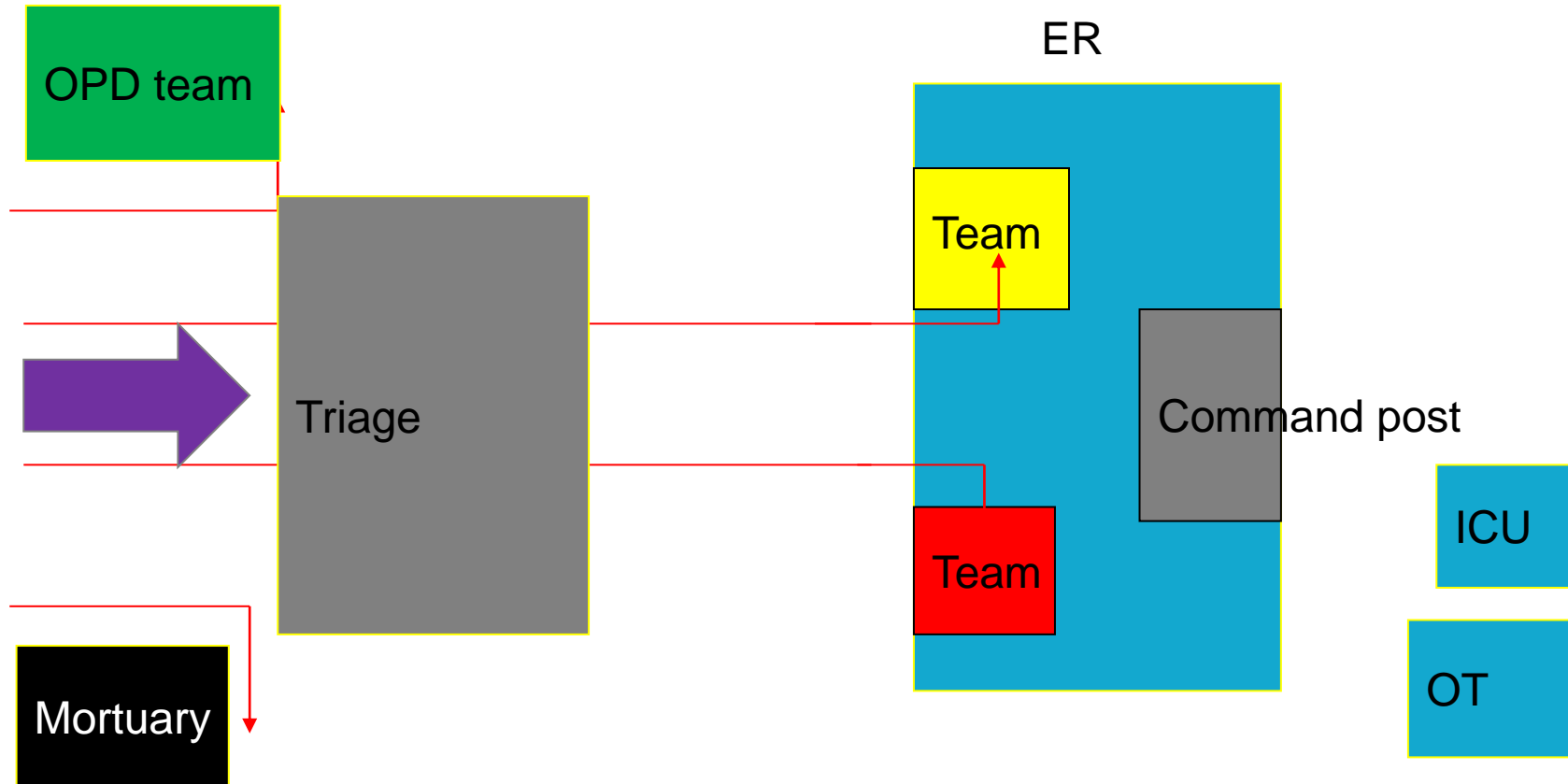
A new mind-set and change in the way of thinking is required.

Some fundamental PRE-REQUISITE for success

- A broad health sector **policy and strategy** for emergency management as part of an inter-sectoral emergency management plan.
- A clear designation and definition of the overall authority and **responsibilities**, at site authority and responsibilities.
- Programs for **regular training** for emergency management.
- Trained medical teams ready to operate in a special environment : skilled and trained personnel, equipment and other resources.
- **Pre-established** management mechanisms.

Hospital reception

Design idea



Triage cannot be organised ad hoc it requires planning

- Preparation before the crisis
 - Organisation of the personnel
 - Organisation of the space
 - Organisation of the infrastructure
 - Organisation of the equipment
 - Organisation of supplies
- Training
- Communication
- Security
- Convergence reaction = relatives, friends & the curious

Triage

Organization is needed
which means planning of

- space,
- infrastructure,
- equipment,
- supplies
- personnel





- No enough space to move around
- Small light-weight beds
- Small carts for medical supplies
- IC fluids hanging on a rope
- Patient carried on a stretcher
- Few people appear to know what they are doing

Triage involves a dynamic equilibrium between needs and resources

Needs = number of wounded, types of injury and required interventions

Resources = infrastructure and equipment at hand & competent personnel present

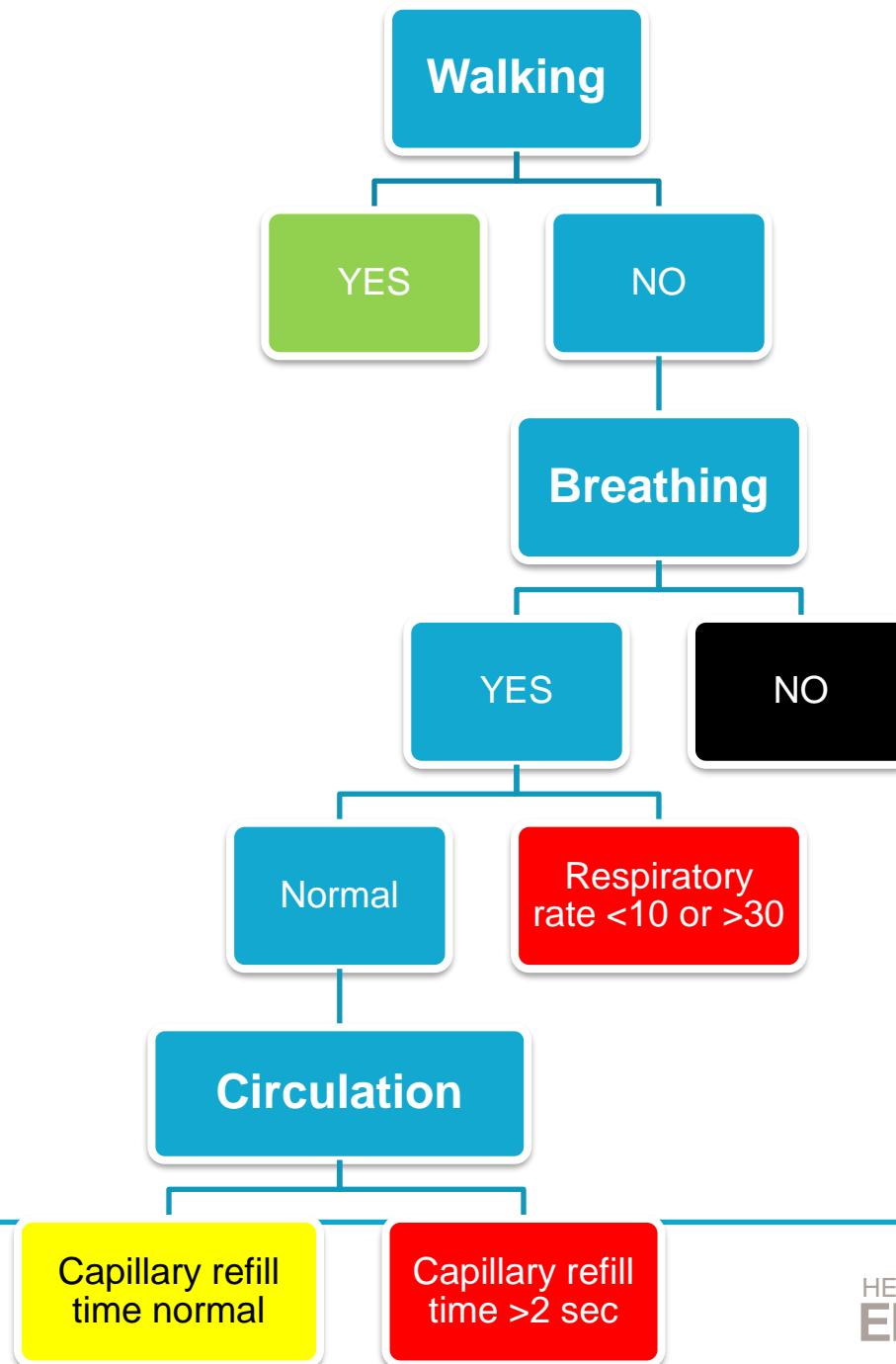
Examine

1) Select those most **severely injured** and

2) identify and eliminate

- **the dead**
- **the slightly injured**
- **the uninjured**

Triage Sieve



ICRC TRIAGE CATEGORIES

- I. **Serious wounds: resuscitation and immediate surgery**
- II. **Second priority: need surgery but can wait**
- III. **Superficial wounds: ambulatory management**
- IV. **Severe wounds: supportive treatment**

Category I: Resuscitation and immediate surgery

Patients who need urgent life-saving surgery and have a good chance of recovery.

(E.g. Airway, Breathing, Circulation: tracheostomy, haemothorax, haemorrhaging abdominal injuries, peripheral blood vessels)

Category I for Airway; Category II for debridement





Category II: Need surgery but can wait

Patients who require surgery but not on an urgent basis.

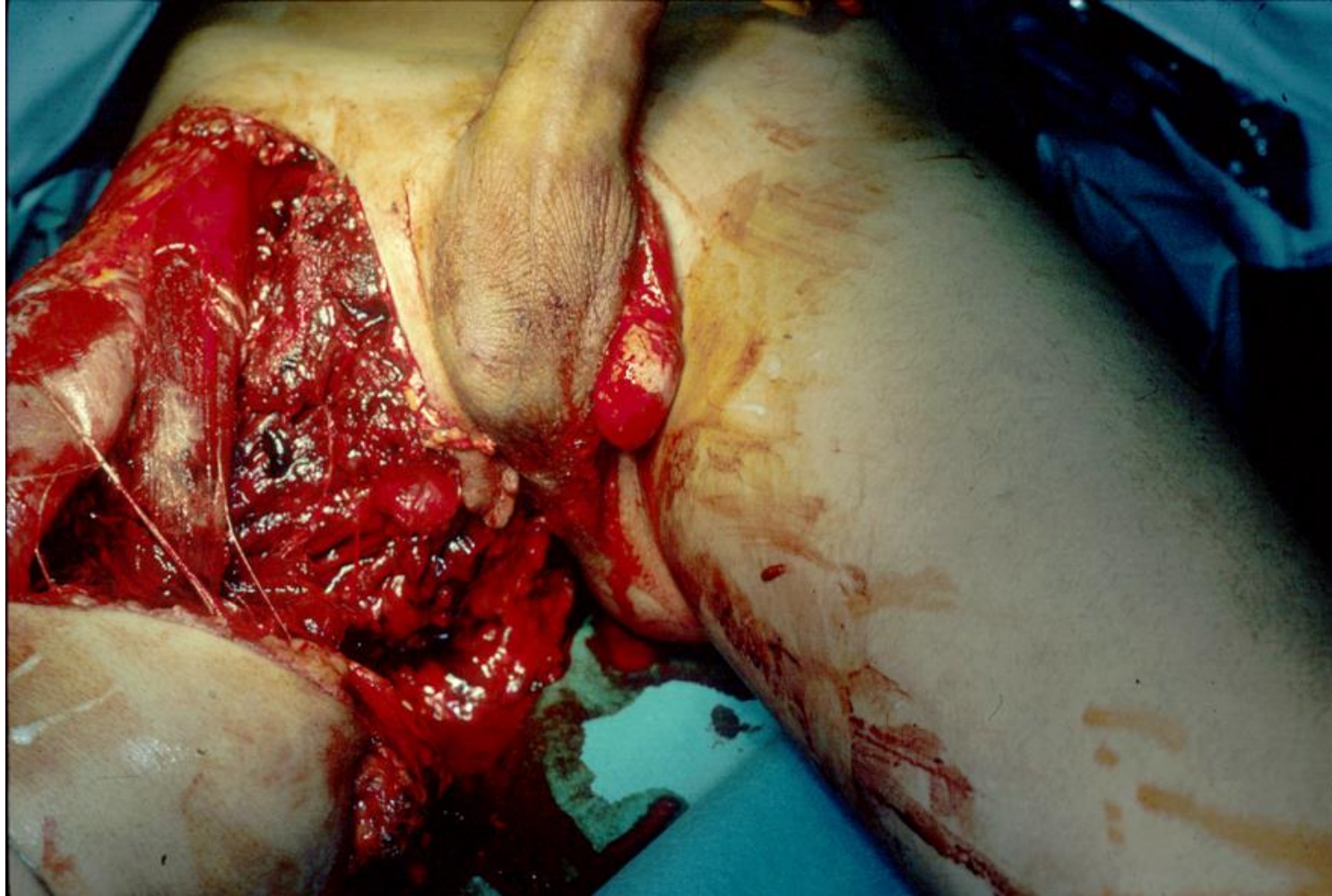
A large number of patients will fall into this group.

(E.g. non-haemorrhaging abdominal injuries, wounds of limbs with fractures and/or major soft tissue wounds, penetrating head wounds GCS > 8.)

Main vessel injury-T_ Distal pulse absent



Femoral vessels intact





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Category III: Superficial wounds (no surgery, ambulatory treatment)

Patients with wounds requiring little or no surgery.

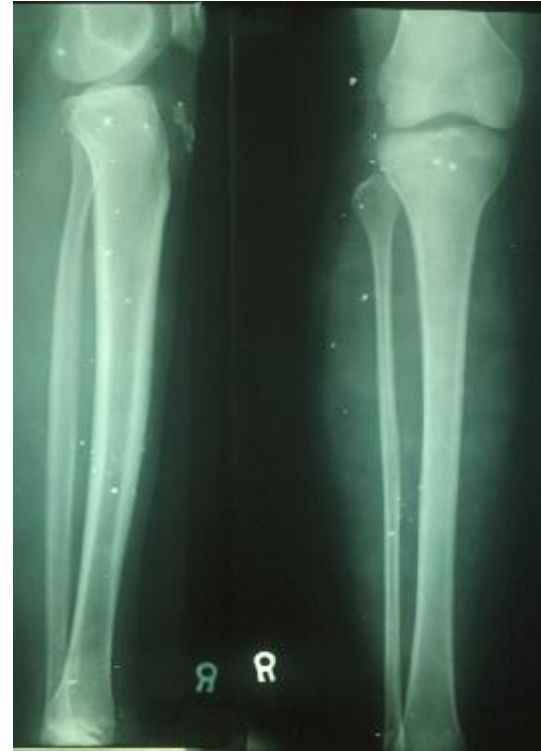
In practice, this is a large group, including superficial wounds managed under local anaesthesia in the emergency room or with simple first aid measures.



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Multiple superficial fragments



**Category IV: Very severe wounds
(no surgery, supportive treatment)**

Patients with such severe injuries that they are unlikely to survive or would have a poor quality of survival.

The moribund or those with multiple major injuries whose management could be considered wasteful of scarce resources in a mass casualty situation.



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Summary of triage theory & philosophy: sorting by priority

**A simple emergency plan: personnel, space,
infrastructure, equipment, supplies = system**

"Best for most" policy

**Priority patients are those with a good chance of
good survival.**

Triage decisions must be respected

Discussion
later



Thank you

- Questions