

## **16. TRIAGE & FIRST RESPONSE**

### **16.01 Introduction**

#### **What is Triage?**

The definition of Triage is “the sorting of, and allocation of, treatment to patients, especially battle and disaster victims, according to a proven system of priorities designed to maximize the number of survivors.”

Of course, no one expects to be the first responder to a Mass Casualty Incident (MCI), but at any time we could be the first person on the scene of any type of accident, or find ourselves in the aftermath of a natural disaster (tornado, hurricane, earthquake, etc.), involving numerous victims. Would we be prepared for such an event?

#### **16.02 Psychology Behind First Reponse:**

As stated in the Psychology section of the Academy, “People do not like to think about disaster.” Until an individual or family is involved or affected by any type of disaster, this statement is very accurate. Once a disaster affects us, though, we feel guilt and remorse, asking why we could do little or nothing about it. As all the sections of the TACDA Academy teach us, being prepared in the event of an incident overcomes this eventual guilt or remorse.

#### **16.03 Professional First Reponse:**

In an emergency or disaster, response time can be the difference between life and death. On the average, with no obstruction, emergency services (Fire, Police, Paramedic, Ambulance, ect.) can respond to an incident in 7 to 13 minutes. Several things can obviously hinder the time it takes to respond:

- Size of the incident
- Personell available
- Notification of the incident
- Traffic
- Weather

Just think about news of where the response time took hours and even days. It is disheartening to think about the many lives that could have been saved if citizens were prepared to assist victims until professional help arrived.

That is the point of Triage, or First Response, training.

#### **16.04 Training:**

From the Psychology section of the TACDA Academy (review this section often):

“Train as many people from the area neighborhoods as possible in basic civil defense (sheltering, fallout meters, evacuation, etc.), CPR and first aid. Utilize instructors from your city



or county Emergency Management / Civil Defense Dept., Red Cross, CERT, Community Education, or your own neighborhoods...Choose individuals who have a natural interest and inclination towards first aid, but not professional medical personnel who would be required to work on a state level.”

Individual and group training in Triage and First Response is as important as, and can be very helpful with, CPR and first aid training. The key factor for Triage is it focuses on a controlled assessment of the disaster scene and promotes expedient, orderly and documented delivery of victims to professional medical care.

### **16.05 Maximize Survivors:**

The term “Maximize Survivors” is the core in which the METTAG Training System, developed and offered by TACDA, utilizes the most effective triage tool ever developed, the METTAG MT-137 Triage Tag.

Tested and developed under scrutiny of doctors, nurses, firefighters, rescue personnel, industrial safety experts, airport safety directors, and civil defense specialists, the original METTAG MT-137 Triage Tag was launched in 1976. It is the tag most widely used by the US Government and Military, the Fire Departments of New York (FDNY), and has been used in all Olympic Games since its introduction (1980 – Lake Placid, 1984 – Los Angeles, 1996 – Atlanta, and 2002 – Salt Lake City).

The METTAG is so easy and effective to use that anyone can be trained on it with little difficulty. The primary function of the tag is to give professional medical help the necessary information to determine which victims need immediate care, which ones can be delayed, which ones are at minimal risk and could potentially assist with helping others, and which ones are fatalities.

### **16.06 Triage Priority Levels:**

The recognized priority levels of triage are as follows:

- RED (IMMEDIATE) – Critical care needed within minutes
- YELLOW (DELAYED) – Simple care required within hours
- GREEN (MINOR) – Simple care can be delayed until after RED and YELLOW
- BLACK (DEAD or EXPECTANT) – This level should only be determined by professionals

The different priority levels are for evaluating the victims quickly and removing the level of care portions on the tag under the assessed priority. If the victim is YELLOW, remove the GREEN. If the Victim is RED, Remove the GREEN and YELLOW. GREEN victims do not need to have a portion removed, and any dead or expectant to die victims should be evaluated by medical professionals, so do not assume the responsibility of determining who will live and who will die. Just do your best to determine the victims level.

