



TRIAGE

the treatment of mass casualties by fire/rescue personnel

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In my experience with the fire/rescue service, I have had the unfortunate opportunity to be involved in several mass casualty incidents. These incidents have ranged from an automobile accident involving five or six people to bus and train accidents involving fifty to one hundred people.

This type of problem can occur in just about any community in the nation no matter how small. Anywhere large amounts of people gather offers a potential threat be it a little league baseball field in a small town or a highrise building in a metropolitan area.

The experience I have had with these incidents caused me to conclude, where mass casualties are involved, the only difference between a good fire/rescue service and a bad fire/rescue service is the good department can organize confusion and gain control of the situation faster than the bad department.

It was apparent there was a need for a plan to handle these mass casualty situations. The plan would have to be simple and follow, as closely as possible, the normal operating procedures usually used by the fire/rescue service in its area. A complex triage plan would add to the confusion. This plan would have to be able to work not only on the five or six patient

automobile accident but also on the one or two hundred patient train wreck.

Early in 1974, Montgomery County, Maryland decided it needed such a plan and the task was assigned to the fire/rescue service. We were given assistance by the Maryland Council of Fire Service Academies, the State Department of Transportation and the Maryland Division of Emergency Medical Services.

We first attempted to gather as much material on disaster triage and mass casualties as we could find. A check was made of the computers at the United States National Institutes of Health, Bethesda Naval Hospital, and the state of Maryland Library System. We found very little written about the field treatment of mass civilian casualties.

There was limited information on the triage done at hospital emergency rooms and some information on battlefield treatment of mass casualties, but little information usable by fire/rescue personnel. We decided we would have to start from scratch.

The History of Triage

There is little known about the history of triage. The first recorded instances which

could be considered as a form of triage were during the Roman Empire, 27 B.C. to 395 A.D. During this time, the Roman soldiers were given large bronze shields for protection. These shields also were used as stretchers. After the battle, the dead Roman soldiers were carried back to the city in a great parade because it was considered a great honor to die for Rome. The wounded soldiers were brought in later over a different route so the people could not see a Roman soldier suffering in pain. This was a sort of "reverse triage" as we know it.

During the Crusades, 1100 A.D. to 1300 A.D., Christian monks would enter the battlefields after the battles and treat the wounded. They would give food and wine and pray for those who were injured. Only Christians could partake of this service. The infidels were considered unworthy.

In 1799 an act of the United States Congress ordered that a convenient place and personnel be set aside for the treatment of the sick and injured on all naval vessels.

The Napoleonic Wars, 1804 to 1815, were the first time the term "triage" was used. "Triage" described the sorting of items for instance coffee beans, according to size. Later in the same wars it was used to describe the sorting of the injured.