

**SECTION 14**

**MASS CASUALTY INCIDENT (MCI)**

**SANGAMON COUNTY**

**MASS CASUALTY INCIDENT SECTION**

## MASS CASUALTY INCIDENT SECTION

### ABBREVIATIONS

ABC'S	-	AIRWAY, BREATHING & CIRCULATION
ALS	-	ADVANCED LIFE SUPPORT
BLS	-	BASIC LIFE SUPPORT
CBRNE	-	CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, and EXPLOSIVE
CMED	-	CENTRAL MEDICAL EMERGENCY DISPATCH
EMS	-	EMERGENCY MEDICAL SERVICE
EMT	-	EMERGENCY MEDICAL TECHNICIAN (ALL LEVELS)
EOC	-	EMERGENCY OPERATIONS CENTER
ER	-	EMERGENCY ROOM
HAVBED	-	IDPH BED AVAILABILITY REPORTING SYSTEM
ICS	-	INCIDENT COMMAND SYSTEM
IDPH	-	ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IEMA	-	ILLINOIS EMERGENCY MANAGEMENT AGENCY
ILS	-	INTERMEDIATE LIFE SUPPORT
IMERT	-	ILLINOIS MEDICAL EMERGENCY RESPONSE TEAM
MCI	-	MASS CASUALTY INCIDENT
MERCI	-	MEDICAL EMERGENCY RADIO COMMUNICATIONS IN ILLINOIS
MICU	-	MOBILE INTENSIVE CARE UNIT
MRC	-	MEDICAL RESERVE CORPS
OEM	-	OFFICE OF EMERGENCY MANAGEMENT
RHCC	-	REGIONAL HEALTHCARE COORDINATION CENTER
SCCDS	-	SANGAMON COUNTY CENTRAL DISPATCH SYSTEM
SMART	-	TRIAGE IDENTIFICATION SYSTEM
STARCOM	-	PUBLIC SAFETY RADIO NETWORK OF ILLINOIS
START	-	SIMPLE TRIAGE AND RAPID TRANSPORT

## MASS CASUALTY INCIDENT SECTION

### DEFINITIONS

**INCIDENT CATEGORIZATION** - Defined by number of apparent seriously injured, non-ambulatory victims (more serious patients than walking wounded) as follows:

- LEVEL I - 5-10
- LEVEL II - 11-20
- LEVEL III - > 20

**INCIDENT COMMANDER** - The on-scene individual who by virtue of rank and jurisdiction assumes overall operational responsibility at the incident site. It is likely that an initial Incident Commander will be relieved as more senior individuals arrive on-scene.

**MANAGING HOSPITAL** - The managing hospital will be a Level I Trauma Center. This will rotate on a yearly basis between Memorial Medical Center and Saint John's Hospital. Memorial Medical Center will hold these responsibilities as the managing hospital on even numbered years and Saint John's Hospital will hold these responsibilities on odd numbered years.

**MEDICAL OFFICER IN CHARGE** - The identified on-scene medical individual in charge, identified in coordination with the Managing Hospital, that directs the triage, treatment and transportation of the Mass Casualty Incident Victims. This role may be held in conjunction with the Transportation Officer and/ or Triage Officer or a separate person in larger scale events.

**TRIAGE OFFICER** - The on-scene individual at the minimum level of EMT-B, either appointed by the Medical Officer in Charge (or initially the first EMT on-scene) who directs the evaluation, tagging, organization and treatment of victims.

**TRANSPORTATION OFFICER** - The on-scene individual appointed by and responsible to the Medical Officer in Charge that coordinates the transportation of victims from the Triage Point to the Medical Facility. This individual maintains communications with the Triage and Staging Officer.

**STAGING OFFICER** - The on-scene individual, appointed by the Incident Commander that responds to requests from the Transportation Officer for Medical Transport to be sent to the Triage Area.

**STAGING AREA** - The area outside of the incident perimeter where responding equipment, supplies and personnel will first respond to and on an as needed basis will be routed to the appropriate location within the incident site.

**START TRIAGE** - Simple Triage And Rapid Treatment or START method of triage is designed to assess a large number of victims rapidly and can be used effectively by emergency medical personnel at all levels.

**TRIAGE AREA** – The initial triage of MCI victims will occur in the debris field or initial response area. The Triage Area, designated by the first EMT on site or Medical Officer in Charge, is the location where victims will be brought to so they can be loaded into Ambulances and distributed to Medical Facilities. This area, ideally up-wind, in a safe area from further danger and would allow for all transportation units to pull up, load and transport in a one way pattern. During small incidents triage and treatment may occur in the same area. Larger incidents may require establishing a separate treatment area and transportation areas.

**TRIAGE** - Mechanism to allow for rapid identification of victims that will benefit the most from rapid medical treatment. This is generally initiated by the first EMT personnel on the scene, with treatment occurring with the next-in medical personnel. It will generally be necessary to gather victims to a safe area (Triage Area) to be treated and transported. The START Triage method and the SMART Triage System are the recommended means of identification to be used for MCI incidents.

**MEDICAL TREATMENT AREA** - Pre-hospital medical treatment generally is recommended to be limited to ABC's and Spinal Immobilization. ALS procedures should occur only under standing orders. Treatment should not delay transportation if transportation is available.

## CHAPTER 1

### PURPOSE AND PROCEDURE

#### Purpose

The purpose of the Mass Casualty Incident (MCI) Section for Springfield and Sangamon County is to provide those agencies involved with lifesaving measures, guidelines and procedures to be utilized in case of a mass casualty incident caused by a natural or man-made incident.

#### Situation

Typically, MCI's are disasters that occur in one location in the absence of similar related occurrences in the neighboring town or counties. However, CBRNE events may generate MCIs at more than one location and require significant additional resources and operational support.

#### Assumptions

Management of Mass Casualty Incidents will be conducted using the Incident Command System as presented in Section 11 of this Plan.

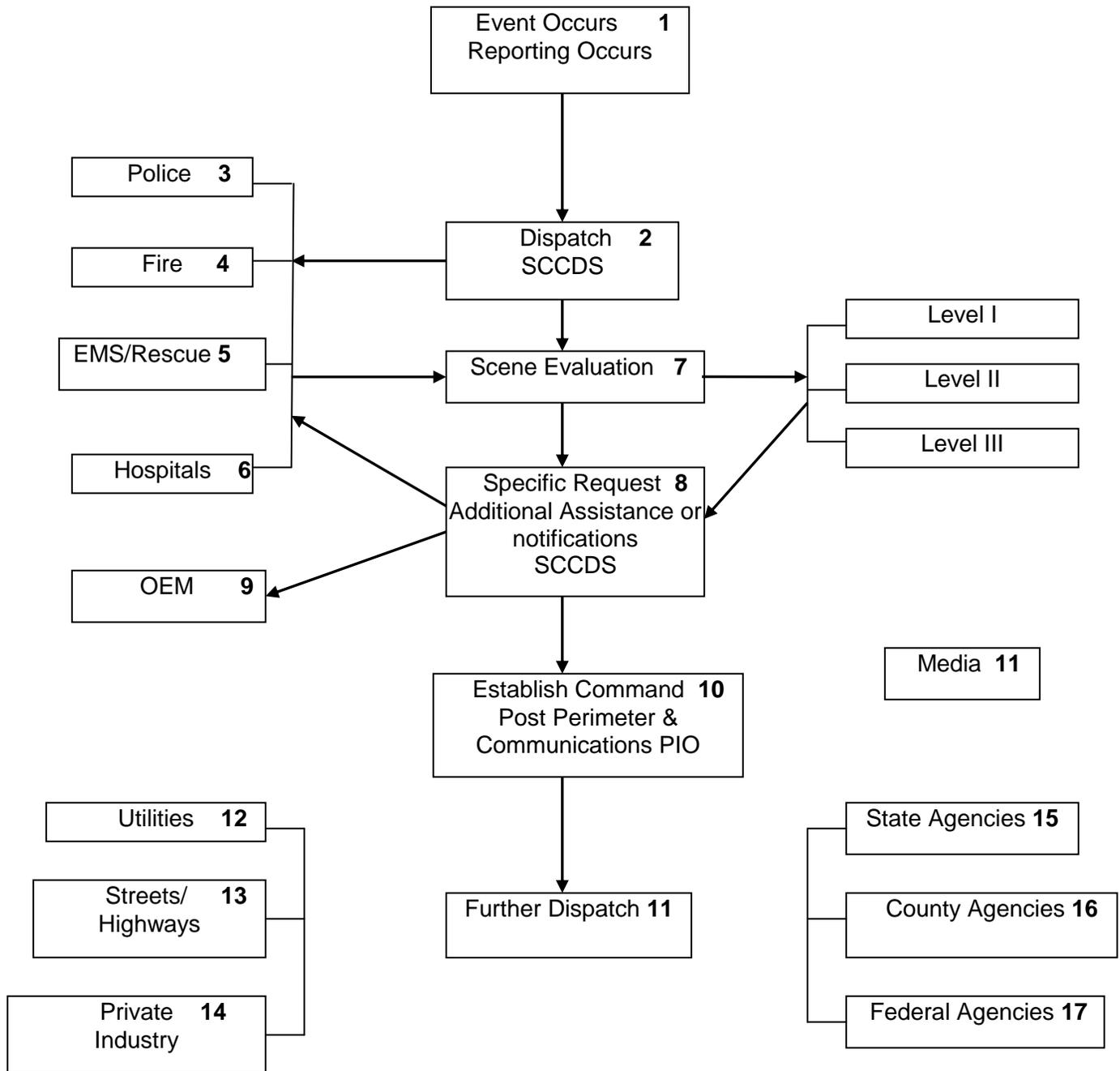
In order to facilitate the process that will be followed in the event of an MCI, a Springfield/Sangamon County Mass Casualty Incident Chart has been developed as Slide 1. This chart provides an easy step-by-step outline and is adaptable to any MCI. The flow chart only depicts participants and events. Item 1 through 8 will normally take place at any incident just by its nature. The decision phase, to include levels I, II, III, is listed in subsequent enclosures. Other responders (Responding Agencies 12-17) will be requested on an as needed basis, not necessarily in every Mass Casualty Incident.

A Command Post will be established by the Incident Commander first arriving at the scene. The purpose of this Command Post will be to provide a location for Unified Command Operations to be conducted. The area selected for the Command post will be apart from the incident area so as not to interfere with lifesaving operations.

The Sangamon County OEM EOC at 2801 N. Fifth St. or the City of Springfield EOC located at Municipal Center East may become operational during MCI's and it will be staffed as necessary.

Slide 1

MASS CASUALTY INCIDENT CHART



## Medical Management for Mass Casualty Incidents

"Medical Management for MCI's" has been developed jointly by the EMS Resource Hospitals (Saint John's Hospital and Memorial Medical Center). It provides detailed guidance for responders and outlines support of an incident.

1. Incident occurs.
2. Initial response is made.
  - a. City - Springfield Fire Department and Transport ALS.
  - b. County - Local EMS and Transport ALS.
3. Initial EMS Responders
  - a. Identify type of incident (fire, tornado, auto accident, CBRNE Incident, etc.)
  - b. Determine scene safety. In the event the scene is unsafe, move to safe area and await arrival of the appropriate support agency(ies).
    1. Survey area for safe locations and access capability for follow-in transport vehicles.
    2. Assist support agencies as directed.
  - c. Estimate number of victims involved:
    1. Ambulatory
    2. Non-ambulatory
    3. Children (under age 12)
    4. Burns
  - d. Assess category of incident, **based on the number of apparent seriously injured, non-ambulatory victims** (more serious patients than walking wounded) as follows:  
  
LEVEL I - 5-10  
LEVEL II - 11-20  
LEVEL III - > 20
  - e. Notify SCCDS (9-1-1 Center) of scene safety assessment, apparent level of the incident, and confirm location and incident type. SCCDS (9-1-1 Center), in turn, will notify and provide the above information to the following agencies as needed:
    1. Appropriate Fire Departments
    2. Managing Hospital
    3. Appropriate Police Agency
    4. Local EMS and Springfield Ambulance Services
    5. Abraham Lincoln Capital Airport (for MCI trailer)
    6. OEM
    7. Coroner, as necessary.

- f. Initiate and maintain cell phone or radio contact with managing hospital. (Primary Frequency 155.340 mhz. - MERCI, Secondary Frequency 155.220 mhz. - CMED). With managing hospital direction, confirms Category of Disaster Incident. The EMS MICU phone lines are the preferred contact method.
  - g. Upon arrival of the first ALS or ILS Ambulance Unit on the scene:
    1. Review with the Senior Pre-hospital Medical Person on the scene all available information from Initial EMS Responder and Incident Commander (i.e., the number of patients, hazards, contamination, etc.).
    2. Designate the Medical Officer in Charge, if not already established, who will direct the on-site medical care of the scene.
4. On-scene medical personnel will commence triage operations:
- a. START Triage, use SMART Triage tag system.
  - b. Begin treatment as feasible:
    1. ABC'S
    2. Immobilize/package on long spine board.
    3. Support patients until they are moved from the scene.
5. Managing Hospital will:
- a. Maintain communications with EMS at scene.
  - b. Consider activation of hospital disaster plans.
  - c. Contact the other hospitals, ensure non-managing Springfield hospital is aware, and other impacted hospitals (regional hospitals will be notified as warranted), and notify them of incident. This notification can be done via the IDPH HAVBED notification. Communication between hospitals that will be receiving patients must be ongoing. STARCOM radios are the preferred method for this information. If regional hospitals are needed the following updates can be requested via HAVBED or STARCOM:
    1. Number of beds available.
    2. Number of surgery suites available.
  - d. Notify the Central Illinois Community Blood Center.
  - e. Consider activation of the Illinois Medical Emergency Response Team (IMERT) if determined necessary after consultation with the Incident Commander and the POD Hospital Coordinator.

- f. Direct distribution of patients leaving the scene for hospitals:
    - 1. The Transportation Officer will maintain cell phone or radio contact via 155.340 mhz (MERCY) with the Managing Hospital advising them of the number and types of patients that are ready for transport (e.g. 2-REDS) and the unit identification number (e.g. 3-F-00) of the transporting ambulance.
    - 2. The Managing Hospital will advise the Transportation Officer which hospital the patient should be transported to.
    - 3. Transportation Officer will advise ambulance personnel of receiving hospital and release them for transport.
    - 4. The Managing Hospital will notify the receiving hospital via STARCOM radios or telephone of the number and type of patients currently enroute to their facility. (Patient requests will not be honored during MCI, secondary transfers will be arranged after the incident is secured)
  - g. Maintain log for disposition of patients and pertinent MCI events. Securing the SMART tags from EMS and labeling them at the hospital, will assist with this process.
  - h. Assure that distribution of all medical information regarding the MCI to the Media will be in accordance with managing hospital disaster plan and will be done in coordination with the local jurisdictional Public Information Officer or Joint Information Center.
  - i. Update IDPH of situation in concert with Illinois Emergency Medical Disaster Plan, if necessary. Initial notice will be done in the HAVBED update.
  - j. Assume responsibility for conducting post incident review from the medical standpoint.
6. Other than the First-In Transport unit responsibilities
- a. Upon arrival at the Staging Area and at the request of the Transportation Officer proceed to the Triage Area and:
    - 1. Off load, as needed, long spine boards, medical supplies and/or equipment.
    - 2. As directed by the Transportation Officer, load victims into ambulances and transport based on direction of managing hospital through the Transportation Officer.
    - 3. No communication with the receiving facility in occurs as they have already received notice of the patients by managing hospital. Time during transport should focus on safe transportation and treatment, rather than communication.
    - 4. ALS Procedures should be performed under standing orders and should not delay transport of patients that are released for transport by the Transportation Officer.
  - b. At Receiving Hospital, off load patients. Pick-up empty backboards and any additional supplies needed at the scene and return to the Staging Area. This cycle continues until all patients have been transported.

## CHAPTER 2

### WHO'S IN CHARGE

#### COMMUNICATIONS, TRANSPORTATION

1. In any situation, there is always one EMT or Paramedic who is the initial EMS responder. Someone has to be the first to arrive, and success or failure of the operation depends on that individual. In a disaster situation, one always hopes it is the other person or agency that arrives first. This plan is designed to assist that individual who becomes the Medical Officer in Charge.
2. In any disaster, the first rule of order is to communicate. Communication is the key element in any efficient field operation. The primary means of communications will be by use of cellular phone. If the situation makes this impractical or impossible, then the primary radio frequency that will be used for all MCI's that occur in Springfield/Sangamon County is 155.340 - (MERICI). Secondary frequency is 155.220 - (CMED).

<b>HOSPITAL NAME</b>	<b>EMS DIGITAL LINES</b>	<b>MAIN NUMBER</b>	<b>ER</b>
Memorial Medical Center	788-3028	788-3030	788-3030
Saint John's Hospital	753-0016/753-1089	544-6464	525-5610

3. The availability of transport during MCI's can be expected to be critical. In order to facilitate response requests, enclosed are lists of those agencies capable of providing transportation and their phone numbers. When at all possible, two patients should be transported per trip to the hospital.

## TRANSPORTATION RESOURCES

### 1. Springfield Ambulance Services

- a. America Ambulance 523-3636
- b. Lifestar Ambulance 522-8831
- c. Medics First 535-0100

### 2. County Ambulance Services (See Slide 2)

- a. Auburn Ambulance Service 438-3351
- b. Pawnee Ambulance Service 625-3211
- c. Chatham Ambulance 483-2121

### 3. Outside County Ambulance Services (See Slide 2)

- a. Prairieland Ambulance Service – Virden 965-4474/4503
- b. Dunn’s Ambulance – Carlinville 854-6998
- c. Dunn’s Ambulance – Taylorville 824-6999
- d. Sutton Ambulance – Taylorville 824-2275
- e. Decatur Ambulance 428-8641
- f. Pana Ambulance 562-3300
- g. Lifestar Ambulance – Jacksonville 245-7540
- h. America Ambulance – Jacksonville 245-4455
- i. Winchester EMS 742-3733
- j. Menard Ambulance – Petersburg 632-7784
- k. Clinton Ambulance – Dr. John Warner Hospital 935-9571 x3272
- l. Logan County Paramedic Assoc. Ambulance 732-2212
- m. MECCA Ambulance – Virginia 452-7223
- n. Waverly Ambulance & Rescue 435-2341
- o. Farmersville-Waggoner 227-4121
- p. Mason County EMS – Havana 309-543-8566

### 4. Bus Companies

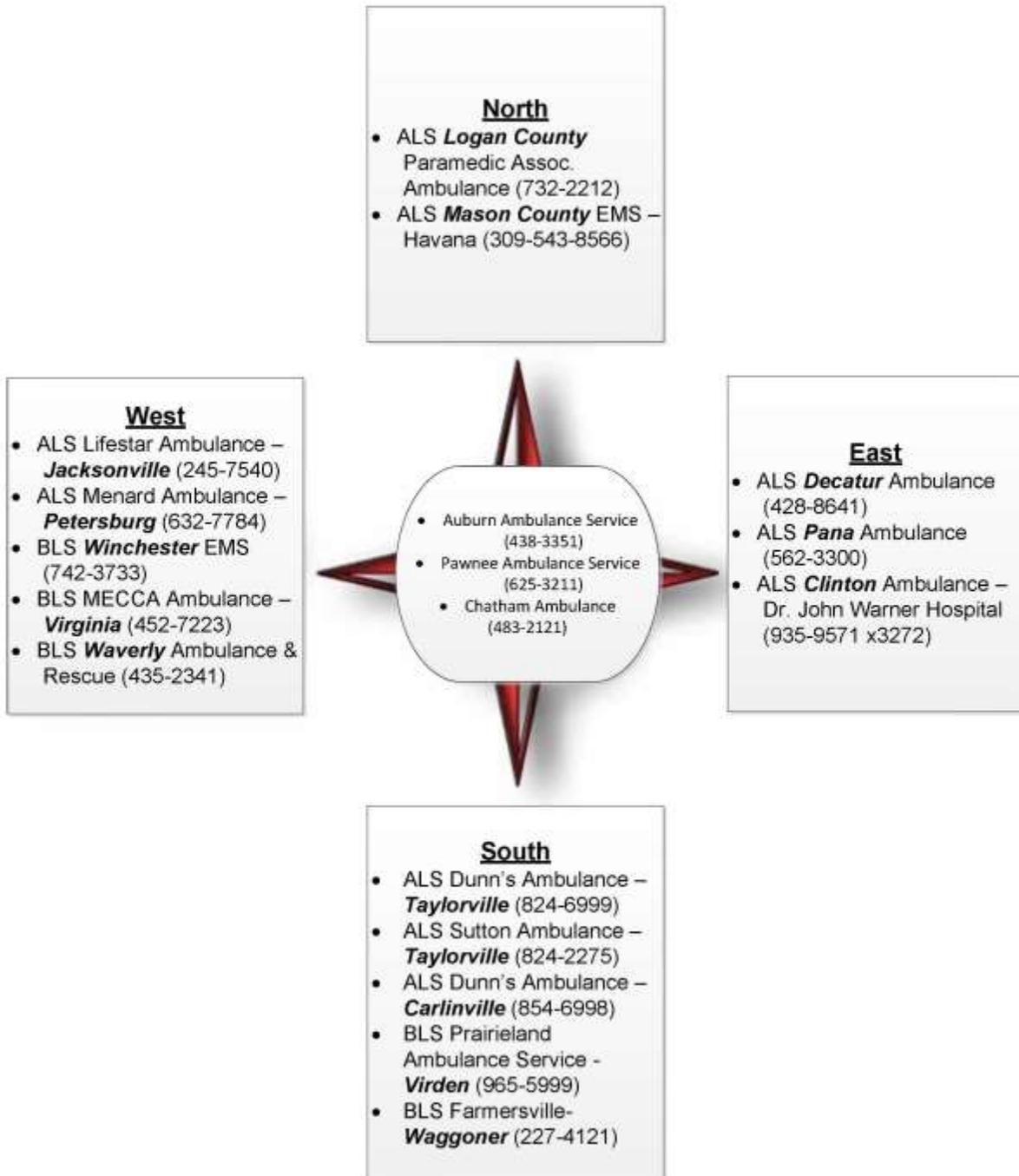
- a. Springfield Mass Transit (Contact through SCCDS) 753-6666
- b. County School Districts (Contact through OEM Office) 747-5150

### 5. Helicopters

- a. AirEvac 1-800-247-3822
- b. ARCH 1-800-325-9191
- c. Illinois Army National Guard **THROUGH IEMA**

Slide 2

Geographic Representation of Additional Ambulance Resources



## **CHAPTER 3**

### **HOSPITALS, MEDICAL RESOURCE AGENCIES**

1. A Level 1 Trauma Center will be the Managing Hospital for all Mass Casualty Incidents. Memorial Medical Center will perform this role during even numbered years and Saint John's Hospital will perform this role during the odd numbered years.
2. A trailer stocked with medical supplies is stored at Abraham Lincoln Capital Airport and is available upon request as a resource for Mass Casualty Incidents. An inventory of supplies kept on this Mass Casualty Trailer is on file with both EMS Resource Hospitals, Sangamon County OEM and Springfield Fire Department.
3. The Red Cross and Salvation Army resources and phone numbers are listed on page 14 of this Section. Resources include blankets and cots. Spiritual guidance will be provided at the scene as needed, by the Salvation Army. Canteen services can also be provided by the above upon request through the Incident Commander.
4. The most critical roles in any MCI are the Medical Officer in Charge, Triage, Treatment, Transportation and Staging Officers. The main functions and responsibilities of these individuals are found on pages 18-22 of this Section.



**HOSPITALS OUTSIDE OF SPRINGFIELD/SANGAMON COUNTY AREA**

<b>CITY</b>	<b>HOSPITAL</b>	<b>TELEPHONE</b>
Bloomington	St. Joseph Medical Center 2200 E. Washington St. (61701)	309/662-3311
Carlinville (Critical Access)	Carlinville Area Hospital 20733 N. Broad St. (62626)	217/854-3141
Decatur	St. Mary's Hospital 1800 E. Lake Shore Dr. (62644)	217/464-2966
Decatur	Decatur Memorial Hospital 230 N. Edward St. (62526)	217/877-8121
Greenville (Critical Access)	Greenville Regional Hospital 200 Healthcare Dr. (62246)	618/664-1230 (ext.3505 or 3519 for ER)
Havana (Critical Access)	Mason District Hospital 520 E. Franklin St. (62644)	309/543-4431
Hillsboro (Critical Access)	Hillsboro Area Hospital 1200 E. Tremont St. (62650)	217/532-6111
Jacksonville	Passavant Area Hospital 1600 W. Walnut St. (62650)	217/245-9541
Jerseyville	Jersey Community Hospital 400 Maple Summit Rd. (62052)	618/498-8400
Lincoln (Critical Access)	Abraham Lincoln Memorial Hospital 200 Stahlhut Dr.. (62656)	217/732-2161
Litchfield (Critical Access)	St. Francis Hospital 1215 E. Union Ave. (62056)	217/324-2191

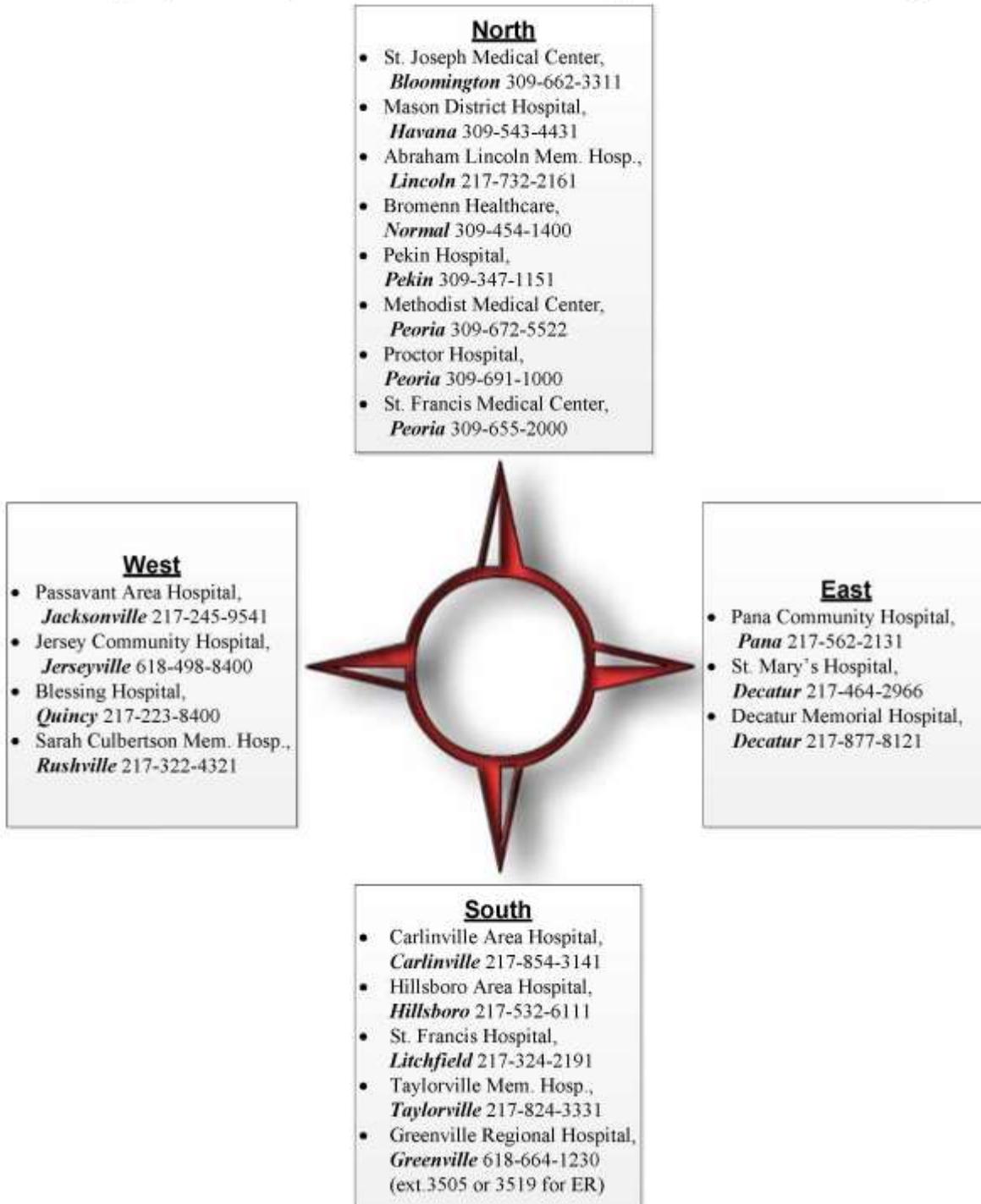
**HOSPITALS OUTSIDE OF SPRINGFIELD/SANGAMON COUNTY AREA  
- CONTINUED -**

<b>CITY</b>	<b>HOSPITAL</b>	<b>TELEPHONE</b>
Normal	Bromenn Healthcare 807 N. Main St. (61702)	309/454-1400
Pana (Critical Access)	Pana Community Hospital 101 E. Ninth St. (62557)	217/562-2131
Pekin	Pekin Hospital 600 S. 13th St. (61554)	309/347-1151
Peoria	Methodist Medical Center 221 NE Glen Oak Ave (61636)	309/672-5522
Peoria	Proctor Hospital 5409 N. Knoxville Ave. (61614)	309/691-1000
Peoria	St. Francis Medical Center 530 N.E. Glen Oak Ave. (61637)	309/655-2000
Quincy	Blessing Hospital 1100 Broadway St. (62305)	217/223-8400
Rushville (Critical Access)	Sarah D. Culbertson Memorial Hospital 238 S. Congress St. (62681)	217/322-4321
Taylorville (Critical Access)	Taylorville Memorial Hospital 201 E. Pleasant St. (62568)	217/824-3331

NOTE – See Slide 3.

Slide 3

## Geographic Representation of Hospitals for MCI Surge



## **MEDICAL OFFICER IN CHARGE**

### **DUTIES AND RESPONSIBILITIES**

1. Is identified in cooperation with the Managing Hospital and will direct the on-site medical care under the supervision of the Managing Hospital.
2. Will report to the Incident Commander.
3. Will perform or delegate (based on the size of the incident) the activities of the Triage, Treatment, Transportation and Staging Officers.
4. May appoint an On Scene Medical Supply Coordinator, if necessary.
5. May appoint a Communications Officer, if necessary to mitigate a large MCI event.

## **TRIAGE OFFICER**

### **DUTIES AND RESPONSIBILITIES**

1. The first medically qualified individual arriving at the site will normally be an EMT and will function as Triage Officer.
2. The Triage Officer will determine transport/ treatment priorities of victims within the area. This would facilitate forwarding the most critical patients to the Transportation Officer first. Re-evaluation of victims should be done every 5-15 minutes by the Triage Officer, and if necessary, delegating this task to others.
3. Paramedics, EMT personnel arriving on the scene subsequently are normally assigned to direct patient care, treatment or tagging. They will function under the direct supervision of the Triage and/ or Treatment Officer.
4. Immediate Care Treatment Area is coordinated by the Triage and/ or Treatment Officer, medical care to be provided by treatment personnel.
5. Moving and marking of bodies should be done by Mortuary Personnel, if possible.

**TREATMENT OFFICER**  
**DUTIES AND RESPONSIBILITIES**

1. The Treatment Officer is the medically trained individual who holds responsibility for the Treatment Area where care is given until transportation can be coordinated and is ready to take responsibility for delegated patients.
2. The Transportation Officer shall be appointed by the Medical Officer in Charge.
3. The Treatment Officer does not need to be higher than the level of EMT-B, but must ensure that care is not started at an ALS level by transport providers assisting in the treatment area and then reduced when patient is holding in this area.
4. The Treatment Officer ensures that triage is an ongoing process so that the most critically ill/injured patients are transported before less severe patients.
5. The Treatment Officer may be a separate person for the roles of Triage, Staging, Transportation or Medical Officer or may be combined with another position in a smaller event.

## **TRANSPORTATION OFFICER**

### **DUTIES AND RESPONSIBILITIES**

1. The Transportation Officer's main function is to establish a central collecting station by category, as directed by the Triage/ Treatment Officer. This may be separate or within the Treatment Area.
2. The Transportation Officer shall be appointed by the Medical Officer in Charge.
3. The area should be selected for optimum efficiency. This can be achieved by:
  - a. The area must be large enough to adequately handle the number of victims involved, but close to the triage area.
  - b. Site must be away from dangers such as falling debris, fire, etc.
  - c. Attempt to minimize further psychological harm by selecting sites away from morgue areas.
  - d. Areas selected should be easily accessible to transport vehicles and support personnel. Note: the best flow of traffic is maintained when vehicles pull straight up, load and then drive out.
  - e. The Transportation Officer should be in constant contact with the Staging Officer, if additional needs occur.
  - f. The Transportation Officer should be in contact with the Managing Hospital and advise them of the types of patients that are ready for transport and the unit identification number of the transporting ambulances. The managing hospital will advise the transportation officer which hospital the patient should be transported to. This is the only communication that should occur regarding patients being transported.
  - g. The Transportation Officer is to direct ambulance which patients to transport and where they are to be transported based on communication with the Managing Hospital.
  - h. During a large scale MCI a Medical Communication Officer should be named to fulfill this duty. A Medical Communications Officer should meet the same qualifications as the Transportation Officer.
  - i. The Transportation Officer should maintain a log to where individual patients are transported. This can be facilitated by collecting the 'tear off information tag' from the Triage Card and organizing in the SMART Triage binder.

## **STAGING OFFICER**

### **DUTIES AND RESPONSIBILITIES**

1. The Staging Officer's main function is to coordinate an area away from the main site in order to minimize congestion and provide resources in a timely manner when requested.
2. The Staging Officer will normally be appointed at the scene by the Incident Commander. He/She should be thoroughly familiar with radio procedures, equipment types and functions, and the county road networks.
3. There should be transportation and resource lists available to support the movement of equipment and an inventory of items on hand.
4. The site for the Staging Area should be well away from the Mass Casualty Incident site and within an area that would not be prone to subsequent damage by repercussions of the initial MCI. This area could be anywhere from one block to a mile away from the MCI site.
5. Close coordination is required in order to prevent transportation vehicles from converging on the scene in an unsystematic and uncoordinated fashion.
6. On larger scale events, the Staging Officer would be utilized to coordinate the rotation of personnel in addition to the flow of personnel and resources.

## **ON SCENE MEDICAL SUPPLY COORDINATOR**

### **DUTIES AND RESPONSIBILITIES**

1. The On Scene Medical Supply Coordinator's main function is to inventory and make available the supplies needed by the medical personnel. They will also act as the liaison between the Triage, Staging, Transportation and Primary Command Post, if necessary. This role would be an extension of the Staging Officer for large scale events.
2. The On Scene Medical Supply Coordinator will normally be appointed by the Medical Officer in Charge, if necessary.
3. The On Scene Medical Supply Coordinator should be an EMT or above.

## Simple Triage and Rapid Treatment (START)

1. The START plan (Simple Triage and Rapid Treatment) was developed by the Los Angeles County Fire Chiefs to be used in the event of a mass casualty incident (MCI). This plan allows Rescuers, EMTs and Paramedics to triage a patient at an MCI in 30 seconds or less. The plan is based on three observations of each patient:

- a. Respiration,
- b. Pulse (circulation), and
- c. Mental Status

2. START Principles:

a. The START plan utilizes the SMART Triage cards, which classifies patients into four different areas for treatment. It is a system that quickly and accurately categories victims into treatment groups. The plan is simple to learn and simple to retain. It is extremely useful in the MCI setting by maximizing the efficiency of the rescuers. The system also allows for re-triaging of patients as their conditions change.

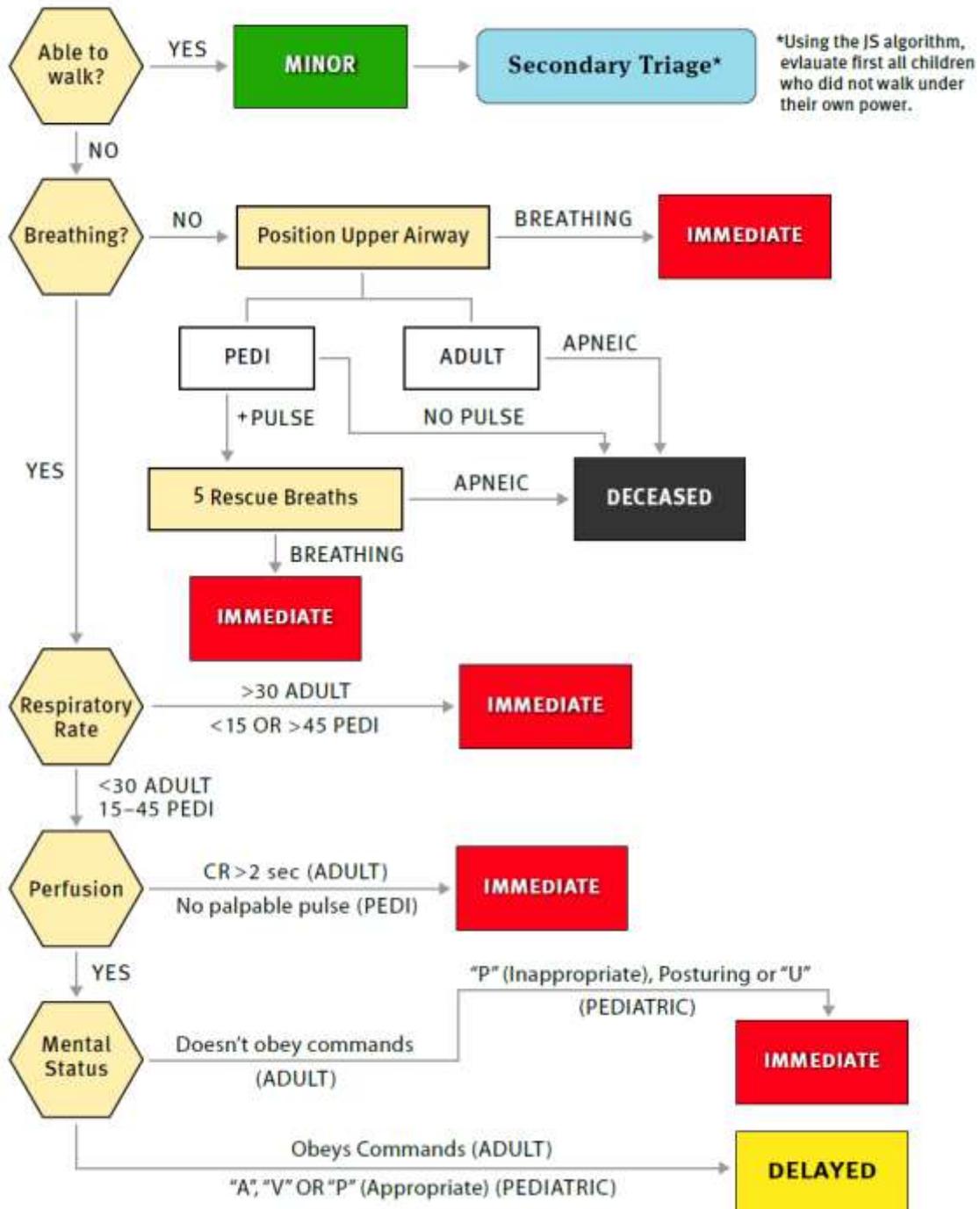
b. The Triage Team must evaluate and place the patients into one of four categories.

- Minor (GREEN) - Separate from the general group at the beginning of the triage operation. Also known as the "walking wounded". Announce **“THOSE THAT CAN WALK, STAND UP AND FOLLOW ME!”** Direct patients away from the scene to a designated safe area. These patients can assist others by controlling bleeding and assisting in airway maintenance of immediate patients.
- Delayed (YELLOW) - Any patient who does not fit into either the immediate or minor categories.
- Immediate (RED) –
  - Respirations: > 30 in adults, >45 or <15 in children.
  - Pulse: no peripheral pulse or > 2 second capillary refill.
  - Mental Status: Unable to obey commands.
- Deceased (BLACK) - No ventilations, even after repositioning.

3. START/ JumpSTART Procedures:

Slide 4

## Combined START/JumpSTART Triage Algorithm



#### 4. SMART TRIAGE TAGS

- a. Triage is an ongoing process throughout the event. The SMART Triage tag system easily allows for re-triage of patients. The Triage Tags should be folded to reflect the patient's current condition. Folding allows for easy re-triage.
- b. Additionally, documentation can be completed as time allows in the Triage, Treatment or Transportation Areas.
- c. At minimum, the tag should reflect the destination hospital assigned for the patient by the Transportation Officer and Managing Hospital.
- d. As the patient is leaving the scene, remove the tear away portion of the tag and, if not already, log patient into the SMART Triage binder. This should include at minimum:
  - Patient Destination
  - Transporting Unit
  - Additional treatment and patient information can be recorded based on time given.
- e. After patient arrival at destination hospital, tag should remain with the patient until the patient is fully entered into the electronic health record. At that time, the tag can be removed, should have a patient identification sticker attached, and collected at the charge nurse location for accountability.