

REGIONAL STANDARD OPERATING PROCEDURES

Triage Group

#: 104.01

REV: 03/2015

SCOPE: This procedure will identify the Triage Group Supervisor's responsibilities during a medical incident.

PURPOSE: The purpose of triage is to categorize patients based on the severity of their injuries, prioritize their need for treatment and transportation, and stabilize life-threatening injuries before additional resources arrive on-scene.

SAFETY: To provide a safe and effective method of tracking patients involved in a medical incident.

PROCEDURE: The purpose of triage is to categorize patients based on the severity of their injuries, prioritize their need for treatment and transportation, and stabilize life-threatening injuries before additional resources arrive on-scene.

With this in mind, extrication and triage groups should be assigned separately. This follows the *Model Procedures Guide for Emergency Medical Incidents* (National Fire Service Incident Management Systems Consortium, 1996) and clearly distinguishes between two important, though distinct functions. . . identifying patient number and severity (triage), versus victim disentanglement and removal to a treatment area (extrication).

Triage Group Responsibilities

The following items represent the standard operations that will normally be performed by the Triage Group Supervisor:

1. Determine the location, number and condition of patients.
2. Determine, in close coordination with Extrication Group, if triage will be performed in place or at the entrance to the treatment area.
3. Determine resources.
4. Assign and supervise triage teams.
5. Ensure that patient triage is based on *S.T.A.R.T.*, that life-saving emergency medical care is provided as needed, and that patients are accounted for and tagged appropriately.
6. Ensure safety and accountability of all assigned personnel.
7. Provide frequent progress reports to Command.
8. Coordinate activities with other groups or divisions.
9. When triage is complete, provide Command with a "Triage Report." Forward triage tracking slips to Command.
10. Terminate triage activities and inform Command that personnel are available for reassignment.

At smaller incidents (up to 10 patients), triage may be handled by the first arriving company officer and his/her crew.

At larger incidents (more than 10 patients), the first arriving company officer should assume Command and assign Triage to the next arriving fire company.

As a general rule, patients should be triaged and tagged before movement to a treatment area. IMMEDIATE patients are moved first, followed by DELAYED patients. However, there are instances when triage is performed away from the impact area.

Depending on the safety of the site and the arrangement of the patients, it may be necessary to triage patients at the entrance to the treatment area (example: an active shooter incident where the Rescue Task Force is implemented; see Regional SOP 104.06).

In a very large incident, it may be necessary to establish multiple triage locations. Regardless of where triage is performed, the triage process requires close coordination between the extrication and treatment group supervisors.