

Sometimes it's better not to talk – A new way to run Triage

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Sometimes it's better not to talk



Important information must be communicated clearly during a life or death incident. Voice isn't always the optimal choice. A new way to run triage is a good example.

Imagine the scene. There's been a major incident. Many people are injured. As first responders arrive they must secure the situation quickly and accurately to save lives. At the centre of the response are the paramedics and doctors who need to perform immediate triage to prioritise treatment for those most badly injured.

Counting casualties

Triage is a vital part of responding to accidents and injuries and the conventional process involves first responders assessing the injuries to victims and using coloured labels to indicate which people are most seriously injured.

Counting the numbers of casualties usually involves a paper and pen based tally system, with

numbers of each casualty type reported to the hospital over voice radio. The problem is that a large number of casualties could lead to inaccurate recording – some patients may be recorded twice while others may be missed. It's easy to make mistakes under pressure. Further errors can be introduced when communicating these numbers to the hospital from a noisy and often chaotic incident site.

It's little surprise that voice is used in this way because TETRA users are very comfortable with the system for voice communication. Voice is the most powerful way to control groups and individuals in crisis situations, particularly when groups can be created and modified according

to the situation and the organisations involved. Yet, using the voice channel to deliver well-defined routine information can have drawbacks. Often, using data would be much more effective and would not disturb critical voice communication.

Triage over SDS

A new and more reliable method of completing the triage process is to make use of the data capabilities of TETRA radios. As soon as a casualty has been classified in the primary triage stage on site and is ready to be transported for treatment, a responder will scan the information from the triage label with a device. The information moves as data through the TETRA system and to the command system. This has the advantage of being much quicker and very accurate.

Moving this important information from the voice channel to the data channel creates a flow of information based on real-time facts. It is delivered from the field to the command and control

center, as well as the ambulance and hospital. Presented in a fully electronic format, this data can be viewed on the web, meaning anyone who needs the information can be given access by the command center.

Tried and tested

The digitized triage application has been shown to increase efficiency and improve operations in mock crisis situations in Finland in 2015. Trials will continue during 2016, for example in Kuopio and Mikkeli.

Lauri Sandman, Medical Officer EMS, Etelä-Savo Health Care District Finland, says:

“We can already see that digitization of the triage process improves patient safety and provides data based on facts from the first phases of the process. This helps achieve successful treatment for patients and also records data to help us improve the process.”

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