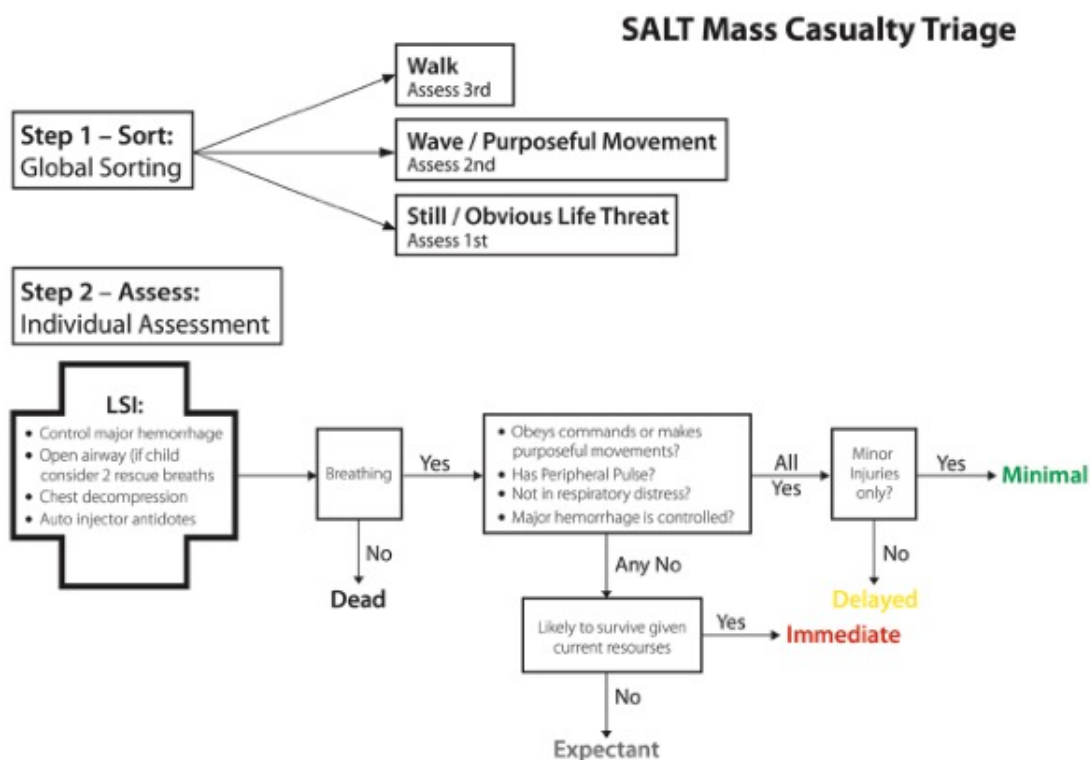


The Walking Wounded in a Burn Mass Casualty Incident (BMCI)

In a burn mass casualty incident, first responders will use a triage system to identify and prioritize patients. The **SALT (Sort, Assess, Lifesaving interventions, Treatment and/or transport)** system was developed by a CDC-sponsored working group to provide a standardized triage method in the United States. Endorsed by national emergency medicine and EMS organizations, SALT provides clear, simple steps that help first responders manage the chaos of a mass casualty incident and identify the most seriously injured patients, ultimately saving more lives and improving outcomes.

Triage is a continuous process, not a one-and-done event. On scene, patients are reassessed and re-triaged as more rescue personnel arrive. As burn injuries often continue to develop over time, triage is also performed again upon arrival at first receiving hospital and at the time of definitive care (after scrub/wound cleaning by experienced burn healthcare workers).



SALT triage starts by sorting patients to prioritize the injured for individual assessment. During this process, rescuers tag patients by color for easy recognition: **green** = minimal (minor injuries); **yellow** = delayed (non-life threatening injuries); **red** = immediate (life threatening injuries); **gray** = expectant (unlikely to survive), and **black** = deceased. The first step is to direct the people who can walk to a designated area. These patients – the **Walking Wounded** – are the minimally injured (designated with the color green) and will be assigned last priority for individual assessment. First responders will begin assessing and prioritizing the more injured patients.

This website provides information on burn injuries and treatment for the **Walking Wounded**. As these patients have injuries that are minimal and that can accommodate a delay in care without raising mortality risk, this material is designed with particular focus on burn injuries that can be treated and managed in a non-acute setting or at home.