

INTERNATIONALE DE
MEDECINE DE CATASTROPHE

SOCIEDAD INTERNACIONAL DE
MEDICINA DE CATASTROFE



INTERNATIONAL SOCIETY
ON DISASTER MEDICINE

الجمعية الدولية لطب الكوارث

10-12, chemin de Surville - 1213 Petit-Lancy/Genève - Téléphone 93 44 36 - Télex: 423786 - Câbles: MÉDICAT-GENÈVE
Adresse postale: P.O. Box 59 - CH-1213 Petit-Lancy 2 - Suisse

No. 28

NEWSLETTER

December 1985

CLASSIFICATION OF VICTIMS AND RULES FOR TRIAGE IN A MAJOR CIVIL DISASTER

by A. Larcan *, R. Noto **

A disaster results in a large number of victims, and as in war, that epidemic of injuries in the broadest sense of the word, the disproportion between needs and the means of treatment immediately available calls for a classification, a categorization, it calls for triage.

Triage is a medical act of a diagnostic nature which must be complemented by the essential first-aid and «conditioning» for survival and transport. For injuries, triage determines the degree of urgency of an operation and thus establishes treatment priorities. Its aim is to optimize the use of the transport and treatment means which are known to be available and to ensure that they are used in the interest of the victims as a whole.

Triage is performed by all of the doctors in the evacuation chain, and especially in specialized teams called triage sections. However, classification is already carried out by the front-line doctor (regiments), and triage may also be done in each field hospital. It was during the 1914-18 war that the breakdown into initial rough triage (classification), technical triage (specialized), true, that is, surgical triage and confirming triage (at the rear and in central dispatching railway stations) became necessary.

Triage coupled with elementary, essential resuscitation measures, even if entrusted to organized and trained personnel, remains insufficient. Triage teams must be established according to the dictates of the tactical situation and the expected or real number of losses, and this implies «manoeuvring» triages which, once they have been deployed in tents or buildings, require a certain degree of stability.

In a military environment, triage must be speedy, accurate, certain and thorough. In principle it is the work of a surgeon or an experienced «practitioner» who has special knowledge in this field, experience, training, ... An initial mistake can prove fatal for the wounded person, and «second thoughts» are not always possible. Triage is undoubtedly more effective the closer it is to a surgical station which operates on absolute emergencies. But it is not an end in itself, any more than is evacuation.

Triage (classification - «conditioning») must take into account :

- the number of injured
- the seriousness and place of injuries
- their immediate and foreseeable after-effects

* Prof. Alain Larcan, Chief of the the Emergency and Resuscitation Service, Director of SAMU 54, Regional Hospital Centre, Nancy

** Surgeon Colonel René Noto, Chief of the Medical Service of the Paris Fire Brigade.