

Enclosure B

**RECOMMENDED TRIAGE
PRINCIPLES**

RECOMMENDED INITIAL TRIAGE PRINCIPALS:
(Adapted from ICS-MC-120-1, APPENDIX B - 12/89)

FIRESCOPE RECOGNIZES THE ADOPTION OF THE S.T.A.R.T. PROGRAM FOR
TRIAGE BY THE CALIFORNIA FIRE CHIEFS' ASSOCIATION

There are several principles that must be learned to effectively triage and deliver disaster style medicine. The objective of triage is to accomplish the greatest medical good for the greatest number of patients.

A primary goal of triage is to select the patients in greatest need of urgent care. It is recognized that triage in a mass-casualty situation offers little time or resources for doing CPR, taking blood pressures, or even counting pulse rates. However, minimal intervention to stabilize the airway or to control hemorrhage is done at the same time as the initial triage.

The START plan allows the first responders to triage patients in 60 seconds or less, depending on three simple observations. These physical assessments are: ventilation, perfusion, and mental status. The START plan does not attempt to make diagnoses. A "START Field Guide" is located on the following pages of this Enclosure.

Triage personnel must tag ALL patients. IT IS A TIME CONSUMING AND OFTEN FATAL MISTAKE TO TRIAGE IN THE FIELD WITHOUT TAGGING A PATIENT. Patients are tagged so that rescuers arriving later can immediately turn their attention to the patients most in need. This Manual refers to the "California Fire Chiefs' Association Triage Tag" for use by Region IV MCI personnel. See Enclosure D.

Triage Personnel must rate or place the injured into one of four categories:

1. Deceased (non-salvageable)
2. Immediate
3. Delayed
4. Minor

Deceased: No ventilation present even after attempting to position the airway

Immediate: Ventilation present only after positioning the airway;

Or respirators over 30 per minute;

Or Capillary refill takes over 2 seconds;

Or patient fails to follow simple commands.

Delayed: Any patient who does not fit the immediate category or the Minor category.

Minor: These patients are separated from the group at the start of triage by ordering "any one who can walk" followed by an area assignment for the patients to walk to.

START Triage System
S.T.A.R.T. FIELD GUIDE

