

# Major Incidents and Triage

## Major Incident

*Any incident where the number, severity, or type of live casualties, or by its location, requires extraordinary resources.*

NB: A major incident for one service will not necessarily represent a major incident for the others.

## Reporting a Major Incident

Certain information is required. A useful mnemonic to remember this is METHANE.

M	Major Incident
E	Exact location
T	Type of incident
H	Hazards at scene
A	Access and egress routes
N	Number of casualties involved
E	Emergency services present and requested

## Triage

*Triage means 'to sort' or 'to choose' and applies to the prioritizing of casualties for treatment.*

Triage should:

- Aim to do the 'most for the most'
- Be rapid
- Be dynamic
- Be reproducible (i.e. safe)

In an informal sense, triage is performed on every casualty seen, to assign appropriate people and resources to treat them, and to prioritise specific problems.

In a mass casualty situation, formal triage methods are used to assign casualties into the following categories:

Code	Colour	Description
P1/T1	Red	Immediate
P2/T2	Yellow	Urgent
P3/T3	Green	Delayed
T4	Blue	Expectant
Dead	White	Dead

A useful system for initial triage ('making order out of chaos') is the triage sieve.

### **Triage sieve:**

1. Can the casualty walk?  
Yes → Delayed  
No → Q2
  
2. Assess breathing  
Yes → Q4  
No → Q2
  
3. Open airway, reassess breathing  
Yes → Immediate  
No → Dead
  
4. Assess breathing rate  
>30 or <10 → Immediate  
10-30 → Q5
  
5. Assess circulation (pulse/cap refill)  
>120/>2s → Immediate  
<120/<2s → Urgent

No treatment should be performed during triage, with the exception that a simple airway adjunct may be inserted. As a result assessment of each casualty should take seconds. Someone classed as dead should receive no further treatment.

### **Expectant category**

The expectant category is used to describe someone who has only a low chance of survival, even if considerable resources are dedicated to them. It is rarely required outside of war/major natural disasters, due to the size of extraordinary response that can generally be mounted if required. However, if it is not instituted when needed then more people will die as resources are used by those who will die anyway and thus diverted away from those who could survive. The use of this category will be decided by the senior medical officer at the site, and to date it has never been required in Britain.

Triage is extremely difficult to do rapidly and accurately, and should be left to someone with appropriate training and experience.

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