Mass Casualty Triage and Incident Command

START, JumpSTART, SALT, the 2021 field triage guideline, ICS and EMS MCI roles, hazmat zones, PPE, decon and refusal, for EMT, paramedic and CEN

Medic Basics
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START AND JUMPSTART

CHECK	START (ADULT)	JUMPSTART (LOOKS <8 Y)
Walks	Minor (green)	Minor (green)
Apneic	Open airway: breathes = Immediate; else Dead/expectant (black)	Open airway; pulse: 5 breaths. Breathes = Immediate; else Dead/expectant
Resp rate	>30 = Immediate	<15 or >45 = Immediate
Perfusion	No radial pulse or refill >2 s = Immediate	No palpable peripheral pulse = Immediate
Mental status	Cannot follow simple commands = Immediate	U, or inappropriate P (e.g., posturing) = Immediate
Passes all	Delayed (yellow)	Delayed (yellow)

- START interventions: open airway, control major bleeding only
- JumpSTART: withdrawing from pain is appropriate (Delayed)
- Child unable to walk at baseline: passes all, no significant external injury = Minor (green)

EXAM TIP Memory aid: 30-2-can do. Children get rescue breaths because they usually arrest from hypoxia.

SALT

1. Sort: still or obvious life threat first, then wavers, walkers last
2. Lifesaving interventions within scope: bleeding control, open airway (child: 2 breaths), chest decompression, antidote autoinjector
3. Not breathing after airway opened = Dead (black)
4. Check: obeys or moves purposefully, peripheral pulse, no respiratory distress, bleeding controlled
5. All yes: Minimal (green) if minor injuries only, else Delayed (yellow)
6. Any no: Immediate (red) if likely to survive with current resources, else Expectant (grey)

EXAM TIP SALT meets the Model Uniform Core Criteria and splits expectant (grey) from dead (black). Lightning: resuscitate those in arrest first (reverse triage).

FIELD TRIAGE GUIDELINE (2021)

Summary for 9-1-1 trauma destination, not MCIs; see the full ACS algorithm.

Red, to the highest-level trauma center:

- Penetrating head, neck, torso or proximal limb
- Skull deformity, new spinal deficit, unstable chest wall, pelvic fracture
- 2+ proximal long-bone fractures; crushed, degloved, mangled, pulseless or amputated limb (above wrist/ankle)
- Bleeding needing a tourniquet or wound packing

AGE	RED GCS AND VITALS
All	Motor GCS <6; RR <10 or >29
All	Respiratory distress or support; room-air SpO_2 <90%
0–9 y	SBP <70 + (2 × age)
10–64 y	SBP <90 or HR > SBP
≥65 y	SBP <110 or HR > SBP

Red children: pediatric-capable center preferred. Extremis (unstable airway, severe shock, traumatic arrest): closest hospital may stabilize first.

Yellow, to a trauma center:

- Crash: ejection, significant intrusion, extrication, death in passenger compartment, child 0–9 y unrestrained or in unsecured seat
- Rider separated with significant impact; pedestrian or cyclist thrown, run over or with significant impact; fall >10 ft
- EMS judgment: anticoagulants, pregnancy >20 wk, burns with trauma, suspected child abuse, high-resource needs, low fall with head strike (≤5 or ≥65 y)

INCIDENT COMMAND AND MCI ROLES

First unit: establish command, size up (hazards, secondary devices), request resources, then triage.

ROLE	JOB
Incident Commander	Sets objectives; holds all unassigned roles
Command staff	PIO (media), Safety (stops unsafe acts), Liaison (agencies)
Operations	Tactical work, including EMS
Planning	Status tracking; action plan
Logistics	Supplies, facilities, radios, responder medical care
Finance/Admin	Time, costs, contracts, claims

EMS ROLE	JOB
Triage	Sorts and tags; only built-in interventions
Treatment	Runs red, yellow and green areas; re-triages
Transport	Assigns ambulances and hospitals; tracks patients
Staging	Holds arriving units until assigned

- Transport immediate first (torso or junctional bleeding, temporized), then delayed; minimal last
- Unified Command when agencies share authority; plain language, no codes
- Span of control: 1:5 optimal (NIMS); many texts give 3–7
- Strike team: like resources, one leader. Task force: mixed resources, one mission

SAFETY Stage until the scene is safe; keep reassessing as it changes.

HAZMAT ZONES, PPE AND DECON

ZONE	PURPOSE	WHO
Hot	Contaminant present	Trained entry team, often Level A
Warm	Decon corridor, upwind and uphill of hot	Decon team in PPE
Cold	Command, staging, care after decon	EMS; usually no special PPE

- Stay upwind and uphill; look up the placard's UN number in the ERG
- PPE: A encapsulating suit + SCBA; B splash suit + SCBA; C splash suit + air-purifying respirator; D work clothes
- Disrobe first and fast: benefit drops about 20% every 10 min
- Dry decon (blot, then rub) unless powder or caustic; ladder pipe 15–30 s, not longer (wash-in)

SAFETY Many victims reach the ED before any decon, so EDs decon before entry. Warn hospitals early; decon before loading the ambulance.

DOCUMENTATION AND REFUSAL

Track MCI patients by numbered triage tag.

- Refusal needs capacity: oriented, grasps the risks, unimpaired by injury, illness, drugs or alcohol
- Suicide attempt or stated intent: cannot refuse
- Unsure of capacity: contact medical direction
- Document risks explained, patient's words, who stays with them
- Minors: implied consent for emergencies when no guardian is reachable

SAFETY Never risk your safety to force care; request law enforcement. Follow your agency's protocols (ED: your institution's AMA policy).

Sources (17) are listed with links at medicbasics.com/sheets/mci-triage.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. Medic Basics is an independent study aid not affiliated with any certifying body.