

**PHOENIX REGIONAL
STANDARD OPERATING PROCEDURES**

TRIAGE SECTOR

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PURPOSE

The purpose of triage is to identify the number of patients, categorize them based on the severity of their injuries, prioritize their need for treatment and transportation needs, and stabilize life-threatening injuries until additional resources arrive on the scene.

POLICY

Triage can be used on any sized incident at the discretion of the incident commander. If the number of immediate patients exceeds the available resources for appropriate treatment, Rapid Assessment of Mental status and Pulse (RAMP) triage should be implemented to sort the patients. If either Command or Triage Sector determines the need for RAMP, emergency traffic should be declared so that all responding and on-scene units know RAMP is being utilized.

Triage, extrication, treatment, and transportation sectors can be assigned separately, which clearly distinguishes between 4 important distinct functions. Each sector can be assigned as needed based on the incident:

1. **Triage:** Identifying patient number and severity.
2. **Extrication:** Victim disentanglement and removal to a treatment area.
3. **Treatment:** Assess, treat, and prepare for hospital transport.
4. **Transportation:** Continued treatment and care through emergency transport to the hospital.

Triage Sector Responsibilities

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

1. Determine the location, number, and condition of patients.
2. Request additional resources from Command based on patient needs.
3. When triage is complete, provide Command with a "Triage Report". A Triage Report should include the number of immediate and delayed patients.
4. Determine, in close coordination with Extrication Sector, if triage will be performed in place or at the entrance to the treatment area and communicate the plan to command.
5. Assign and supervise triage teams.
6. Conduct patient triage based on RAMP triage, ensuring that life-saving emergency medical care is provided as needed (i.e., placing tourniquets), and that patients are accounted for with triage tape appropriately (right arm).
7. Provide frequent progress reports to Command.
8. Coordinate activities with other sectors. (extrication, treatment, transportation)
9. Terminate triage activities and inform Command that personnel are available for reassignment.

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As a general rule, patients should be triaged and tagged with triage tape before being moved to a treatment area. IMMEDIATE patients are moved first, followed by DELAYED patients. Dead/Dying patients should be reassessed as more resources become available. If not breathing after lifesaving interventions, they are considered dead and can be left in place. If there is an immediate threat to the patients or responders, triage can be performed after the patients are moved to a safe area. If already triaged, Dead/Dying patients should be left in place and resources should move more viable patients to a safe location. Dead/Dying patients should be reassessed once the threat is mitigated, and responders can safely reenter the 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.

Triage Report

Once triage is complete, the Triage Sector Officer then radios Command with a Triage Report. The Triage Report includes the number of patients, their classification, and any pertinent information (pediatric/adult, burns, chemical exposure, etc.). For example, a Triage Report at a multi-vehicle collision may sound like: "*Triage to Command. Triage is complete. We have 13 total patients: 6 IMMEDIATES, 4 pediatric and 2 Adults, 3 DELAYED, and 4 MINOR INJURIES.*" After the Triage Report, the TRO will update all responding crews the size of the incident. Completion of triage is an EMS tactical benchmark and will be tracked by the dispatch center.

Triage 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.

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RAMP Triage

RAMP Triage

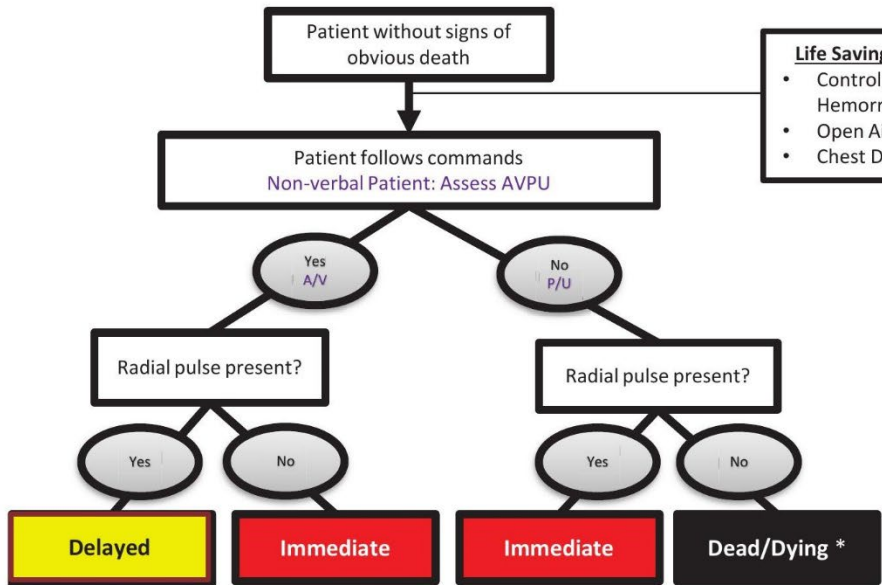
Establish Priority for Treatment and Evacuation with
Rapid Assessment of Mental Status and Pulse (RAMP)

A	Alert	Y
V	Verbal	
P	Painful	N
U	Unresponsive	

All others
INA = Involved;
Needs Assessment

May not have
apparent injury, but
need assessment

Assess Last



- Life Saving Interventions**
- Control Massive Hemorrhaging
 - Open Airway
 - Chest Decompression

*These patients should be reassessed as more resources become available. If not breathing after life-saving interventions, they are considered dead.