

Medical Response Protocol

Additions to Injury Response Team. Paragraph 1.

Post earthquake and tsunami, we are likely to face a Mass Casualty Incident. A mass casualty incident is defined as anytime there are more patients than resources available to treat patients. The responders' goal is to provide the greatest medical benefit for the greatest number of people.

The sorting of patients into groups according to their need for medical treatment is called triage. The purpose of triage or casualty sorting is to determine the order in which patients should be treated based on the severity of their injuries. We will be in a chaotic and confusing environment. Responders will find patients in structures, vehicles and in the open. Some patients will be able to walk, some will be suffering various types of injuries and some will be deceased. The assessment must be simple and fast. Unlike a more manageable trauma scene, the responder cannot spend undue time treating patients. The responder should only stop during the assessment to correct airway and severe bleeding problems. The temptation to stop the assessment and treat injured patients is one of the greatest challenges a mass casualty responder will face.

The Simple Triage and Rapid Treatment system (START) is designed to let responders triage a patient in 60 seconds or less based on three primary observations: breathing, circulation, and mental status. Patients and/or their location should be tagged with colored surveyor's tape so other rescuers can easily recognize the patients triage level.

Priority 1 (red tag). Life threatening injuries requiring immediate medical attention.

Priority 2 (yellow tag). Urgent care that can be delayed for 1 hour.

Priority 3 (green tag). Delayed care, minor care, or walking wounded.

Priority 4 (black tag). The patient is dead and no care is needed.

As the response team moves through their designated area in a systematic manner, ask patients who can walk to proceed to the neighborhood shelter

station. These patients receive a green tag. All other patients are evaluated based on 3 observations.

1. Breathing. If the patient is not breathing, clear the mouth of any foreign matter. Position the head in a manner that opens the airway. If the person breathes, tag the patient or location as priority 1. If you come across a patient who is breathing, you need to determine the breathing rate. If the patient is breathing at a rate of greater than 30 breaths per minute, tag priority 1. If the patient is breathing at a rate of less than 30 breaths per minute, move on to the next step in the evaluation.
2. Circulation or is oxygen getting around. Check the pulse, preferably the carotid pulse in the neck. If the pulse is weak or irregular, tag the patient priority 1. The responder can quickly try to stop severe bleeding by wrapping a wound or applying a tourniquet. If the pulse is strong, move onto the third step of the evaluation which is mental status.
3. Mental Status. Patients who can respond to simple verbal commands and have adequate breathing and circulation are tagged Priority 2. Patients who are unresponsive to simple commands and verbal stimuli are tagged priority 1.

Any time a response team determines a patient is priority 1, they shall communicate the location and brief description of the patient's condition to a GMRS operator at the shelter area before moving onto their next location.

Credit

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