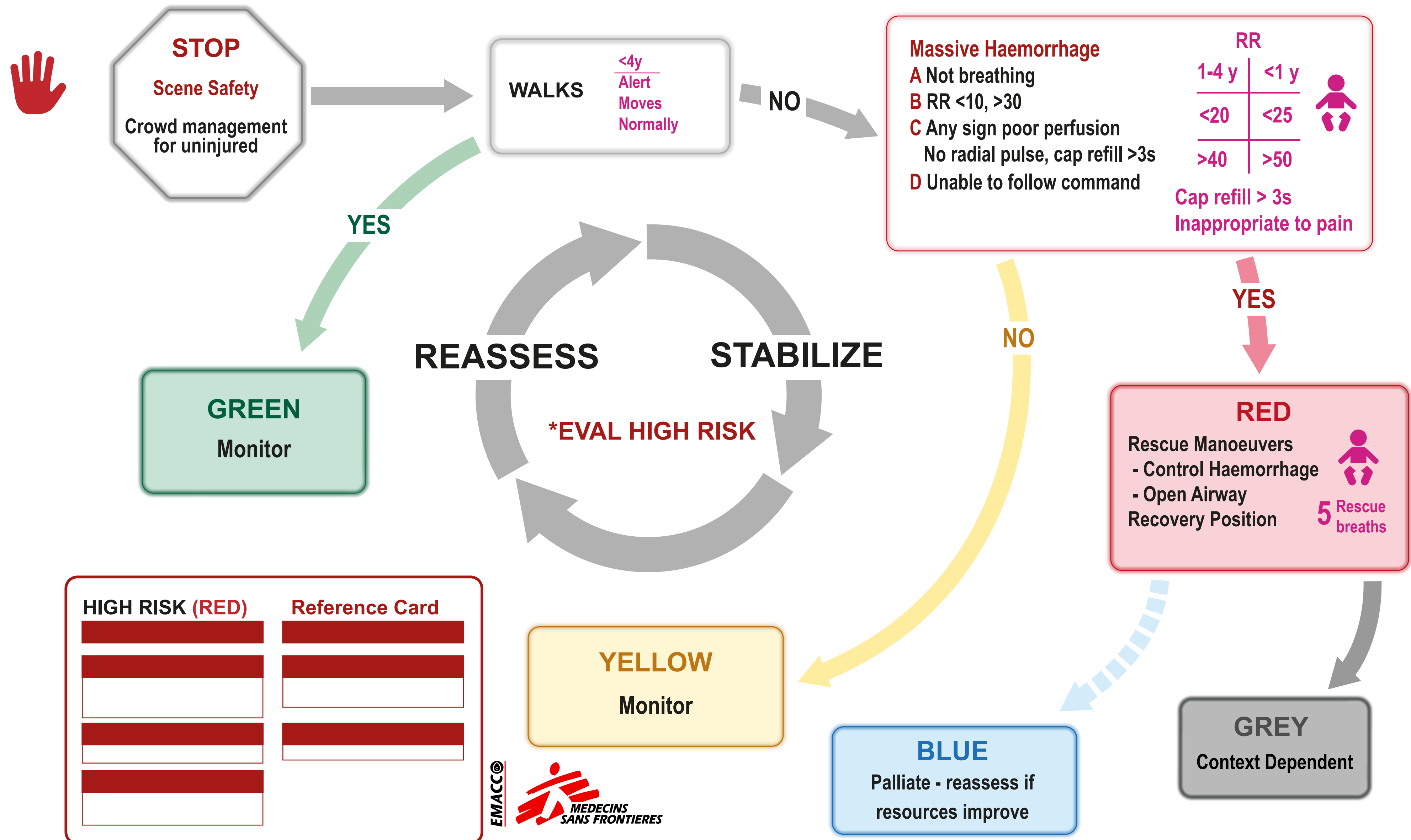


MASS CASUALTY TRIAGE



STOP
Scene Safety
Crowd management for uninjured

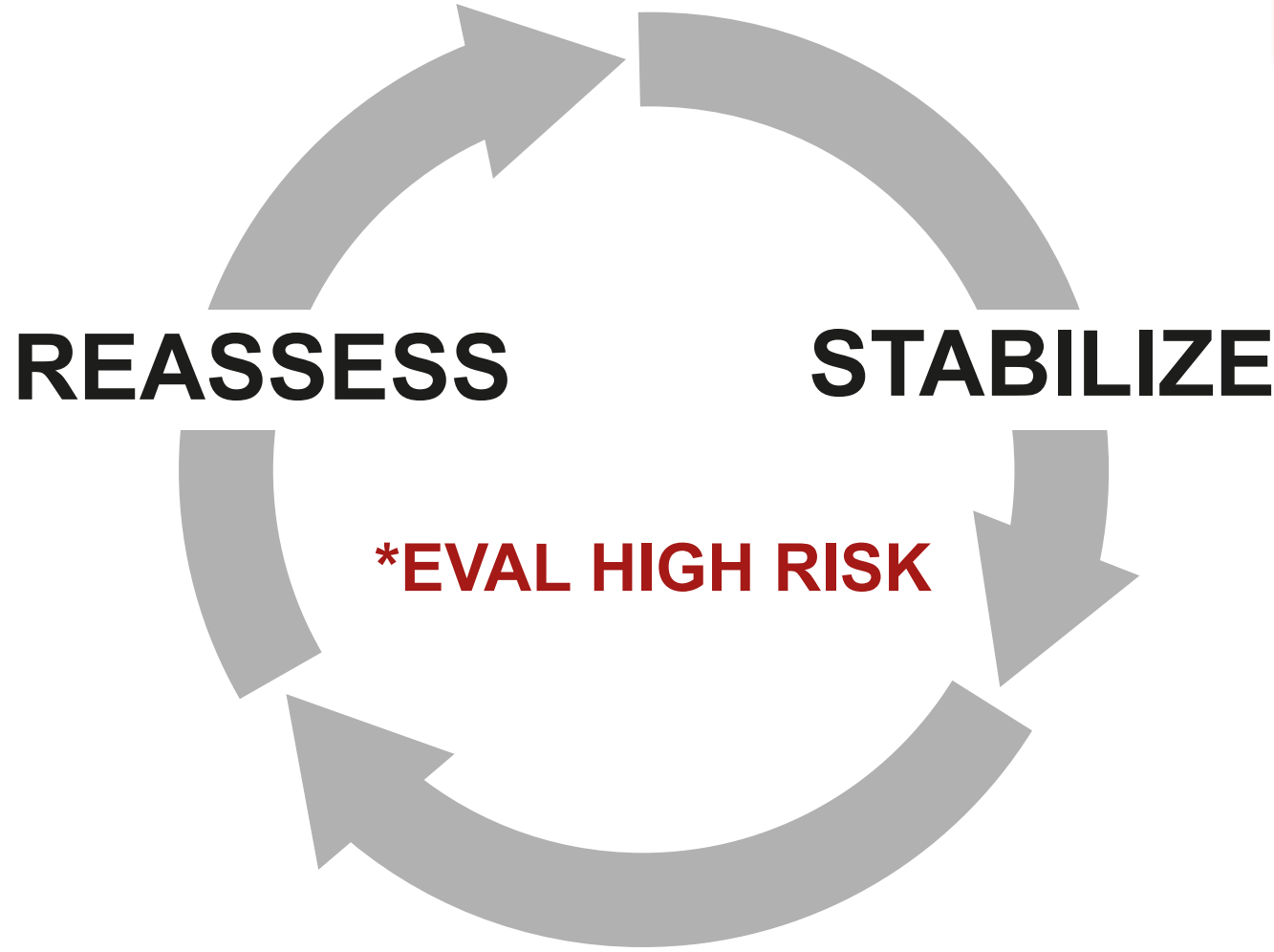
WALKS
<4y
Alert
Moves Normally

Massive Haemorrhage
A Not breathing
B RR <10, >30
C Any sign poor perfusion
No radial pulse, cap refill >3s
D Unable to follow command

RR	
1-4 y	<1 y
<20	<25
>40	>50

Cap refill > 3s
Inappropriate to pain

GREEN
Monitor



RED
Rescue Manoeuvres
- Control Haemorrhage
- Open Airway
Recovery Position
5 Rescue breaths

YELLOW
Monitor

BLUE
Palliate - reassess if resources improve



GREY
Context Dependent

HIGH RISK (RED)	Reference Card



INTERAGENCY INTEGRATED TRIAGE TOOL: **HIGH-RISK** *Reference card

High-Risk Trauma Criteria

 General Trauma	 Road Traffic
Fall from twice person's height	High speed motor vehicle crash
All penetrating trauma (only exclude distal to elbow/knee if bleeding controlled)	Pedestrian or cyclist hit by vehicle
Crush injury	Other person in same vehicle died at scene
Polytrauma (injuries in multiple body areas)	Motor vehicle crash without a seatbelt
Patient with bleeding disorder or on anticoagulation	Trapped or thrown from vehicle (including motorcycle)
Pregnant	

Major Burns

(the below criteria refer to partial or full thickness burns) Greater than 15% body surface area	Inhalation injury
Circumferential or involving face or neck	Any burn in age < 2 or age > 70

Threatened Limb

A patient presenting with a limb that is: <ul style="list-style-type: none"> • Pulseless OR • Painful and one of the following: pale, weak, numb, or with massive swelling after trauma.
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Other High-Risk Criteria

Signs of Respiratory Distress

Adult	Child
Very fast or very slow breathing	Very fast breathing
Inability to talk or walk unaided	Inability to talk, eat or breastfeed
Confused, sleepy or agitated	Nasal flaring, grunting
Accessory muscle use (neck, intercostal, abdominal)	Accessory muscle use (e.g., head nodding, chest indrawing)

Ingestion/ Exposure

Use of clinical signs alone may not identify all those who need time-dependent intervention. Patients with high risk ingestion or exposure should initially be up-triaged to Red for early clinical assessment.

