### LETTER TO THE EDITOR

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# Are we Prepared for Disasters?

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Dear Editor,

Disasters pose significant health risks and require the intervention of a large number of injured individuals with limited resources. Disaster triage is the process of sorting the injured based on their health conditions and prioritizing them for treatment. This system aims to increase survival chances and ensure the effective management of health services. Triage is done in four main categories: Red (Immediate), Yellow (Delayed), Green (Minor), and Black (Deceased). These categories help identify patients who require rapid intervention and ensure the efficient use of resources. [1]

The Simple Triage and Rapid Treatment (START) system, which is commonly used for adults, quickly sorts individuals requiring urgent intervention during disasters and prioritizes those with the highest chance of survival. [2] However, the JumpSTART system was specifically developed for children and takes into account their physiological differences. Unlike adults, children experience respiratory failure and circulatory problems more rapidly, which requires quick assessment. [2]

JumpSTART evaluates three key parameters appropriate for children's age: Consciousness (AVPU), Respiration, and Heart Rate. Children are categorized into red (immediate), yellow (delayed), green (minor), and black (deceased) groups. If a child is in need of immediate intervention, they are placed in the red category. This system ensures that children are rapidly assessed and

directed to the most appropriate treatment during disasters.[2]

While JumpSTART provides a more accurate intervention for children, START is the more commonly used approach for adults. Both systems allow for rapid assessment, but JumpSTART specifically evaluates children's respiratory and consciousness status differently. In addition, other systems, such as Sort, Assess, Lifesaving Interventions, Treatment and/or Transport (SALT) and Medical Priority Triage (MPT), are also incorporated into triage processes during disasters.<sup>[3]</sup>

SALT facilitates the quick sorting of the injured and identifies life-saving interventions. MPT provides a more detailed evaluation and prioritizes treatment. The Triage Sieve is used to sort the injured individuals requiring immediate intervention before a more detailed evaluation is conducted during large-scale disasters.<sup>[4]</sup>

The effectiveness of disaster triage systems depends on the ability of health professionals to provide accurate and timely intervention. Systems such as JumpSTART and START enhance survival rates by determining appropriate sorting and treatment methods. The effective use of these systems will improve the efficiency of health services during disasters and ensure that limited resources are used more effectively. Therefore, disaster triage training and implementation are of great importance for healthcare professionals.

Sincerely

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### **REFERENCES**

1. Ozkan S, İkizceli I. Triage in disaster management. Cerrahpaşa Med J 2023;47:9–16.

- 2. Yilmaz S, Tatliparmak AC, Ak R. START-A (Simple Triage, Rapid Treatment and Analgesia) in mass casualty incidents. Wilderness Environ Med 2024;35:246–8.
- 3. Romig LE. Pediatric triage. A system to JumpSTART your triage of young patients at MCIs. JEMS 2002;27:52–63.
- 4. Malik NS, Chernbumroong S, Xu Y, Vassallo J, Lee J, Bowley DM, et al. The BCD Triage Sieve outperforms all existing major incident triage tools: Comparative analysis using the UK national trauma registry population. EClinicalMedicine 2021;36:100888.