

Module Three: S.T.A.R.T. Triage

Course Objectives:

- List triage categories of START triage
- Describe the process for quickly sorting large numbers of victims during an MCI
- Identify areas for recording patient information on the DMS triage tag
- Describe the uses of various parts of the DMS triage tag
- Demonstrate the major principles of START triage

➤ **“START” stands for Simple Triage And Rapid Treatment.**

The French term “triage” means “to sort”

The goals of triage are:

- An efficient use of personnel, equipment and facilities
- Identification of patients using a standardized system
- To provide organized care of multiple patients
- Planning and training is an important aspect of triage

➤ **Your initial triage should take no more than 60 seconds per victim.**

➤ **The four START triage categories are Immediate, Delayed, Minor and Deceased.**

Minor:

- First strip on the bottom of the tag
- This category is color coded green
- These patients may require hospital care or may be managed by first aid alone
- These victims are the first to be separated and removed from the immediate area of the MCI (they are able to walk)

➤ **The color associated with Minor (walking wounded) patients is green.**

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Delayed:

- This is the next strip on the bottom of the tag
- This category is color coded yellow
- These patients will require Hospital care
- These victims are unable to walk
- But they do not meet the “Immediate” category criteria

Immediate:

- This is the next strip on the bottom of the tag
- This category is color coded red
- These patients require immediate care
- These patients should receive attention before all others

Morgue:

- This is the last strip on the tag
- This category is color coded black
- These victims are dead or “non-salvageable”
- No CPR is initiated during an MCI

➤ **The color code for Deceased (Morgue) patients is black.**

NOTE: This presentation uses the DMS Triage Tag



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CONTAMINATED

EVIDENCE

Personal Property Receipt/ Evidence Tag *1111860*

Destination *1111860*

Via *1111860*

TRIAGE TAG *1111860*

☐ S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M
Salivation Lacrimation Urination Defecation G.I. Distress Emesis Miosis

AUTO INJECTOR TYPE ☐ 1 ☐ 2 ☐ 3
AUTO INJECTOR TYPE ☐ 1 ☐ 2 ☐ 3

Yes No Primary Decon
Yes No Secondary Decon

Solution

Blunt Trauma
Burn
C-Spine
Cardiac
Crushing
Fracture
Laceration
Penetrating Injury

Age _____

☐ Male ☐ Female

VITAL SIGNS

Time	B/P	Pulse	Respiration

Time Drug Solution Dose

Time	Drug Solution	Dose

MORGUE

IMMEDIATE *1111860*

IMMEDIATE *1111860*

DELAYED *1111860*

DELAYED *1111860*

MINOR *1111860*

MINOR *1111860*

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Initial Triage: First Step:

- Start where you stand
- Identify the Minor (walking wounded) by stating: “Everyone who can walk come to the sound of my voice”.
- Direct them to a designated location, a safe spot, that is out of the danger zone or area of chaos

➤ **The first priority of START triage is to gather the Minor patients and direct them to a safe spot before triaging others.**

Triage Using R.P.M.:

- Respirations – is the respiration rate greater than 30 breaths/minute?
- Perfusion/Pulse: is a radial pulse absent?
- Mental Status – is the victim unable to follow simple commands?

Patients meeting any one of the above criteria are classified as Immediate.

➤ **R.P.M. is an acronym associated with the identification of Immediate patients.**

It all begins with the airway:

- Is the patient breathing?
 - If not – reposition the head using a head-tilt-chin-lift (not a jaw-thrust)
 - If there is no return of spontaneous respirations, tag the victim black (“Morgue”) and move on
 - If there is a return of spontaneous respirations – assess:
 - Is the patient breathing greater than 30 respirations/minute?
 - If yes – tag the patient Immediate (red) and move on (no further assessment is needed once the patient meets a criteria for Immediate)
 - If the patient is breathing less than 30 /minute – proceed to the pulse assessment

➤ **During START triage, if a victim is not breathing, the first step to take is to reposition the airway.**

➤ **After repositioning the airway, and there is a return of spontaneous respiration you should tag the patient as Immediate (red) and move on.**

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➤ **After repositioning the airway, and there is no return of spontaneous respirations you should tag the patient as Deceased (black) and move on.**

- Assess the radial pulse:
 - Being able to palpate a radial pulse means the systolic blood pressure is at least 80 mmHg
 - If the radial pulse is absent – tag the patient Immediate (red) and move on
 - If the radial pulse is palpable, proceed to the assessment of mental status

➤ **During START triage, if a patient's respirations are less than 30 then you should assess for a radial pulse.**

- Assess the mental status:
 - Ask the patient to perform a simple task (such as "Squeeze my fingers")
 - If the patient is unable to do this, tag as Immediate (red) and move on
 - If the patient is able to do a simple command, tag as Delayed (yellow) and move to the next victim

➤ **If a patient is unable to walk but does not meet the Immediate triage criteria, they should be categorized as Delayed.**

➤ **A victim with respirations of greater than 30, no radial pulses, unconscious, with massive head injuries and sucking chest wounds would be initially tagged as an Immediate.**

The only treatment done during START triage is:

- Opening the airway
- Controlling major bleeding
 - Usually using a tourniquet
 - Or direct pressure held by the patient, a bystander or a victim from the Minor category

➤ **The only treatment that should be conducted during START triage is opening the airway and controlling major bleeding.**

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The Rescuers' goal is to complete triage on all the victims before providing any additional treatments:

- Perform initial triage
- Do a more detailed assessment and re-triage as time allows, when they are moved to the treatment area, or when a patient's condition changes
- Once all victims have been triaged, a list (by category) should be provided to the Patient Transportation Unit Leader

- **Patients should be re-triaged when moved to a treatment area, when the patient's condition changes and when time allows.**
- **A list of all patients should be provided to the Patient Transport Unit Leader, once triage is complete.**

Some frequently asked questions about triage:

- What about very slow respirations?
 - Although significant, we do not assess this sign during initial triage. This will likely be picked up during pulse or mental status assessments, because it will affect other body systems.
- If a patient has very fast respirations due to anxiety, do we still categorize them as Immediate?
 - Yes - we don't ask "why" at this initial stage of triage – the patients will be reassessed at a later time
- Do we ever do CPR during an MCI?
 - No – this is the #1 error done in the field during an MCI – CPR would remove necessary resources away from patients who may be saved
 - The only time CPR will be done is when the personnel and resources exceed all patient's needs

- **CPR is never allowed during an MCI unless the personnel and resources exceed all other patient's needs.**

- What happens when there is a change to the patient's status?
 - If the patient is "upgraded" (i.e. they get worse) then simply remove the strip to the next category (such as a Delayed to an Immediate)
 - If the patient is "downgraded" (i.e. they get better) place a new tag over the old one – do not remove any tags

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➤ **When a patient that was incorrectly tagged as Immediate needs to be re-triaged, you should complete a new tag and place over the old tag.**

Practice Scenario:

- ☞ You come upon an unconscious patient with obvious massive head injury.
 - What is your first action?
 - Determine if the patient is breathing.
 - What is your next action?
 - Tag red (Immediate) this patient has already met one criteria for the Immediate category (unconscious.)
- ☞ Your next patient is complaining of abdominal pain and showing signs of bruising over the abdomen.
 - What is your first action?
 - Assess respirations; this patient is obviously breathing faster than 30 per minute.
 - What is your next action?
 - Tag the patient as red (Immediate) and move on
- ☞ Your next patient is awake and clutching a one foot piece of shrapnel protruding from his right eye.
 - What is your first action?
 - Assess his respirations
 - This patient is breathing less than 30 per minute
 - What is your next action?
 - Assess the radial pulse.
 - You are able to palpate a radial pulse
 - Your next action is to tag this patient as Delayed (yellow) and move on
- ☞ Your next patient is awake and appears to be approximately six months pregnant. She has an obvious fracture to her left lower leg.
 - What is your first action?
 - Assess her respirations
 - Her respirations are less than 30 per minute
 - What is your next action?
 - Assess her radial pulse
 - You can palpate her radial pulse
 - Tag this patient as Delayed (yellow) and move on
- ☞ Your next patient is awake and having severe difficulty breathing – the chest sinks in on inspiration.
 - What is your first action?
 - Assess respirations
 - The patient is obviously breathing greater than 30 per minute
 - Tag this patient as Immediate (red) and move on

➤ **Remember; START triage criteria for the Immediate category does not include an assessment of a heart rate - only a palpable radial pulse.**

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- **In order for the triage tag to be visible, it should be applied to the patient's upper or lower extremity.**

The DMS Triage Tag:

- The tag is water resistant
- Also resistant to most common decontamination solutions
- Be sure to write the information on the tag before it gets wet
- The "Auto Injector" section of the tag is used only when an auto injector was used to treat the public (where it has been approved for use by the local EMS Agency)
- And / or when Mark 1 kits have been administered by personnel who are now included in the MCI (nerve agent antidote)

AUTO INJECTOR TYPE	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
AUTO INJECTOR TYPE	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3

- **"SLUDGEM" strip is used to document the patient symptoms (signs) from a suspected nerve agent exposure.**

<input type="checkbox"/> S	<input type="checkbox"/> L	<input type="checkbox"/> U	<input type="checkbox"/> D	<input type="checkbox"/> G	<input type="checkbox"/> E	<input type="checkbox"/> M
Salivation	Lacrimation	Urination	Defecation	G.I. Distress	Emesis	Miosis

- Salivation (drooling)
- Lacrimation (tears)
- Urination

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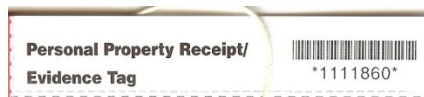
- Defecation
- Gastric Distress (nausea, etc)
- Emesis (vomiting)
- Miosis (pinpoint pupils)

➤ **SLUDGEM is an area of the triage tag used to document patient symptoms.**

- The “Contaminated” strip on the side:
 - Prevents use of the tag until the patient contamination is ruled-out
 - If contamination is suspected, remove the strip and place in a plastic bag with the patient’s clothing
 - It also supports Law Enforcement evidence collection
 - If contamination is not suspected, remove and discard this strip.



- “Personal Property Receipt / Evidence” tag
 - This provides a personal property receipt for valuables that have not been contaminated
 - The number corresponds to the number on the tag that is left on the patient.



➤ **To track personal property of the patients, responders should include a portion of the triage tag with the personal property.**

- “Destination” tag
 - This is removed at the ambulance loading area to record the patient’s destination
 - The name of the patient can be entered on the back of the tag



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- “Primary / Secondary Decontamination” tag
 - This area is to record the patient decontamination information, gross (primary), secondary and the solutions used
 - This should be recorded before the patient leaves the Decontamination Reduction Zone.

➤ **During decontamination, the triage tag should be left in place.**

- Agent symbol identification area
 - If the agent is known
 - For radiological
 - Biological
 - Chemical.
- Body map, Gender, Age areas
 - Mark the areas of injuries or exposure
 - Enter the patient’s name
 - Select the patient’s gender.

- Document vital signs and treatment area
- Patient information area – for additional information.

How to Use the Category Tags:

- Fold / tear off the tags to the appropriate color category
- One tag stays with the patient, still connected to the triage tag
- The other category tag is collected and given to the Triage Unit Leader for an accurate count by category

NOTE: Be sure to download your passing certificate BEFORE you leave the module!