Triage
**MCI Alert vs. Activation**

**Alert** - when information is received which indicates potential for large number of casualties.

**Activation** - when a confirmed single site disaster with casualties overwhelms an initial response unit capabilities.
Who may activate an MCI?

Any fire, law enforcement officer, paramedic EMT or dispatcher
Provide the following information at time of activation:

- Type of incident
- Location of incident
- Best access route
- Number of injured (approximate)
- Type of injuries (burns, respiratory, trauma)
- Additional resources (special rescue equipment, additional fire/police, communication equipment, haz mat response, lights, coroner, helicopters)
Triage

Goals

• Efficient use of personnel, equipment, and facilities
• Not to relocate the disaster to the hospital
Triage

Philosophy

• Greatest good to greatest number
• Organized care within chaos
• Preplanning/training are essential
• Establishing ICS as soon as possible
Medical Triage Tag

- **Green**  walking wounded  minor
- **Yellow**  delayed transport  serious
- **Red**  immediate transport  critical
- **Black**  dead or nonsalvagable  no CPR
START Triage System

S  Simple
T  Triage
A  And
R  Rapid
T  Treatment
• Utilized as initial triage system
• Not intended to replace thorough patient assessment
1. Start where you stand
2. Identify walking wounded (minor)
3. Begin assessing the remaining victims
START

1. Respirations

If absent - reposition airway
absent - tag black
present - tag red

>30 tag red

<30 go to step 2
START

2. Perfusion-Capillary refill
   >2 seconds tag red
   <2 seconds go to step 3

OR

2. Perfusion-Pulse (radial)
   no palp tag red
   palp go to Step 3

(control any gross bleeding)
3. Mental status

Unable to obey commands
- tag red

Able to obey commands
- tag yellow
The first perforated tag on to provides a personal property receipt for valuables belonging to the victim that may be contaminated.
Patient Tracking

The second perforated tag provides for patient tracking. This part of the tag shall be removed at the ambulance loading area to record patient destination. Patient’s name is recorded on back of tag. With the bar code capability information can be recorded electronically as well as by hand.
The triage tag is constructed of synthetic paper, 100% resistant to all commonly used decontamination solutions.

- **SLUDGEM**-alerts first responders to the possibility of nuclear, biological or chemical agents using this mnemonic.
The tag provides space to record the use of auto injectors.

Perforated colored contaminated strip prevents the tag from being used until patient contamination is ruled out. If decon is done, barcode is bagged with victims clothing.
Decon: The tag provides an area to record patent decon information, gross decon, secondary decon as well as the solutions used. This information should be recorded prior to the victim leaving the decon area.

Also the type of agent can be recorded at this time whether radiological, biological or chemical.
On the back of the card is the mnemonic RPM used to initiate START triage.
Split immediate, delayed or minor tear off tags. These go to the Triage Unit Leader and are used by the Medical Communications Coordinator and IC to obtain an accurate count of the injured.