



Information Article

TRIAGE OPERATIONS (following Catastrophic Aircraft [Airline] Accident)



Relevance

Airline / Airport / GHA etc. - Emergency Response Operations

In the immediate aftermath of a catastrophic aircraft (airline) accident (in circumstances where appropriately trained, qualified and experienced emergency responders are available) it is typically necessary to 'triage' all accident victims - including the apparently uninjured

This info article provides a brief but nonetheless useful overview of how this is accomplished





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Definition - **Triage** (as used in the context of a catastrophic air accident scenario)

The process of sorting 'mass casualty' accident victims into *priority categories for eventual emergency medical treatment and / or transportation to hospital(s)* - typically being carried out at or near to the accident site itself - by appropriately competent 'first responders'

There are usually three types of victim (not counting the 'missing') i.e. the dead, the injured (generally to be hospitalised) and the uninjured (generally non-hospitalised). A fourth 'unofficial' category might be described as the "mentally traumatised." In order to categorise in which order the 'injured' will eventually receive medical treatment and / or transportation to hospital(s), they will typically be triaged according to 'chances of survival'

For example, **red** triage tags (attached to victims - typically using string) denote 'immediate treatment / hospitalisation (category I) required'; **yellow** tags denote the next highest priority (category II) and **green** tags (category III) denote the uninjured and those with very minor injuries i.e. the latter group will typically **not** require hospitalisation

Black tags (category 0) are attached to dead victims or those expected to die in the very short term (negligible chance of survival)

Where triage tags are not available, the triage categories (I, II, III and 0) can be written e.g. on the foreheads (or wherever suitable) of the victims, using waterproof marker pens; lipstick; blood etc.

Difficult as it might be - all involved with conducting triage operations will know that they must resist the natural instinct to * medically treat the injured - until the entire triage operation is complete - even if this means that some of the more severely injured are likely to die in the interim period

* Note - the triage process typically involves 'assessment' only without applying medical treatment. This is mainly due to the **time factor** e.g. imagine 600 injured casualties (think Airbus A380) and just one person available to conduct triage operations. Even if calculated at 30 seconds per injured person, the entire operation will take 5 hours! With 10 persons assigned to the triage operation the operation will still take 30 minutes. However, simply making a triage assessment and then tying on a triage tag is likely (in reality) to take more than 30 seconds (say 1 minute). So, even the already undesirable (too long) times assumed here will almost certainly be longer in practice

Exceptionally and circumstances 'on the day' permitting (e.g. lower numbers of victims and / or larger numbers of assessors) consideration **might be given to applying concurrent basic life-saving treatment as part of the triage process itself - if so qualified / experienced / willing etc.** e.g. open an airway; give CPR; apply pressure to a significant external bleeding injury etc. In appropriate circumstances the casualty him / her-self might be able to self-assist (e.g. by being directed to apply self-pressure to a bleeding wound) as might the use of non-injured / slightly injured accident victims (especially those medically qualified) - acting under the direction of the appropriate triage / medical etc. responder(s)

When potentially classifying a victim as already deceased in circumstances where cause of death is not obvious, a quick check of breathing might be made - time permitting (open the airway and check for breathing). If breathing not detected, put the victim in the recovery position, ensure that airway is open and tag as 'Black' - then move on to the next victim





Typical (Basic) Triage Tag - Front

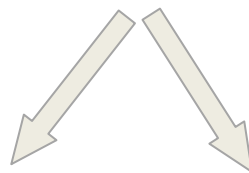
Nº 003832		Nº 003832	
Nº 003832			
NAME			
ADRESSE ADDRESS			
ARZT PHYSICIAN			
0	+	Nº 003832	
I		Nº 003832	
II		Nº 003832	
III		Nº 003832	


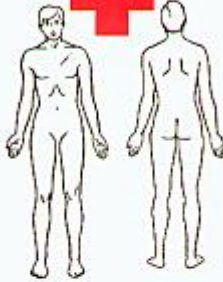







Typical (Basic) Triage Tag - **Back / Reverse**

Arrows indicate 'tear-off' corners. When completed with appropriate information, the 'torn-off' corners can be used as an aid in tracking to which particular medical treatment facility the associated victim has been transported



Hospital		Ambulance No.
		
		
DIAGNOSIS		
THERAPIE		
0	+	0
I		I
II		II
III		III





Black	0	=	Deceased (Dead) - or not expected to survive in the very short term
Red	I	=	Critical (life-threatening) Injuries - immediate hospitalisation required
Yellow	II	=	Seriously Injured - hospitalisation required quickly - but not immediately
Green	III	=	Uninjured or Minor Injuries only - no hospitalisation required

Recommended Use

Note - the following is based on both triage and (at least some) immediate medical assessment / treatment being performed **before** victims are transported to hospital(s). **This may not be the case in reality** i.e. where triage **only** has taken place (or possibly where the time factor was critical) - the triage tag will **not** have been completed medically as described below - apart from appropriate folding of the coloured tabs at the bottom

- ✓ * Fold back (so as to hide from view) the appropriate coloured tabs at bottom of tag - according to injury / hospitalisation priority category i.e.
 - For dead (actual or imminent) victims, fold back / hide the red, yellow & green tabs
 - For victims having injuries requiring immediate priority / hospitalisation, fold back / hide the yellow & green tabs
 - For victims having injuries requiring non-immediate priority / hospitalisation, fold back / hide the green tab
 - For uninjured (or minor injuries only) victims - leave all 4 coloured tabs showing

* NB: Note that the coloured tabs are not actually torn off. This is because the triage category of a victim might change with time e.g. a seriously injured victim (yellow) deteriorates to eventually be reclassified as critically injured (red)

- ✓ Enter appropriate time (when victim was triage assessed) against clock symbol





- ✓ Complete Victim's name and address if possible / practicable so to do
- ✓ Provide name and title (e.g. Doctor; Paramedic; Nurse etc.) of person giving treatment
- ✓ Indicate (very basically) victim's injuries on sketch of human body - as applicable
- ✓ Record a very brief diagnosis - if possible
- ✓ Try to find space somewhere on the tag to record details of any medication(s) given - or otherwise try to find some other way of attaching such information to the victim
- ✓ **Attach the triage tag** (and any other appropriate medical related documentation) **securely to the body or clothing of victim** (most triage tags come complete with string already threaded though the reinforced loophole at top of tag)
- ✓ When a victim is despatched to hospital the yellow tear off (numbered) triangular tab at **top left** of **front** of triage tag is to be torn off and presented to the accident site 'Tactical Commander / Medical Services' or representative / equivalent person. This will serve as a record of the despatch of **this** particular victim from the accident site

The registration number of the vehicle (and / or ambulance number) used & the time of leaving the accident site should be written on the reverse of this tab. Similar applies if an air ambulance is used

- ✓ When a victim is delivered to a hospital, the 'delivery person' should tear off and retain the other / remaining yellow (numbered) triangular tab (**top right** of **front** of triage tag) and insert on the reverse the name of the hospital to which the victim was delivered

The registration number of the vehicle used (and / or ambulance number) and the arrival time at the hospital should also be inserted. Similar applies if an air ambulance is used

The delivery person should then (circumstances permitting) **deliver** (or arrange for delivery of) the **completed tab** to the appropriate hospital authority person keeping account of victim arrivals **at that particular hospital** - in order that eventual reconciliation (of injured persons leaving the accident site - with injured persons arriving at hospital[s]) - **might be facilitated**





- ✓ Uninjured victims (and those with minor injuries only) should also be triage tagged before they leave the accident location
- ✓ Triangular tabs must **not** be removed for all such persons. Circumstances permitting, the triage tag should be marked appropriately i.e. 'uninjured' OR 'very minor injuries only' etc.

Reminder - all such persons will typically **not** require hospitalisation

Note - some ICAO based triage tags have an additional white horizontal tab under the green tab. If so, fold back / hide the white tab only (for victims with minor injuries generally not requiring hospitalisation) and then attach the tab to the victim. Same applies to the uninjured - with the exception that all tabs (including the white tab) are left showing

- ✓ All further documentation related to victim / patient care and transport must thereafter contain the associated patient number from the original triage tag



Another Version of the 'standard' Triage Tag

See next two pages:







Diagram of a person's front and back views, used for marking injury locations.

	/	/	/

iv _____ im _____

0		◊
I		◊
II		◊
III		◊

