

- on movement of patients and their destinations will come from the Medical Emergency Operations Centre, through the Medical Controller.
12. Assume command of the medical resources on-site, and ensure that through the process of appropriate triage, the principle of doing the greatest good for the greatest number is effected. This assumes that assessment and distribution of resources will take precedence over definitive treatment of individual casualties.
13. With the arrival of Disaster Medical Teams on-site, determine the most suitable tasks for teams and team members, having in mind that in the main, teams will stay and work within the triage and treatment areas, and not at the 'impact' site.
14. Consult with the Ambulance Commander on the possible need to deploy some medical team members to the impact site to treat trapped casualties during their extrication. This must be carefully disciplined to lessen the risks of further injury to victims and to health workers in a potentially dangerous environment.
15. Maintain supervision of medical team personnel to ensure adequate relief. Note that in some situations it may be necessary to demand that some teams or team members relinquish their roles against their wishes.
16. Debrief team(s) at the conclusion of action prior to their return to base. Note need for operational debriefing as well as possible critical incident stress debriefing and possible subsequent counselling.

## Appendix TRIAGE LABELS AT DISASTER SITES

*Gordian W O Fulde*

There are four main triage categories with the following coloured labels to be used. Every victim should have a coloured label before leaving the site.

- White/Black** The *deceased* should be tagged and left in place for police, forensic evidence, and identification.
- Green** *Walking wounded*. These should be sent to an exact and secure location some distance away, where any deterioration can be picked up. Also there, they will be identified, and support services will help. Often these victims can help each other with first aid.
- Orange** Patients who need an *intervention* before they are transported to a health care facility, but their condition is not immediately life threatening.
- Red** These need *immediate attention* to preserve life.

## Recommended Reading

Auf der Heide E. Disaster Response: Principles of Preparation and Coordination. St Louis: CV Mosby, 1989.

Disaster Medicine. Australian Emergency Manual. Emergency Management Australia, 1995. Canberra: Commonwealth Department of Human Services and Health.

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Health Services Disaster Plan (HealthPlan). Health Services Functional Area Supporting Plan to the New South Wales State Disaster Plan (DISPLAN). Sydney: NSW Health Department (in preparation), March 1996.

New South Wales Multiple Casualty, Emergency and Disaster Medical Response Plan (MEDPLAN). July 1990. Sydney: Department of Health, New South Wales, 1990.

New South Wales State Disaster Plan (DISPLAN). October 1991. Sydney: State Emergency Management Committee, 1991.

# 28 The Seriously Ill Patient: Tips and Traps

*Gordian W O Fulde*

It is the purpose of every emergency department to assess, resuscitate, diagnose and treat, both definitively and symptomatically, the patients who walk or are wheeled through the door.

The ultimate responsibility for this belongs to the medical officer. In order to cope when faced with a variable number of patients whose conditions vary in severity, an organised approach is essential.

There must be triage (sorting). This is often done by a specifically trained nurse for whom triage is the sole duty. The triage nurse must have immediate access to the medical officer for life-threatening situations or decision-making help. The triage nurse should be sited so that each patient (ambulance or walking) is assessed on arrival and directed to the appropriate area in the department where necessary care can be provided.

Throughout Australia a National Triage Scale is used.

Category	Must be seen
1	Immediately
2	Within 10 minutes
3	Within 30 minutes
4	Within 60 minutes
5	Within 2 hours

Patients are seen according to their triage rating. It is a guide only, so beware; Category 5 can be sicker and need to be upgraded urgently.