

**PHOENIX REGIONAL  
STANDARD OPERATING PROCEDURES**

**TRIAGE SECTOR**

M.P. 203.02

03/00-R

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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 sectors 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 Sector Responsibilities**

The following items represent the standard operations that will normally be performed by the Triage Sector officer:

1. Determine the location, number and condition of patients.
2. Determine, in close coordination with Extrication Sector, 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 sectors.
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.

The Triage Sector Officer should wear a sector vest for identification purposes.

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.

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 sector officers.

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Triage tagging should be completed in accordance with procedures established in Volume 12 (“Triage Tagging”).

### **Triage Report**

Triage should be completed using the “Arizona Triage System.” These red fanny packs are located on all fire apparatus. Once the triage crew(s) has tagged and labeled all patients, they should forward their tracking slips to the Triage Officer.

The Triage Sector Officer arranges the tracking slips to determine the number of patients and their condition. The Triage Sector Officer then radios Command with a “Triage Report.” The Triage Report includes the number of patients and their classification. For example, a Triage Report at a two-vehicle collision may sound like: *“Triage to Command. Triage is complete. We have 9 total patients: 2 IMMEDIATES, 3 DELAYED and 4 MINORS.”*

A Triage Report signifies that initial triage has been completed on the incident using the *S.T.A.R.T.* criteria. It communicates to all responding crews the size of the major medical incident. It also provides Command with essential information regarding decisions to call for additional resources or to scale back the response. Once triage is complete, Command may reassign triage crews to other functions.