

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

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Medical Director

EFFECTIVE DATE 07/01/2009

SUPERSEDES:

REVISED:

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START TRIAGE AND PATIENT TRACKING EXERCISES

I. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.151, 1797.204, 1797.220

II. PURPOSE

To establish a standard mechanism for triage and tracking patients using the START triage method and current DMS/Cal-Fire Chiefs triage tags (see Attachment A); and to establish criteria for system-wide participation in triage exercises and quality improvement process.

III. POLICY

All field and receiving hospital personnel shall participate in scheduled triage exercises as published by the EMS Agency.

IV. PROCEDURE

During scheduled triage exercises:

1. The first arriving unit (ambulance or fire) shall conduct triage during the first 30 seconds of patient contact, using standard START triage criteria (see Attachment B).
2. Triage of patients shall occur where they lie only if the area is safe. If the area is unsafe, the patient shall be moved to a safe area prior to conducting triage.
3. All patients requiring transport shall be triaged and tagged prior to transport.
4. Patient treatment shall not be delayed during scheduled triage exercises.

A. Patient Tracking

1. Transporting personnel shall note the triage tag number on the patient care record. PCRs shall be generated on all patients.
2. Receiving hospital personnel shall have a mechanism in place to:
 - a. Include the triage tag number in the patient registration process
 - b. Retrieve patient information utilizing the triage tag number
 - c. Link hospital medical record number with the triage tag number

B. Quality Improvement

1. The Base Nurse Liaison shall perform audits of all triaged patients received during an exercise, utilizing the following indicators (see Attachment C):
 - a. START was utilized
 - b. Triage tag appropriately placed on patient
 - c. Triage Category accurate and appropriate
 - d. Patient information documented
 - e. Treatment documented
 - f. Vital signs documented
 - g. Engine/Unit number present on tag (see notation on Attachment A)
 - h. Triage tag number documented on patient record
 - i. Triage tag number documented in ED medical record

2. Representatives from each participating agency shall participate in regularly schedule QI meetings regarding Triage and Patient Tracking to review QI data and make recommendations for improvement.

Attachment A

CONTAMINATED

Personal Property Receipt/ Evidence Tag *3787947*

Destination _____ *3787947*

Via _____

All Risk™ TRIAGE TAG *3787947*

S L U D G E M
Salivation Lacrimation Urination Defecation G.I. Distress Erisis Miosis

AUTO INJECTOR TYPE _____ 1 2 3

AUTO INJECTOR TYPE _____ 1 2 3

Yes	No	Primary Decon
Yes	No	Secondary Decon
Solution		
<input type="checkbox"/>	<input type="checkbox"/>	Blunt Trauma
<input type="checkbox"/>	<input type="checkbox"/>	Burn
<input type="checkbox"/>	<input type="checkbox"/>	C-Spine
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac
<input type="checkbox"/>	<input type="checkbox"/>	Crushing
<input type="checkbox"/>	<input type="checkbox"/>	Fracture
<input type="checkbox"/>	<input type="checkbox"/>	Laceration
<input type="checkbox"/>	<input type="checkbox"/>	Penetrating Injury

Age _____

Male Female

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Comments/Information

Patient's Name _____

RESPIRATIONS **R** Yes No

PERFUSION **P** + 2 Sec. - 2 Sec.

MENTAL STATUS **M** Can Do Can't Do

Move the Walking Wounded ▶ **MINOR**

No Respirations After Head Tilt ▶ **MORGUE**

Respirations - Over 30 ▶ **IMMEDIATE**

Perfusion - Capillary Refill Over 2 Seconds ▶ **IMMEDIATE**

Mental Status - Unable to Follow Simple Commands ▶ **IMMEDIATE**

Otherwise ▶ **DELAYED**

Good place for the Engine/Unit Number

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VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

MORGUE	MORGUE
3787947	*3787947*
IMMEDIATE	IMMEDIATE
3787947	*3787947*
DELAYED	DELAYED
3787947	*3787947*
MINOR	MINOR
3787947	*3787947*

MORGUE Pulseless/ Non-Breathing	MORGUE Pulseless/ Non-Breathing
IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury
DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening
MINOR Walking Wounded	MINOR Walking Wounded

EVIDENCE

EVIDENCE

CONTAMINATED

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

COMMENTS _____ RELIGIOUS PREF. _____

CONTAMINATED

EVIDENCE

EVIDENCE

CONTAMINATED

EVIDENCE

Attachment B

S.T.A.R.T. Algorithm



