First Receiver (Hospitals Only):

- Simple Triage and Rapid Treatment (START) and JUMPSTART
- Hospital Incident Command System
- Incident Command System (up to ICS 200 level)
- National Incident Management System (NIMS) IS-700 and IS-800
- Working knowledge of relevant San Francisco EMS Agency Policies and Procedures

All Field First Responders:

- Simple Triage and Rapid Treatment (START) and JUMPSTART
- California Standardized Emergency Management System (SEMS)
- Incident Command System (up to ICS 200 level)
- National Incident Management System (NIMS) IS-700 and IS-800
- Hazardous Materials First Responder Awareness
- Working knowledge of San Francisco EMS Agency Policies and Procedures

Ambulance Strike Team Leader:

- Incident Command System (up to ICS 300 level)
- Ambulance Strike Team Leader Training (State EMS Authority course)
- Ambulance Strike Team Provider Training (State EMS Authority course)

On-Scene Command Staff:

- Incident Command System (up to ICS 400 level)

Assigned EOC or DOC Command Staff:

- City and County Emergency Response Plan
- City Departmental Emergency Operations Plans (any city DOC staff)
- Provider Emergency Operations Plan (any private provider DOC staff)
- (Recommended) MGT 313 – Incident Management / Unified Command

Section 2.2 Patients

2.2.1 Triage

Triage is a French word meaning “to sort.” It is used to identify patients that have the most immediate need for medical care vs. those that may wait. Triage is the primary tool used in determining the most appropriate allocation of available medical care resources in a large multi-casualty incident.

Field treatment and the eventual distribution of patients to receiving facilities are determined by the systematic triage of patients at the scene. The flow of the entire emergency medical

MCI response is driven by both the total number patients and their assigned triage levels. It is therefore crucial that First Responders do appropriate patient triage at the onset of every MCI – no matter how large or small the incident.

2.2.2 Required Triage Standard – START Triage and Jump START

The EMS Agency requires that field First Responders do **START Triage** during a MCI on all adult patients and **JUMP START** on all pediatric patients. Both systems are physiological assessment methods based on a simple mnemonic "**RPM" (R**espirations, **P**erfusion, **M**entation). **START** is an acronym for **S**imple **T**riage **a**nd **R**apid **T**reatment. Once the START triage evaluation is complete, the victims are labeled with one of four color-coded triage level categories:

Minor = walking wounded / can delay care for up to three hours

Delayed = serious non-life-threatening injury / can delay care for 1 hour

Immediate = life-threatening injury / requires immediate care

Deceased / Expectant = pulseless / non-breathing or imminent demise

Triage categories are an indication of the desired time to receive treatment. In a large scale incident, actual time to treatment may vary based on the availability of resources.

JumpSTART is based on the START physiologic triage system used for adults. However, JumpSTART system recognizes the key differences between adult and pediatric physiology and substitutes appropriate pediatric physiologic parameters at triage decision points. JUMP START is used for the following:

1. Children ages newborn to 8 years or,
2. When the patient appears to be a child or,
3. Whenever you can use a length-based (Broselow) resuscitation tape.

Both START Triage and JumpSTART Triage are designed for use in only disaster and multi-casualty situations, not for daily EMS or hospital triage. Refer to Figures 1 and 2 for the START and JUMP START Flow Charts.

Figure 1: START TRIAGE FLOW CHART

START: **S**imple **T**riage and **R**apid **T**reatment

1. Direct patients who are able to move to a certain area; triage as minor.
2. Begin triage: **START** with closest patient

Respirations

- NO → Position airway → Breathing?
  - NO → Deceased (Black)
  - YES → Immediate (red)
- YES
  - more than 30 /min → Immediate (red)
  - less than 30 /min → Assess Perfusion

Perfusion

- **Capillary refill greater than 2 seconds or no radial pulse** → Control bleeding → Immediate (red)
- **Capillary refill less than 2 seconds or radial pulse** → Assess mental status

Mental Status

- **Fails to follow simple commands** → Immediate (red)
- **Follows simple commands** → Delayed (yellow)

Note: Once a patient reaches a triage level indicator in the algorithm, triage of this patient should stop and the patient tagged accordingly.

START TRIAGE STEPS

*Use the mnemonic "**RPM**"*
*(**R**espirations, **P**erfusion, **M**ental Status)*
to remember the assessment sequence.

1. MOVE WALKING WOUNDED
   - Direct patients who are able to walk to another area. Tag **GREEN.**

2. **RESPIRATIONS**
   - If respiratory rate is 30/minute or less go to PERFUSION assessment.
   - If respiratory rate is over 30/ minute, tag **RED**.
   - If victim is not breathing, open the airway, remove any visible obstructions and re-position head to open airway. Re-assess respiratory rate.
   - If victim is still not breathing, tag **BLACK**.

3. **PERFUSION**
   - Palpate radial pulse or assess capillary refill (CR) time.
   - If radial pulse is present or CR is 2 seconds or less, go to MENTAL STATUS assessment.
   - No radial pulse or CR is greater than 2 seconds, tag **RED**.
   - Control any major external bleeding at this point.

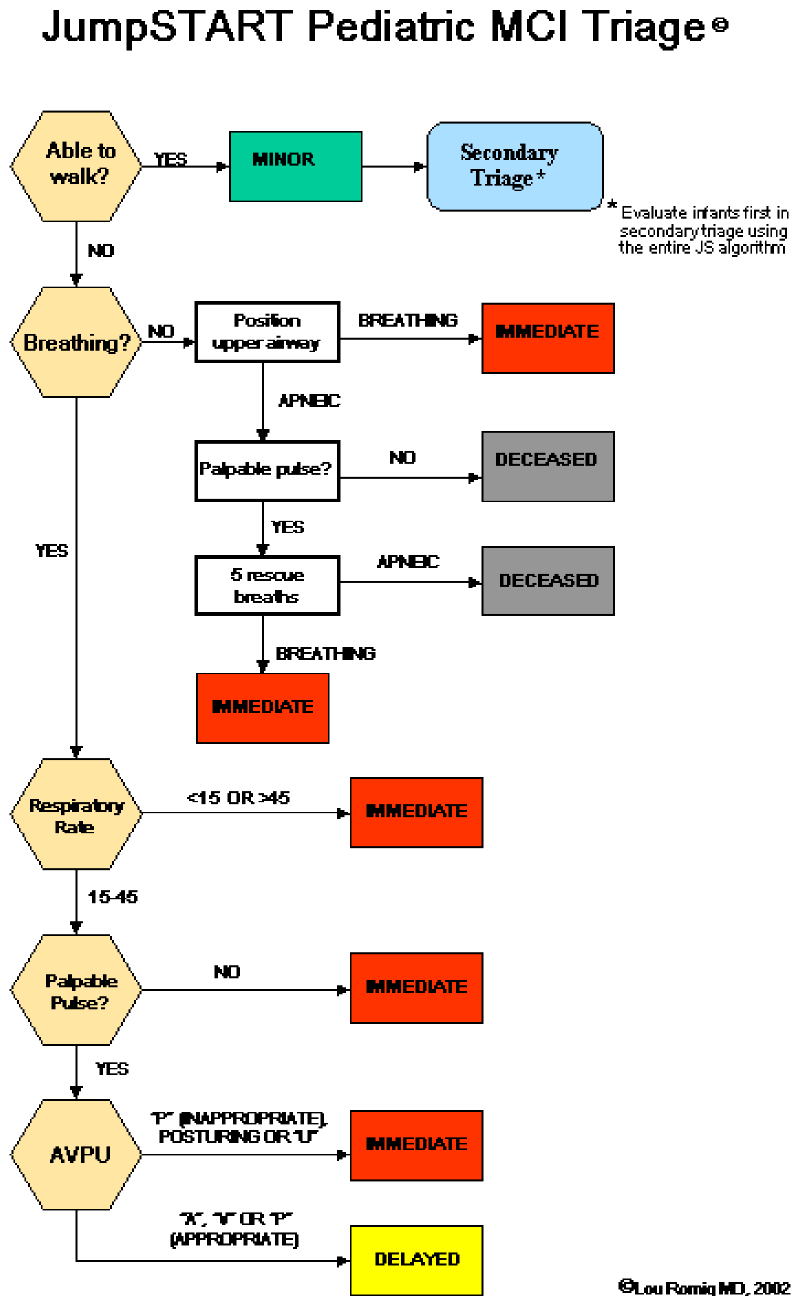
4. **MENTAL STATUS**
   - Assess ability to follow simple commands and orientation to time, place and person.
   - If the victim does not follow commands, is unconscious, or is disoriented, tag **RED**.
   - If the victim follows simple commands tag **YELLOW**.

SPECIAL CONSIDERATIONS:

- Stop at any point in the RPM assessment when a **RED** triage level is identified.
- Tag **YELLOW** obvious significant injuries (e.g. burns, fractures).
- Correct only life-threatening issues (e.g. airway obstruction, severe hemorrhage) during initial triage.

Figure 2: JUMP START TRIAGE FLOWCHART*

*See www.jumpstarttriage.com for additional information.



2.2.3 Other Considerations for Patient Triage

START Triage and JUMP START are the first triage systems used in the MCI Triage Area, followed by Trauma Triage Criteria in the designated Treatment and / or Transport Area(s). Other clinical considerations should be factored into the determination of an appropriate triage level and destination for their medical care depending on the provider training, availability of personnel, and if the situation safely allows for it. Below is a list of all triage criteria, injury scoring systems and clinical considerations that may be applicable during the MCI triage process:

- START Triage and JUMP START
- Trauma Triage Criteria
- Glasgow Coma Scale
- Burn Rule of Nines
- Significant Medical Complaints
- Special Circumstances (Hazmat exposure)
- Special Populations:
  - Age Extremes
  - Pregnant
  - Medically Fragile

2.2.4 Required Triage Tags and Patient Records

First Responders must use a triage tag to label triaged patients by the severity of their injury. Triage tape is permitted in the Triage Area, but should be replaced by a tag in the Treatment or Transport Area(s). atient identifying information, vital signs, treatment, and destination should be written on the triage tags when the time and situation permit it. EMS patient care records may be used if adequate personnel resources are available and the patient is held at the scene for an extended period of time.

2.2.5 Deceased Care

Deceased patients must be labeled as **Deceased** with the triage tag. Deceased patients require no further care and may be left in place while responders attend to other viable patients. Responders should notify the San Francisco Medical Examiner to assume responsibility for the disposition of deceased patients.

Efforts should be made to treat deceased patients with respect, and to cover or move them as resources and the situation permits. If the incident is a crime scene, the Medical Examiner or SFPD must approve moving deceased patients. When moving a body, Responders should do the following:

1. Fill out information on identifying information on the triage tag or attach a morgue tag or other label directly to the body. Include:
    - Date, time and location body found,
    - Name/address of decedent, if known,
    - If identified, how and when,
    - Name/phone of person making identity or filling out tag, and
    - Note any contamination

2. Personal effects must remain with the body at all times. If personal effects are found and thought to belong to a body, place them in a separate container and tag. Do not assume any loose effects belong to a body.

3. Place the body in a disaster body bag or in plastic sheeting and securely tie to prevent unwrapping. Attach a second exterior tag to the sheeting or pouch.

4. Move the properly tagged body with their personal effects to a separate, safeguarded location, preferably with refrigerated storage.

Section 2.3 Medical Group Organization

2.3.1 Medical Group Positions

EMS MCI field operations are the responsibility of the ICS Operations Section – Medical Group. Firescope defines the fifteen positions that comprise the Medical Group. Below briefly describes the roles and responsibilities for each Medical Group position. Detailed position descriptions for all Medical Group personnel are found in the Appendices.

1. Medical Branch Director – Has overall command of EMS field Operations in a full branch response. Responsible for the implementation of the Incident Action Plan within the Medical Branch. Reports to Operations Chief. Supervises Medical Group Supervisor(s) and Transportation function (Unit or Group). Reports out casualty information to the Operations Chief.

2. Medical Group Supervisor (MGS) - In charge of the Medical Group EMS field operations in an initial and reinforced level of response. Reports to the Medical Branch Director. Supervises Triage, Treatment and Transport Unit Leaders and Medical Supply Coordinator. Reports out casualty information to the Medical Branch Director.

3. Triage Unit Leader - Coordinates the triage of all patients. Reports to MGS. Supervises Triage Personnel / Litter Bearers and Morgue Manager.