By Phaedra Stavrinos

Patient Care News

Following the events of 7 July, Patient Care News examines the process involved in triaging patients at major or large-scale incidents, and finds out how this system saves lives.

Guide to triage procedure

When undertaking major incident training all staff are taught about the importance of triage – the process of carrying out an initial assessment of patients to determine priority – to maximise survival. In any situation where the number of patients significantly outweighs the number of staff available, triage procedure is appropriate for use.

Primary Triage

The first triaging is undertaken by the Bronze triage officer. This role is crucial in any large-scale major incident. When assigned the role, the triage officer should attach at least two triage packs to their belt pack and collect dressings and oropharyngeal airways. After checking the incident site is safe, they should then enter the area.

The adult triage sieve provides a fast and accurate way to assess patients. The algorithm shown on the right illustrates the method of triage that should be undertaken to determine the priority for treatment of each patient.

After assessment, a triage label assigning priority must be attached to the patient's wrist. The label should be folded, with the correct category showing outwards. The uninjured should be sent to a police officer. A record of the number of patients should be kept, using the tally card from the belt pack, *shown right*.

The triage officer may apply dressings and/or open airways but must leave more detailed intervention for colleagues and continue with the triage process. If appropriate, they may task firefighters and other medical staff with providing further first aid. However, advanced life support and a triage sort will generally be carried out in the casualty clearing station.

Clinical Governance Team:
Medical Director Fionna Moore
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Casualty clearing

Casualties will be brought to a clearing station for secondary triage and treatment before they are conveyed to hospital. They will be treated and conveyed according to the priority they have been given. Crews working in the clearing station will make detailed observations and record treatment on triage cards.

Fig 1

To determine the triage sort priority, the GCS should be recorded and added to the respiratory rate and systolic BP. Patients should be re-triaged every 15 minutes and revised priority scores recorded in the columns.

Fig 2

Crews should record further details of the patient, their condition and the treatment received in the secondary triage process.

Fig 3

For casualties who have died, tags should be completed by a doctor and a member of the police service. This should be the only tag attached.

Fig 4

The casualty clearing officer should record the time of entry to, and exit from, the casualty clearing station on the triage card. They should record the patient's triage category at the point of exit.

They should also add the call sign of the ambulance and whether the patient details have been documented by the police, along with any additional notes.

For priority 1 patients, the card should be folded and placed in the laminated pouch.

Before patients are conveyed to hospital, the transit slip should be removed from the triage label and given to the Bronze loading officer.

Fig1

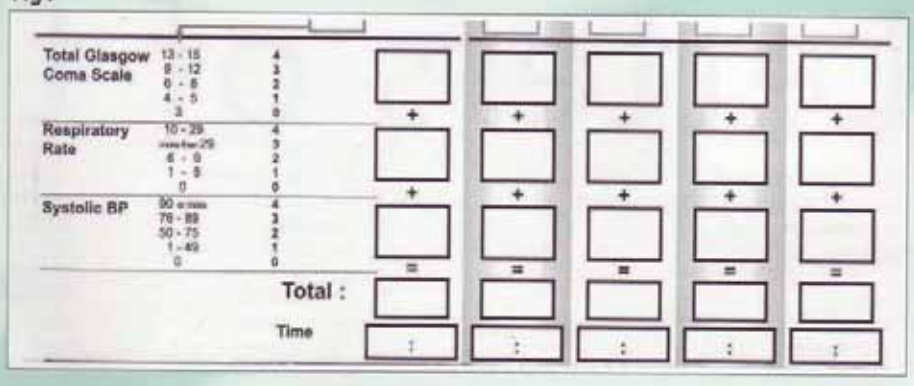


Fig 2

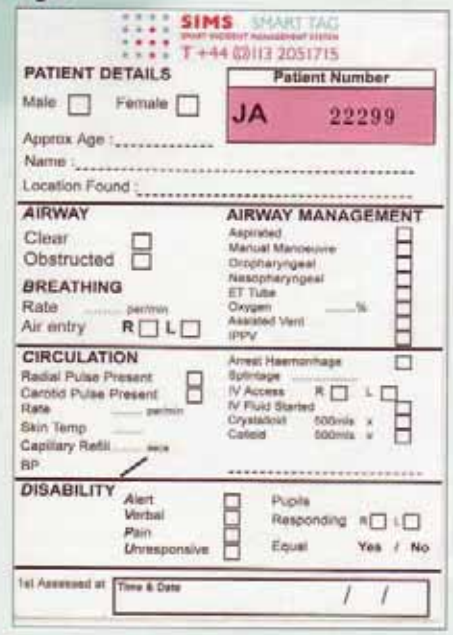
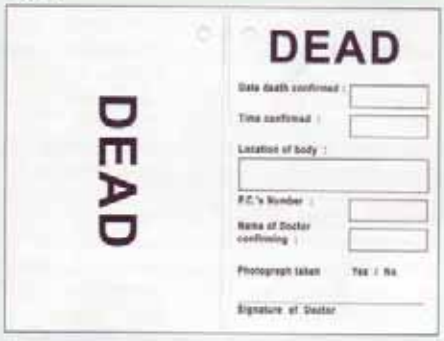


Fig 3



Removal to hospital

To ensure that patients are tracked, information should be recorded before the patient is transported to hospital.

Fig 5

Those crews transporting patients should take the number of the triage label and enter this onto the patient report form.

The triage chain of survival

In order to maximise survival and keep accurate records of an incident, the triage process is crucial. In the challenging atmosphere of a major incident, such as on 7 July, triaging is the quickest way to treat the patients most in need of care, and provides crucial information for a smooth operation. Staying focused and following this procedure saves lives.

- To find out more about major incident planning, please contact the Emergency Planning Unit on 020 7463 3206.

Fig 4

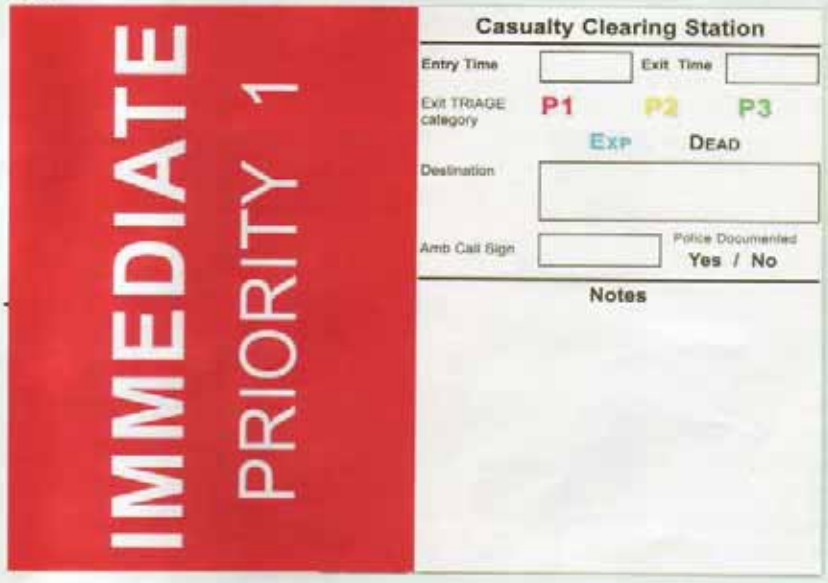


Fig 5