

Subject: Treatment Guidelines  
**Multi-Casualty Incidents – Operational Guidelines**

Associated Policies:

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- I. Priorities
  - A. Establish order.
  - B. Initial START triage.
  - C. Summon additional resources, as needed.
  - D. Treatment and transport of the most critically ill.
  - E. Continual re-assessment of all patients.
  - F. Quickly initiate and maintain communication with base hospital for proper routing of patients to appropriate facilities.
- II. Multi-Casualty Incidents
  - A. Establish Order:
    - 1. Overall scene command is under the direction of the Incident Commander. Medical scene control is under the direction of the Medical Supervisor.
    - 2. Ensure the safety of the scene, rescuers and bystanders.
    - 3. Identify a Triage Officer and begin triage.
  - B. Initial Triage:
    - 1. Perform a 30-60 second survey on all patients based on the START method. Treatment during this process shall be confined to opening the airway and controlling serious hemorrhage. Tag every patient. After every patient has been START triaged, determine the number of patients according to triage category. If needed, gather into staging/treatment areas according to triage category.
    - 2. Based on the START survey findings, prioritize casualties:
      - a. Immediate (Red):

These patients are of the highest priority and are removed and treated first. They are the ones that will probably die within an hour, if not treated rapidly. These patients will have altered level of consciousness, respirations greater than 30/min, and/or capillary refill > two (2) seconds.
      - b. Delayed (Yellow):

The patients falling into this category are those whose injuries are such that may produce death after an hour, if not treated. These injuries are serious and need attention; however, treatment and removal may be delayed until the immediate patients have been stabilized. These patients will be non-ambulatory, but have a normal level of consciousness, respirations < 30/minute and capillary refill

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< two (2) seconds. Examples may include burns, fractures and spinal injuries.

c. Walking Wounded (Green):

The types of injuries in this category may have treatment delayed and may be transported by some means other than ambulance. These patients will be ambulatory. Examples may include minor fracture, lacerations with minimal blood loss, and minor burns.

d. Non-Resuscitable (Black):

These patients are the already dead or so severely injured that death is likely within a short time, regardless of treatment given. All patients which are apneic after opening the airway are tagged dead.

C. Additional Resources:

1. As the need for additional personnel and equipment become evident, those needs should be communicated to the Incident Commander.
2. Base hospital should be notified as to the nature and extent of the incident.

D. Treatment:

1. Begin treatment of immediate casualties first, delayed second and so on, in accordance with specific treatment guidelines.

E. Transport:

1. The most critically ill or injured first and others as indicated by severity, and as patient loading logistics and available equipment and personnel allow. Transport in consultation with the base hospital to allow even patient distribution among the most medically appropriate facilities based upon patient injuries.

F. Re-Assessment of Remaining Patients:

1. As patients are triaged, treated and transported, re-assessment of those who remain is carried out. Re-categorization, as needed.

Approved: 

Approved as to Form: 