

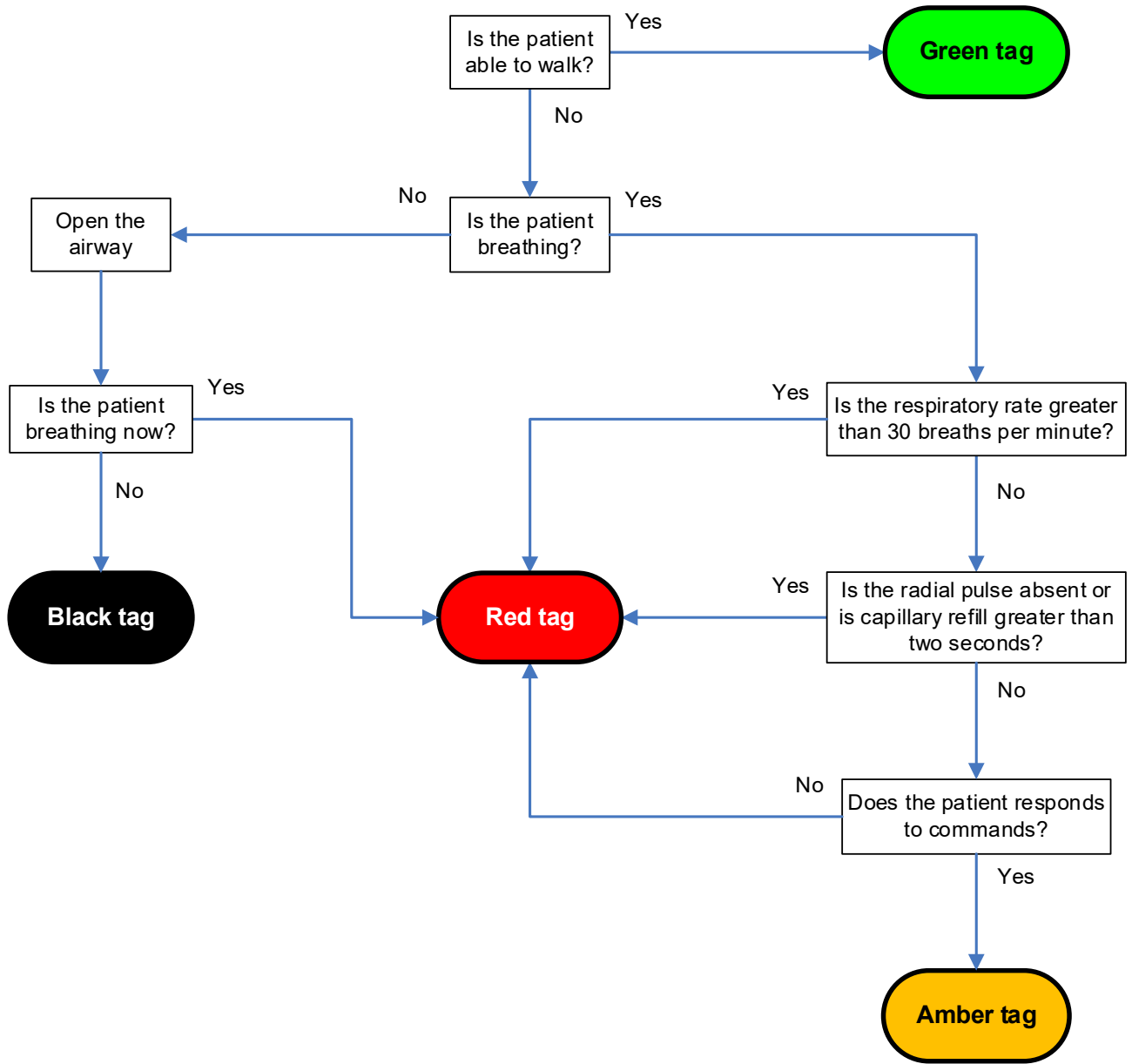
If an immediate life-threatening injury is discovered on the primary assessment, on-scene life-saving interventions and emergency transport should be initiated.



NOTES

- A mass casualty incident (MCI) is defined as any traumatic incident where the number and severity of casualties significantly exceeds the available personnel and resources currently on scene.
- Two triage tools (START and JUMPSTART) can be utilized to help the initial health care providers on the scene to rapidly sort through multiple casualties.
- The total number of casualties should be rapidly estimated and reassessed regularly, to ensure that no patients are missed.
- Perform an initial triage on all patients. Patients age ten years and older should be prioritized using the START triage algorithm (appendix A). Use the JumpSTART algorithm for patients under ten years of age or when a child's age is unknown (appendix B). A triage tag should be attached to all patients to ensure that no patients are missed.
- **RED:** These patients are given the highest priority, and should have an immediate trauma primary assessment to rapidly exclude immediate life-threatening injuries (airway obstruction, hypoxemia, exsanguinating hemorrhage, tension pneumothorax). Providers with the appropriate delegations should treat immediate life-threatening injuries on scene. These patients require emergency transport to a facility capable of providing trauma care to survive.
- **AMBER:** These patients are of intermediate priority, and should have an urgent primary assessment. Immediately life-threatening injuries should be treated on-scene as with "red" patients. These patients will require prompt treatment of their injuries. The urgency of transport will depend on findings from the primary survey. If immediate life-threatening injuries are discovered, they should be upgraded to highest transport priority.
- **GREEN:** These patients are of lower priority. They should have a primary assessment as soon as possible after the "red" and "amber" patients have been cared for. The treatment of their injuries can often be safely deferred or delayed to allow care to higher priority patients. The timing of transport will depend on the findings from the primary survey and other transport priorities.
- **BLACK:** These patients are predicted not to survive. In a MCI, patients with a chance of recovery must be given a higher priority. The priority for transport is lowest and depends upon available resources.

Appendix A:
START - Simple Triage and Rapid Treatment (age ten years & older)



Appendix B:
Jump START - Simple Triage and Rapid Treatment for Children (age ten years & older)

