Guidelines for mass casualty triage have been established

The terrorist events on 22 July 2011 highlighted the necessity for a well-functioning emergency preparedness system. Triage is a systematic categorisation of the patients' condition undertaken at the scene of injury on the basis of specific criteria. The goal is to ensure that each patient is sent to the right place at the right time. National guidelines for this recognised principle for disaster response have now been established.

Unnecessary use of health resources on patients with minor injuries is associated with heightened mortality in mass-casualty situations (1). Careful mass-casualty triage thus enables rescue workers to provide as much help as possible to the greatest possible number of victims. Rescue work in major disasters is a inter-disciplinary effort, and it is essential for all rescue workers to understand what priority to give to each patient. To date, Norwegian rescue workers have had no joint guidelines for mass casualty triage, and the need for a national standardisation has been pointed out (2, 3).

On average, Norway is struck by three major incidents each year (4). During the terrorist attack on 22 July 2011, experienced doctors performed high-quality mass casualty triage in the Government quarter and at Utøya island, despite the absence of national guidelines (5, 6). The next time a disaster requires extraordinary rescue efforts, the availability of resources and access to the disaster zone may require rescue workers from all response agencies to participate in the triage activity. Analyses of the response to the terrorist attack pointed out the need for guidelines for mass casualty triage across the emergency response agencies, to increase the ability for early identification of those patients who are in most need of resources first (5, 7).

Norwegian guidelines

In response to this criticism, the Directorate of Health has teamed up with the entire Norwegian emergency medical community to prepare a national manual for mass casualty triage (8). The manual is based on existing concepts and experiences from previous accidents where there has been an imbalance between available rescue resources and the number of injured patients. The purpose of the manual is to ensure that all rescue personnel use appropriate working methods and identical markings for those injured. The manual is freely available on the website of the Directorate of Health (8). The Directorate of Health has announced its ambition to keep the manual updated through revisions at regular intervals.

The new guidelines for mass casualty triage do not refer to such key concepts of emergency preparedness as the organisation of the scene of injury or the distribution of tasks between the rescue services.
A major challenge for the further development of national emergency preparedness will consist in the interaction between the Ministry of Justice and Public Security and the Ministry of Health and Care Services (9). We are therefore pleased to see that an inter-agency definition document for work on scenes of injury is currently being prepared. Such guidelines, which have long been desired, will define the areas of responsibility for the various emergency agencies in future crisis management.

«Optimal handling of mass casualties starts with a structured scene of injury where everybody knows what needs to be addressed first»

While we are waiting for the definition document for work on scenes of injury, we are pleased to note that the new manual for mass casualty triage is in place. Optimal handling of mass casualties starts with a structured scene of injury where everybody knows what needs to be addressed first.

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