# START TRIAGE

## PURPOSE

To provide an established standard of triage of persons involved in a multiple casualty incident (MCI) or a multiple patient scene (MPS).

## RESPONSIBILITY

All personnel are responsible for the information set forth in the following procedures. During an MCI or MPS primary care givers will be overwhelmed and all additional personnel will be expected to assist in the triage and treatment of patients.

## DEFINITIONS

1) ***MCI (Multiple Casualty Incidents.)*** - Any emergency scene that creates a number of patients sufficient to significantly overwhelm available resources.

2) ***MPS (Multiple Patient Scene)*** – Any emergency scene involving more than two patients which does not significantly overwhelm available resources.

3) ***Triage*** – The process of sorting and categorizing patients based on the severity of their symptoms. Patients will be categorized into the four following groups. Each group has a color designation to assist in the rapid sorting of triaged patients.
   - Immediate (**Red**) – Critically injured patients who must be transported as soon as resources allow.
   - Delayed (**Yellow**) – Severely injured patents who must be evaluated and treated but may not need immediate treatment.
   - Minor (**Green**) – Those patients who need minor treatment or prophylactic evaluation.
   - Deceased (**Black**) – Patients who are or will be deceased before appropriate treatment would be available.

## PROCEDURES

- Patients will be triaged according to START and/or Jump-START triage criteria during every MCI/MPS event.
- Triage tags and/or identification (e.g., surveyor's tape) should be utilized when START or Jump-START are utilized.
- During primary triage, providers should spend no more than 30 seconds to triage each patient.
- Upon completion of triage and/or when adequate resources are available, patient care can be undertaken. However, ALS and ILS providers should consider providing care at a BLS level in order to give care to as many people as possible.
- **START Triage (adult patients).**
  - Direct all ambulatory patients to a designated location – these individuals would be initially triaged into the MINOR (**Green**) category.
  - Patients with no respiratory effort should be triaged into the DECEASED (**Black**) category following an attempt to open the airway.
  - Patients with difficulty in Respirations, poor Perfusion, or altered Mental status (RPM) as specified below should be categorized into the IMMEDIATE (**Red**) category
    - Respirations > 30/min
    - Perfusion – No radial pulse or capillary refill times >2 seconds.
    - Mental status – unable to follow simple commands
  - All patients who cannot walk, but have respiratory effort, and do not meet criteria for RPM as above should be categorized into the DELAYED (**Yellow**) category.

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- **Jump-START triage (pediatric patients).**
  - Direct all ambulatory patients to a designated location – these individuals would be initially triaged into the MINOR (**Green**) category.
  - Patients with no respiratory effort or peripheral pulse should be triaged into the DECEASED (**Black**) category.
  - Patients with a peripheral pulse but who are not breathing should receive 5 ventilations then categorize as IMMEDIATE (**Red**) if respiratory effort resumes. If apnea continues categorize as DECEASED(**Black**)
  - Patients with difficulty in Respirations, poor Perfusion, or altered Mental status (RPM) as specified below should be categorized into the IMMEDIATE (**Red**) category
    - Respirations > 45/min or < 15/min
    - Perfusion – No radial pulse or capillary refill times >2 seconds.
    - Mental status – unable to follow simple commands
  - All patients who cannot walk but have respiratory effort, and do not meet criteria for RPM as above should be categorized into the DELAYED (**Yellow**) category.