

Appendix A: START Triage Categorization Criteria

Red Tape (Immediate/Critical)	Immediate/Critical: In most circumstances, they're removed and treated first. EXCLUDES patients who are in cardiac arrest or are near death with fatal injuries, in the judgement of the Triage Officer.
Yellow Tape (Delayed/Serious)	Serious/Needs Attention: Treatment and removal may be delayed until all viable Red Tag patients have been treated and transported.
Green Tape (Minor/Stable)	Last to be transported: Patients who's treatment and/or transport may be delayed. MAY require treatment and transport.
Black Tape (Deceased)	Patients who are already dead, or so severely injured, that death is certain within a short time, regardless of treatment given.

START TRIAGE ALGORITHM

Respirations > 30	IMMEDIATE/CRITICAL
Pulse—No Radial Pulse	IMMEDIATE/CRITICAL
Mental Status—Unable to follow commands	IMMEDIATE/CRITICAL
Otherwise...	DELAYED
Move Walking Wounded	MINOR
No Resp After Head Tilt/OPA	DEAD DYING

*Remember Respirations-Pulse-Mentation (RPM) while determining IMMEDIATE patients

Treatment:

All treatment will follow local standard of care. On scene treatment will be minimal and patients will be transported as expeditiously as possible.

Patient Distribution Guidelines

MCI Benchmarks
"TRIAGE REPORT"
"ALL IMMEDIATES TRANSPORTED"

In the event that 4 patients or more need to be transported to the hospital, the following steps will be completed:

- Alarm/First arriving unit will banner the event
- Distribute patients according to the following algorithm

Immediate/Critical

First Wave

TIER I HOSPITAL: UNMH
 4 of the most critical **RED** patients are transported to the UNMH in the first distribution of patients

2 RED triaged patients allowed per transport unit

**TIER II HOSPITALS:
 PRES DT, LOVELACE:**
 2 critical **RED** patients can be transported to a TIER II hospital.
AFTER 4 critical **RED** patients transported to Tier I Hospital.

**TIER III HOSPITALS:
 RUST, WESTSIDE, WOMEN'S, SRMC, HEART, KASEMAN:**
 Will take 1 **RED** triaged patient
After Tier I and Tier II hospitals have received designated patients

Subsequent Waves

Distribution:

- 2 critical **RED** patients per hospital starting with TIER I, then TIER II hospitals
- Next, 1 critical **RED** patient to any TIER III hospital
- This cycle can be repeated until all RED triaged patients are transported

After first wave of critical **RED** triaged patients have been delivered to all capable hospitals

**Delayed/YELLOW
 (Stable, injured, Non-ambulatory)**

- Patients triaged **RED** shall not be delayed for stable patients.
- Delayed/Minor patients should be evenly distributed to ED's that have not received **RED** triaged patients. Distribution is at the discretion of the IC or Transport Officer.
- If deemed safe for the patient and minimal chance that the patient's condition could deteriorate, a Delayed/Minor patient can be transported in a transport unit's front seat
- If in doubt, keep this patient on scene until more transport units become available.
- Delayed and minor patients can be transported to any hospital ED in an MCI scenario

**Minor/GREEN
 (Walking Wounded)**

- It can be anticipated that minor patients in an MCI event will leave the scene via POV or other means
- If the MCI presents with multiple Minor patients, it is an option to transport these victims via Bus or high capacity transportation vehicle.
- These patients are a low transport priority and treatment can be completed on scene until transport is available

*****KEY POINT*****

- If a patient is in dire need of treatment and travel time to a TIER I or II hospital is a factor, TIER III hospitals can be utilized in the MCI scenario
- TIER II & III hospitals are only to receive critical trauma patients in Multi-Casualty Incidents
- TIER II & III hospitals goals for patient care will be stabilization (medical or surgical) and transfer to the UNMH or appropriate hospital; this could be located in NM or outside of the state
- Patients can be distributed to hospitals outside of the Bernalillo County metro area from the scene
- The objective of an MCI is to transport all critical patients off the scene without delay
- The Veteran Administration ED will accept "Yellow" and "Green" triaged patients only in the event of an MCI
- The VA will also accept non-veterans patients in the event of an MCI
- If possible, patients with specific health care needs (i.e. Pediatrics or OB) should be transported to hospitals with those specialties
- Refer to most recent hospital capabilities chart or default to UNMH