Standardization of Triage Tags in Japan
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In Japan, different triage tags have been developed and used by different organizations including the Japan Medical Association, Japan Self-Defense Force, fire departments, etc. There have been growing calls to unify these tags as the current situation can lead to confusion in case of a major disaster that involves many relief organizations.

The organization of triage tags has been examined by the Study Society, and on 26 February, 1996, a report was issued on the Standardization of Triage. Factors that have prevented the standardization of triage tags include: 1) Different kinds and scales of disaster were envisioned when the tags were invented; and 2) Some tags are good for specific types of disasters, but others are not.

Our proposal for the study assumes that multiple relief organizations are involved in a large-scale disaster, and that the tag is used in different types of disasters. Standardization will: 1) Promote the concept of triage; 2) Accurately determine the number of patients who need treatment, including those with minor injuries; and 3) Promote the sharing of information. Triage is not simply the act of putting a triage tag on a patient. We must better understand the true meaning and importance of triage.

Keywords: disasters; Japan; standardization; tags; triage
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Management of the Medical After-Effects of Chemical Accidents in Russia
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In Russia, there is an increasing tendency for the occurrence of chemical accidents. Recently, a great number of chemical accidents have occurred in different regions of Russia that have resulted in injuries to >3,000 people. The leading causes of the injuries were related to exposures to chlorine and ammonia as well as phosphororganic compounds. This situation has resulted in the establishment of a well-organized, national system of emergency relief under the auspices of Russian government.

The main coordinating services for the provision of relief services in chemical accidents in Russia are EMERCOM of Russia and ARCDM “Zaschita” of Ministry of Public Health of Russia. These agencies are responsible for the provision of medical relief after chemical accidents, and for management at the federal, regional, and territorial levels. Sixty-nine Russian Federation territorial centres for Disaster Medicine have been formed. They include specialized toxicological teams for rendering prehospital medical assistance and toxicological centres for rendering specialized medical care to the injured. On the territorial level, a system of management and planning for chemically hazardous enterprises includes: 1) estimate of medical after-effects at the level of an enterprise; 2) estimates of manpower and resources of medical assistance required to provide it at the prehospital stage; and 3) coordination and interaction of departments of Ministry of Defence and other departments for relief operations. The present system allows the provision of effective, timely medical care to the injured in chemical accidents in Russia and carries out evacuation of those who have received initial care in the toxicological centres. This system may be proposed for study and use in different countries of the world to manage medical relief in chemical accidents.

Keywords: accidents; chemical accidents; management
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