



S.T.A.R.T. SYSTEM of TRIAGE



Escambia County, Florida - ALS/BLS Medical Protocol

This procedure will be based on the Simple Triage And Rapid Treatment or START method for adult victims and the **Jump START** adaptations for the pediatric victim.

These methods of triage are designed to assess a large number of victims objectively, efficiently, and rapidly and can be used by personnel with limited medical training.

PROCEDURE

A. **Initial Triage** – Using the START or Jump START methods (Sections III or IV).


1. Locate and direct all of the walking wounded into one location away from the incident if possible. Assign someone to keep them together (Fire Rescue Personnel, Law Enforcement Officer, or capable bystander).
2. Begin assessing all non-ambulatory victims where they lay.
3. Utilize the Triage Ribbons (color-coded plastic strips). One should be tied to an upper extremity in a VISIBLE location.
 - a. RED - Immediate.
 - b. YELLOW - Delayed.
 - c. GREEN - Ambulatory (minor).
 - d. BLACK - Deceased (non-salvageable).
4. Independent decisions should be made for each victim. Do not base triage decisions on the perception of too many REDs, not enough GREENs, etc.
5. If borderline decisions are encountered, always triage to the most urgent priority (e.g. GREEN/YELLOW patient, tag YELLOW).



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B. Secondary Triage.

1. Performed on all victims during the Treatment Phase. If a victim is identified in the initial triage phase as a RED and transport is available, do not delay transport to perform a secondary assessment.
2. Utilize the Triage Tags (Disaster Management System Tag [DMS Tag] or METTAGs) and attempt to assess for and complete all information required on the tag (time permitting). Affix the tag to the victim and remove ribbon.
3. The Triage priority determined in the Treatment Phase should be the priority used for transport. If trauma related, the Trauma Criteria will be applied to trauma victims during the secondary triage in the Treatment Phase (see General Protocol 1.10 – Trauma Transport).

START TRIAGE (refer to the START flowchart).

NOTE:

Remember the mnemonic **RPM** (**R**espirations, **P**erfusion, **M**ental Status). The first assessment that produces a RED stops further assessment. Only corrections of life-threatening problems, such as airway obstruction or severe hemorrhage should be managed during triage.

A. Assess **RESPIRATIONS**:


1. If respiratory rate is 30/min. or less go to **PERFUSION** assessment.
2. If respiratory rate is over 30/min, Prioritize RED.
3. If victim is not breathing, open the airway, remove obstructions, if seen, and assess for (1) or (2) above.



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4. If victim is still not breathing, Prioritize BLACK.

B. Assess PERFUSION:

1. Performed by palpating a radial pulse or assessing capillary refill (CR) time.
2. If radial pulse is present or CR is 2 seconds or less, go to MENTAL STATUS assessment.
3. No radial pulse or CR is greater than 2 seconds, Prioritize RED.

NOTE: Any major external bleeding should also be controlled at this time.

C. Assess MENTAL STATUS:

1. Assess the victim's ability to follow simple commands and their orientation to time, place, and person (COAx3).
2. If the victim does not follow commands, is unconscious, or is disoriented, Prioritize RED.
3. If the victim follows commands, oriented X3, Prioritize GREEN.

NOTE: Depending on injuries (e.g. burns, fractures, bleeding) it may be necessary to Prioritize YELLOW.

Jump START TRIAGE (refer to the Jump START flowchart).


Physiological differences in children necessitate the need to adapt the standard START triage method to children ≤ 8 years of age or those victims with the anatomical or physiological features of a child in the age group. The same parameters (R.P.M.) will be utilized with the adaptations indicated.



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A. Assess RESPIRATIONS:

1. If respiratory rate is between 15 and 45/min. go to PERFUSION assessment.
2. If respiratory rate is over 45/min or under 14/min, Prioritize RED.
3. If victim is not breathing, open the airway, remove obstructions, if seen, and assess for (1) or (2) above.
4. If victim is still not breathing and no obstructions are present, check a peripheral (radial or pedal) pulse. If peripheral pulse is present, provide five (5) ventilations (approximately 15 seconds) via any type of barrier device. If spontaneous respirations resume, Prioritize RED.
5. If victim is still not breathing, Prioritize BLACK.

B. Assess PERFUSION:

1. Performed by assessing a peripheral pulse.
2. If peripheral pulse is present, go to MENTAL STATUS assessment.
3. If peripheral pulse is absent, Prioritize RED.

NOTE: Any major external bleeding should also be controlled at this time.

C. Assess MENTAL STATUS:


1. Assess the child through AVPU scale. Assess whether the victim is either ALERT, responds to VERBAL stimuli, responds to PAINFUL stimuli, or is UNCONSCIOUS.
2. If the victim is unconscious or only responds to painful stimuli, Prioritize RED.
3. If the victim is alert or responds to verbal stimuli, assess for



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further injuries, Prioritize YELLOW or GREEN.

NOTE: Infants who are developmentally unable to walk should be triaged using Jump START algorithm either during initial triage or in the GREEN area if carried out by a non-rescuer. During triage, if they do not fulfill the criteria of a RED victim and no other outward signs of significant injury, they may be triaged as a GREEN victim.

- START Triage system developed by Newport Beach Fire Rescue and Hoag Hospital.
- Jump Start Triage system developed by Lou Romig, MD (Miami Children's Hospital).

S.T.A.R.T. Triage System

Step 1: Clear the scene of any walking wounded (These patients are considered to be in the *MINOR* category (**Green**)).

Step 2: Assess ventilations in the remaining patients:

- No respiratory effort after opening airway: Deceased (**Black**)
- Respirations > 30: Immediate (**Red**)
- Respirations < 30: Delayed (**Yellow**)

Step 3: Assess perfusion:

- No radial pulse present: Immediate (**Red**)
- Radial pulse present: Delayed (**Yellow**)

Step 4: Assess neurological status:


- Unconscious: Immediate (**Red**)
- Cannot to follow simple commands: Immediate (**Red**)
- Can to follow simple commands: Delayed (**Yellow**)



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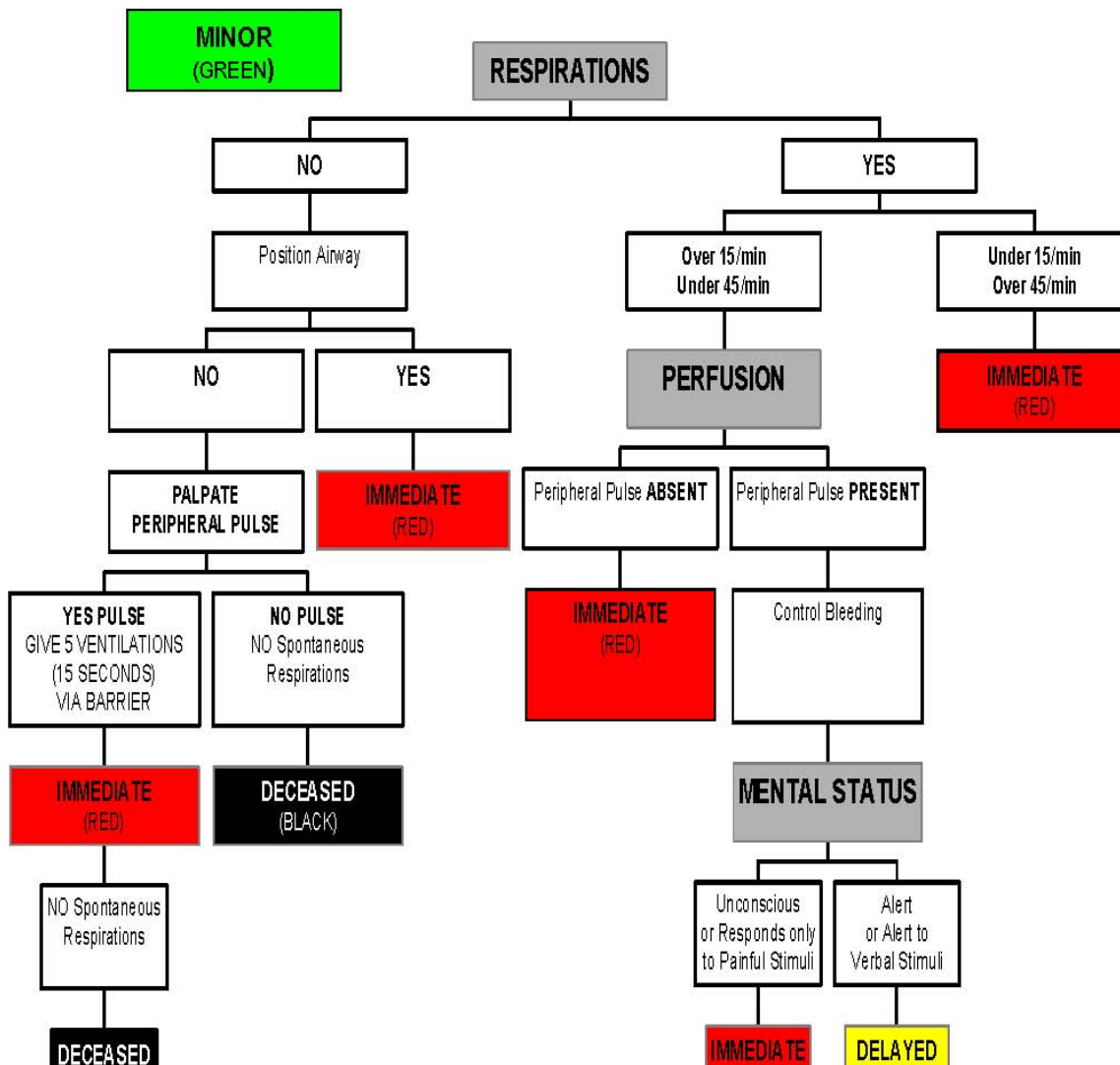
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Jump START TRIAGE

Able to Walk/Needs Secondary



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