**Evacuation, Reunification and Triage**

**The Triage Component**

**Unfortunately, educators must plan for the unthinkable. In the event of an active shooter in a school, educators are faced with two immediate concerns. The need to provide immediate care and support for the wounded and the evacuation and reunification of students that escaped immediate and or serious physical injury.**

***ISP Posted Evacuation and Reunification Program***

**A separate and detailed Evacuation and Reunification Program may be accessed at:**

**Indiana State Police Home Page:**

**Evacuation and Reunification Considerations**

**https://www.in.gov/isp/files/School\_Reunfication\_Considerations.pdf**

**Triage Thoughts and Considerations**

In most catastrophic events, the immediate need for urgent care exceeds the available resources. As a result, medical staff is immediate faced with the conundrum of “How are critical resources best allocated?”

**“Triage is the allocation of limited resources during a disaster. Although the concept of triage applies to all resources, “patient care” is the most commonly discussed field for which the notion of triage is used”** **{Koenig KL, Schultz CH.} {471}**

**In medicine, triage is a practice invoked when acute care cannot be provided for lack of resources. The process rations care towards those who are most in need of immediate care, and who benefit most from it. {468}**

In an active shooter situation, children and staff must be evaluated to determine the degree to which they must receive immediate care and treatment. It is of critical importance to coordinate this immediate evaluation and classification process.

The initial classification process must be completed by qualified personnel trained to assess the degree to which the individual is injured. The evaluation, that initiates the triage process, determines if the individual will be treated immediately, or will be seen soon, or can safely wait for his or her turn to be examined. **{466}**

**“*Triage is defined as the sorting of and allocation of treatment to patients and especially battle and disaster victims according to a system of priorities designed to maximize the number of survivors.”* {466}**

The “Triage Process” is a treatment structure and strategy that establishes priorities based on the severity of wounds, injuries and or health condition. The triage system prioritizes the urgency or need to treat individuals based on the severity of the wounds or illnesses the individuals have sustained. Triage often results in the sorting of the injured based on the urgency of their need for support and treatment.

Triage is used in any situation where limited medical resources must be allocated. Triage is a process whereby patients are sorted according to treatment priority, the purpose of which is to do the greatest good for the greatest number. It is the prioritization of care based on illness/injury, severity, prognosis, and resource availability.

Catastrophic events often result in the injuries to a wide variety of victims. These events can result in numerous physical and emotional injuries. The decision determining who is the most critical is the backbone of the triage process.

Typically, in large scale emergencies personnel and resources are inadequate to care for everyone at once. Time and numbers are often constants faced by first responders in large scale catastrophic events (tornado, mass shooting, etc.).

***“Ideally, the first people to need medical care receive it. In less than ideal conditions, somebody has to decide who receives care first. Some health facilities face these decisions on a daily basis, even without any disaster or health emergency. However, natural disasters (e.g., earthquakes) or other events (e.g., train crash or bombing) can result in a large number of injured or sick people at one time. When this happens, decisions must be made about how to best allocate care when resources are insufficient for all those who need care. This process is called triage.”{467}***

In these events, critical decisions must be made to prioritize the most efficient way to distribute support and care for those in need**. {467}** This prioritization and distribution of resources defines the triage process.

***“The purpose of triage is to save as many lives as possible. When done properly, triage results in the best outcome for the greatest number of people. Without a triage plan in place, resources are likely to be wasted—and more people are likely to die. Therefore, it is important that schools incorporate a triage plan into their overall crisis planning.’*** **{467}**

There are several different triage systems that a community might use. Two of the most common are START (Simple Triage and Rapid Treatment) or SALT (Sort, Assess, Lifesaving Interventions, Transport). These systems evaluate people and assign them to one of the following four categories:

**• Green (minimal)**

**• Yellow (delayed)**

**• Red (immediate)**

**• Black (expectant/deceased)**

Triage is an important part of the crisis planning process and is a necessary component of the crisis planning steps: mitigation, preparedness, response, and recovery.

**Mitigation – Using a system provides standardization, improves communication, and assists with decreasing the chaos that can occur during a crisis situation.**

**Preparedness**

**• Meet with community first responders to determine triage method used by local EMS**

**• Key personnel at the district level are trained on local triage system (i.e. – administrators and school nurses)**

**• Key building personnel identify staff that volunteer to receive training**

**• Identified building staff are trained**

**• Tabletop or drills can be conducted**

**• Items needed for triaging are purchased (i.e. – colored markers, tags, first aid bags for nurses)**

**• Meet with community mental health professionals to determine role during initial response phase, but especially for recovery phase**

**Response –**

**• Triage system is put in place**

**• Triage system is a major component of the reunification process as triage determines where students will be placed based on color (i.e. – green could be transported to another central location, yellow could stay in place, red transported to hospital, black needs to be in a private, quiet place with mental health support provided)**

**Recovery –**

**• Parents of students who have been ill or injured are encouraged to contact the school nurse who will develop an individual health plan as needed for student return to school**

**• School nurse can:**

**o Provide for medical treatments that may be needed**

**o Educate, train staff regarding diagnosis and any healthcare treatments needed during the school day**

**o Provide student a location for regular check in (nurse can serve as the point person to assess student and refer to appropriate professional to address physical, emotional, or academic concerns)**

**o Facilitate communication between parents, teachers, and healthcare professionals**

**• Mental Health Triage System – schools should consider assessing students and staff after the initial crisis has passed to determine the need for mental health services**

**• Schools are encouraged to contact local mental health professionals to determine a system that will be used, their role, a primary contact person, and who/how many/and when mental health responders will be needed during and after the crisis**

**• Information regarding youth mental health services resources can be found - https://www.in.gov/fssa/dmha/youthservices/**

**• Local Systems of Care Coordinator contact information can be found -** [**https://www.in.gov/fssa/dmha/youthservices/local-soc-coordinators/**](https://www.in.gov/fssa/dmha/youthservices/local-soc-coordinators/)

The “Triage Process” allows for the evaluation and treatment of a large number of patients or casualties when resources must be allocated based on need. In these systems, certain principles and criteria must be considered that can be achieved with a lack of resources.

**“Triage is the prioritization of patient care (or victims during a disaster) based on illness/injury, severity, prognosis, and resource availability. The purpose of triage is to identify patients needing immediate resuscitation; to assign patients to a predesignated patient care area, thereby prioritizing their care; and to initiate diagnostic/therapeutic measures as appropriate.” {472}**

***“It is very important for you to determine in advance who will have the authority to implement the triage plan. The need for triage is likely to change rapidly and frequently during the pandemic wave, as the epidemic escalates to its peak and then begins to subside. The person or group responsible for the triage planning will need to consider the need for healthcare resources and the availability of those resources on a daily basis, then communicate to the healthcare providers the appropriate triage plan. In situations where sick patients cannot be cared for and the public panics or violently protests the decision making, you may need security forces to protect healthcare facilities and providers.” {467}***

***Additional Resources and References***

***\*Additional Resources and References may be found on the Indiana State Police Home Page under “Additional Resources and References.”***

***466. Triage and emergency assessment, National Library of Medicine, National Center for Biotechnology, https://www.ncbi.nlm.nih.gov/books/NBK143755/***

***467. “TRIAGE: PRIORITIZING CARE TO REDUCE DEATHS,” https://www.paho.org/disasters/dmdocuments/RespToolKit\_12\_Tool%2005\_TriagePrioritizingCaretoReduceDeaths.pdf***

***468. Wikipedia, https://en.wikipedia.org/wiki/Triage***

***469. National Association of School Psychologists, File:///C:/Users/hogue0051/Downloads/Behavior\_Threat\_Assessment\_and\_Management\_FINAL.pdf***

***470. Robin M. Kowalski, Ph.D., Professor, Department of Psychology - Clemson University,*** [***https://www.brookings.edu/blog/brown-center-chalkboard/2022/01/26/school-shootings-what-we-know-about-them-and-what-we-can-do-to-prevent-them/***](https://www.brookings.edu/blog/brown-center-chalkboard/2022/01/26/school-shootings-what-we-know-about-them-and-what-we-can-do-to-prevent-them/)

***471. Koenig KL, Schultz CH. Koenig and Schultz's disaster medicine: comprehensive principles and practices: Cambridge University Press. 2010***

***472. Sharon E. Mace MD, Thom A. Mayer MD, in Pediatric Emergency Medicine, 2008, Copyright © 2022 Elsevier B.V. or its licensors or contributors. ScienceDirect ® is a registered trademark of Elsevier B.V. https://www.sciencedirect.com/topics/medicine-and-dentistry/triage***