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The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

Attached is the updated Appendix L: TRIAGE / MODIFIED S. T. A. R. T. (Simple Triage and Rapid Treatment). Please distribute to all EMS Providers.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

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APPENDIX L

TRIAGE / MODIFIED S. T. A. R. T.

TRIAGE / MODIFIED S. T. A. R. T. (Simple Triage and Rapid Treatment)

This plan allows EMTs and Paramedics to triage patients (children and adults) at an MCI in 60 seconds or less.

It is based on four (4) observations:

1. Respirations;
2. Work of breathing,
3. Circulation; and,
4. Mental Status.

Review of MCIs and Triage

An MCI is any sudden event or situation that has produced, is believed to have produced, or experience indicates, may produce a minimum of five (5) patients.

Triage is a French word meaning to sort. Its purpose is to identify patients with life threatening injuries and give them immediate treatment and transportation.

Aim of Triage: GREATEST GOOD FOR THE GREATEST NUMBER

Principles of Modified S. T. A. R. T.

The triage plan calls for rescuers to correct immediate threats to life:

- blocked airways; and
- severe arterial bleeding.

The triage plan utilizes the Triage Tag, which classifies patients into five (5) distinct areas for treatment.

It is a system that quickly and accurately triages victims into Treatment-Transport groups.

The plan is simple to learn and retain. It is extremely useful in the MCI setting in that it maximizes the efficiency of the rescuers until additional resources arrive.

Prior to the *Modified S. T. A. R. T.* plan, triage was solely based on individual judgment. If the injury appeared serious, the patient was placed in a critical treatment area. *Modified S. T. A. R. T.* provides specific criteria for triage of patients.

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

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TRIAGE / MODIFIED S. T. A. R. T.

How Modified S. T. A. R. T. Works

The Triage Team must evaluate and place the patient's injuries into one of five categories:

<p>DECEASED (BLACK TAG):</p>	<p>ADULT: No spontaneous effective respirations present after one attempt to reposition the airway.</p> <p>CHILD: No signs of life or spontaneous effective respirations. BVM x 5. No response, then BLACK TAG.</p>
<p>IMMEDIATE (RED TAG):</p>	<p>ADULT: Respirations present only after repositioning of the airway.</p> <p>CHILD: Responds to BVM x 5.</p> <p>Applies to:</p> <ul style="list-style-type: none"> • Patients with respiratory rates greater than 30 per minute or less than 10. • Patients without a radial pulse. • Patients who fail to follow simple commands.
<p>URGENT (ORANGE TAG)</p>	<p>Applies to patients that exhibit any of the following:</p> <ul style="list-style-type: none"> • Respiratory Distress • Increased work of breathing • Labored respiration • Change in mental status • Chest pain • Tourniquet or hemostatic dressing applied and bleeding is controlled. These patients should be transported after the RED TAG patients. <ul style="list-style-type: none"> • Patients may be up-triaged to this level from GREEN and YELLOW. Patients may NOT be down-triaged. • Applies to infants less than one (1) year old if triaged by age only (vs. clinical criteria). • Other patients that may be triaged as Orange are those who, in the experience of the provider, the patient's condition suggests a need for treatment and transport that is more urgent than other patients assigned to the YELLOW and/or GREEN triage categories. • Head Trauma and Chest Trauma may be triaged as Orange based on <i>provider discretion</i>.
<p>DELAYED (YELLOW TAG):</p>	<p>Any patient who does not fit into the IMMEDIATE category or the MINOR category.</p> <p>Applies to all non-ambulatory patients that do not meet the RED or ORANGE criteria.</p>
<p>MINOR (GREEN TAG):</p>	<p>Patients who are separated from the general group at the beginning of the triage operation. These patients are also called the "walking wounded".</p> <p>These patients are directed to walk away from the scene to a designated safe area.</p> <p>These patients can also be utilized to control severe bleeding and assist in maintenance of patent airways on those "IMMEDIATE" patients who require it.</p>

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TRIAGE / MODIFIED S. T. A. R. T.

PROCEDURE

Respiratory Assessment

1. Every patient will be quickly assessed for respiratory rate, effort and adequacy.
2. If a patient is not breathing, check for foreign objects causing obstruction in the mouth. Remove dentures if they are loose.
3. Reposition the head, using cervical spine precautions if required and if this does not delay assessment.
4. If the above maneuvers do not result in effective spontaneous respirations, **TAG THE PATIENT BLACK.**
5. CHILD: No spontaneous respirations, BVM x 5.
 - No Response – BLACK TAG
 - Responds – RED TAG.
6. If the patient's respiratory rate is greater than 30 per minute **or less than 10 per minute, TAG THE PATIENT RED.**
7. Patients who have respirations less than 30 per minute are **NOT TO BE TAGGED AT THIS TIME. THEY ARE TO BE ASSESSED IN THE NEXT CATEGORY.**

Perfusion

1. Hemorrhage control techniques will be incorporated into this section. Control significant bleeding by direct pressure and elevate the lower extremities, hemostatic agent or tourniquet.
2. If life threatening hemorrhage control intervention is required with the application of a tourniquet or insertion of a hemostatic dressing, and the patient does not meet RED Tag criteria, then the patient **MUST** be triaged with an ORANGE Tag.
3. In most cases, if the radial pulse cannot be felt, the systolic blood pressure will be below 80 mmHg.
4. Utilize the "walking wounded" to assist with hemorrhage control on themselves or other patients.

Mental Status

1. An evaluation of mental status is performed on patients whose respirations and perfusion are adequate. To test mental status, the rescuer should ask the patient to follow a simple command, e.g., "open and close your eyes" or, "squeeze my hands."
2. If the patient **cannot** follow these commands, s/he is **TAGGED RED.**
3. If the patient **can** follow these commands, but is NON-AMBULATORY, s/he is **TAGGED YELLOW.**

ONLY AFTER ALL PATIENTS HAVE BEEN TRIAGED CAN PATIENTS BE TREATED. THE ABOVE TECHNIQUES SHOULD TAKE NO MORE THAN 60 SECONDS PER PATIENT.

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Triage Tags

Triage tags are completed during transportation to the hospital or in the Staging Area, if possible.

To fill out the triage tag properly, follow these instructions:

1. record time of triage
2. record the date
3. * record the name of the patient if s/he is conscious and coherent*
4. * record the home address of the patient if possible*
5. * record the home city and state of the patient if possible*
6. record other important information, i.e. medical treatment, history
7. record your shield number or EMT number on the bottom line and on the yellow corners
8. on the reverse side, record injuries on the diagram
9. record vital signs and the time taken in the indicated areas
10. paramedics will record IVs and any drugs given
11. tear off all colored areas **BELOW** the determined priority and retain
12. attach tag securely to clothing or body so that it is clearly visible

Left and right corners (Ambulance & Cross) are perforated along the lines.

1. Make sure that your shield or EMT number appears on both corners.
2. The corner marked with the **CROSS** is removed in the treatment area prior to removal to a medical facility. These should be given to the person or Supervisor in charge of the Treatment Area.
3. The corner marked with the **AMBULANCE** is to be removed prior to the actual transfer of the patient from the Treatment Area to a medical facility. It is to be retained by the crew until the end of the MCI. These are then given to the person or Supervisor in charge of the Transportation Area.
4. All the initial triage portions of the tags must be retained by the Triage Team and given to the person, or Supervisor, in charge of the Triage Team at the end of the MCI.

* **Items 3, 4, and 5 may be delayed or accomplished by others while awaiting transportation.**

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