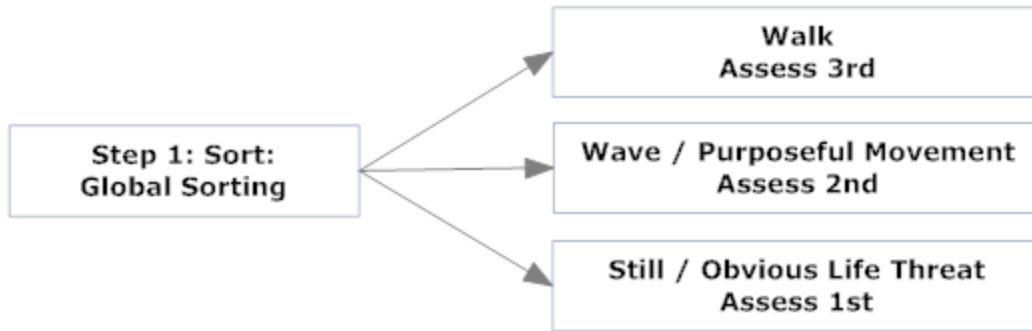


# SALT Mass Casualty Triage Algorithm (Sort, Assess, Lifesaving Interventions, Treatment/Transport)

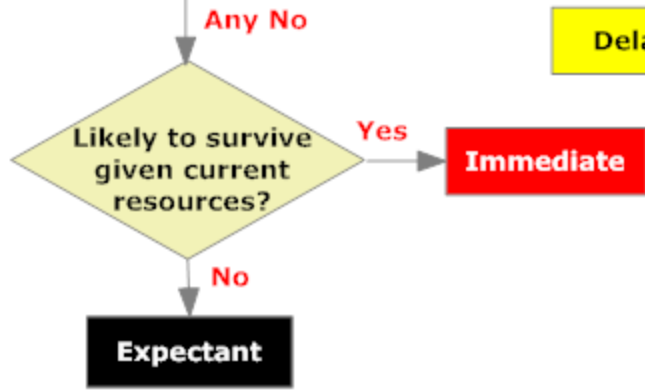


Step 2 - Assess: Individual Assessment

- Lifesaving Interventions:
- Control major hemorrhage
  - Open airway (if child consider 2 rescue breaths)
  - Chest decompression
  - Auto injector antidotes



- Obeys commands or makes purposeful movements?
- Has peripheral pulse?
- Not in respiratory distress?
- Major hemorrhage is controlled?



Adapted from: [SALT mass casualty triage: concept endorsed by the American College of Emergency Physicians, American College of Surgeons Committee on Trauma, American Trauma Society, National Association of EMS Physicians, National Disaster Life Support Education Consortium, and State and Territorial Injury Prevention Directors Association](#). Disaster Med Public Health Prep. 2008

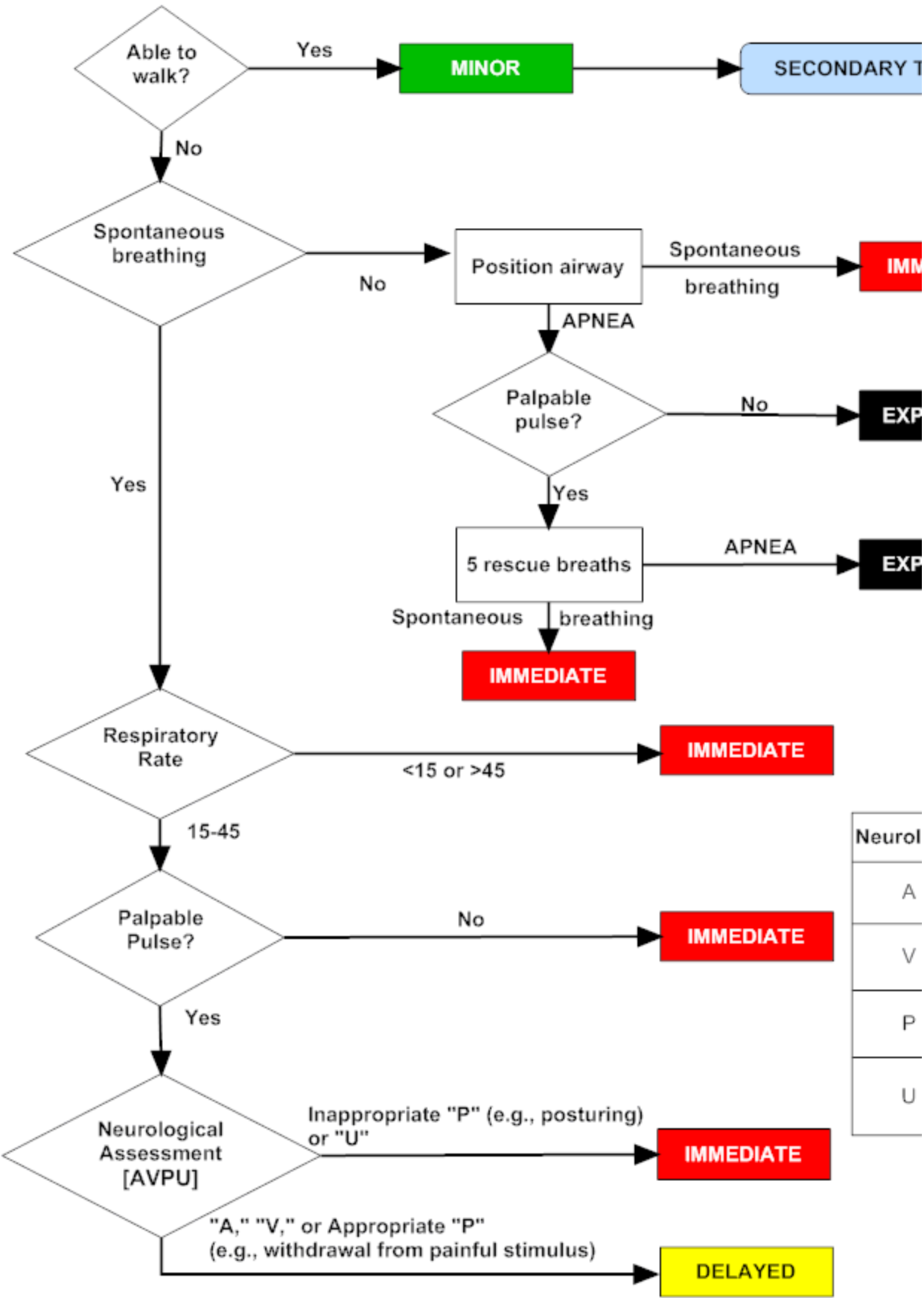
Dec;2(4):245-6. [PubMed Citation]

## JumpSTART Pediatric Triage Algorithm

- [JumpSTART pediatric triage algorithm - Illustration](#)
- [Background information](#)

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# JumpSTART Pediatric Multiple Casualty Incident Triage



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## Background information

- JumpSTART, a pediatric version of [START](#), was developed at the Miami, Florida Children's Hospital in 1995 by Dr. Lou Romig. <sup>1</sup>
- A modification was published in 2001. <sup>2</sup>
- Formal scientific review of the efficacy of JumpStart has been limited. <sup>3,4</sup>
- JumpSTART is probably the most commonly used pediatric mass casualty triage algorithm in the US.

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## References

1. [JumpSTART](#) (Team Life Support, Inc., Commercial web site, no endorsement implied)
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3. Wallis LA, Carley S. [Comparison of paediatric major incident primary triage tools](#). Emerg Med J. 2006 Jun; 23(6): 475-8 [PubMed Citation]
4. Sanddal TL, Loyacono T, Sanddal ND. [Effect of JumpSTART training on immediate and short-term pediatric triage performance](#). Pediatr Emerg Care 2004; 20:749-753. [PubMed Citation]

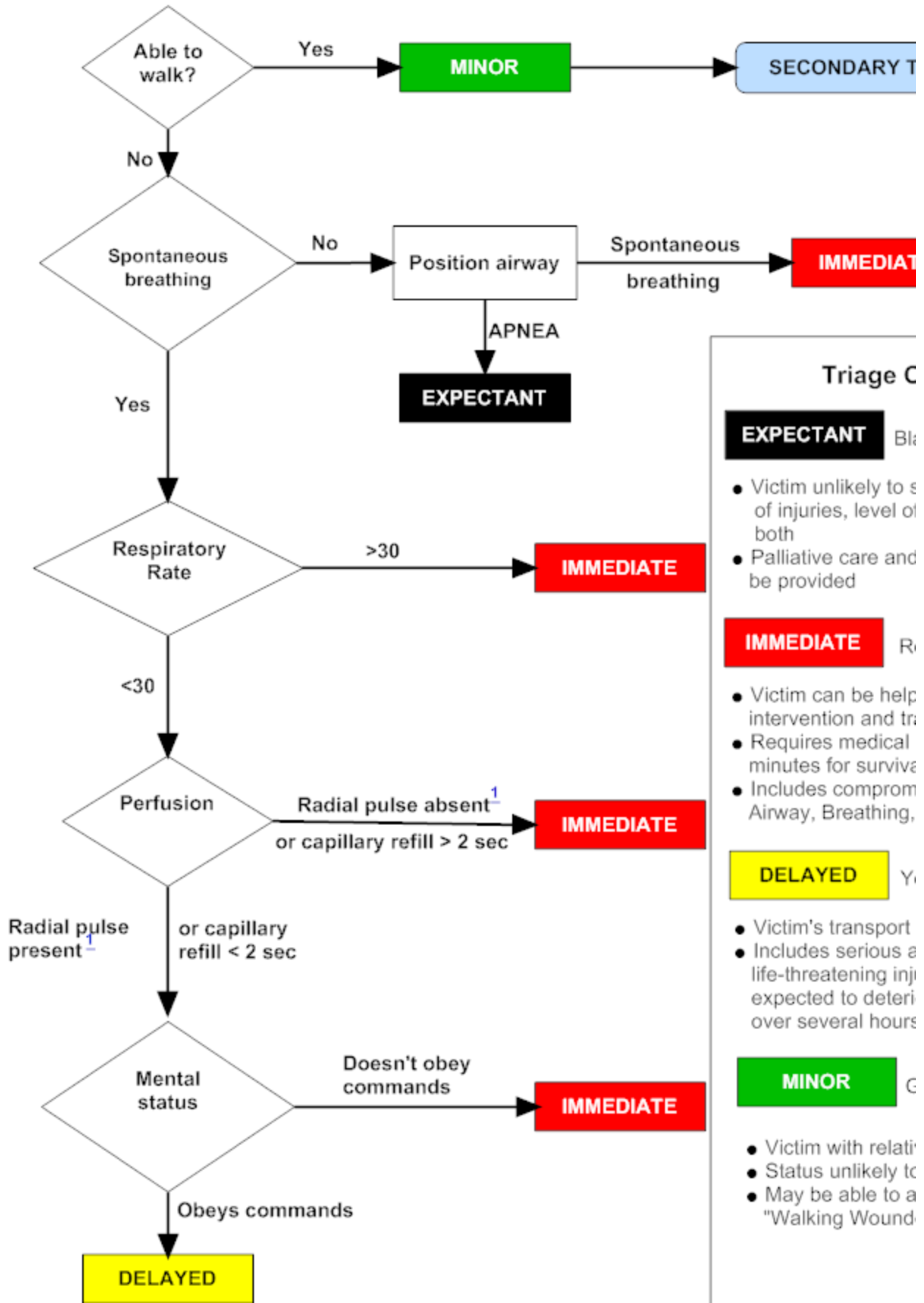
**You are here:** [Home](#) > [Triage Guidelines](#) > START Adult Triage Algorithm

## START Adult Triage Algorithm

- [START adult triage algorithm - Illustration](#)
- [Background information](#)

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**START Adult Triage**



**Triage Categories**

**EXPECTANT** (Black box)

- Victim unlikely to survive due to extent of injuries, level of injuries
- Palliative care and comfort measures should be provided

**IMMEDIATE** (Red box)

- Victim can be helped with prompt intervention and triage
- Requires medical attention within minutes for survival
- Includes compromised Airway, Breathing, Circulation

**DELAYED** (Yellow box)

- Victim's transport and treatment can be delayed
- Includes serious and life-threatening injuries that are not expected to deteriorate over several hours

**MINOR** (Green box)

- Victim with relatively minor injuries
- Status unlikely to deteriorate
- May be able to walk to a "Walking Wound" area

## Background information

- START was developed by the Newport Beach Fire and Marine Department and Hoag Hospital in Newport Beach, California in 1983. <sup>2</sup>
- Initially it used the ability to obey commands, respiratory rate, and capillary refill to assign triage category.
- Modifications to START in 1996 by [Benson et. al.](#) substituted radial pulse for capillary refill, with a report of improved accuracy, especially in cold temperature. <sup>1</sup>
- The Benson revision (START - SAVE [Secondary Assessment of Victim Endpoint]), also incorporates additional factors that determine "survivability" over time as the event progresses and assumes limited response resources. <sup>1</sup>
- There has been limited rigorous scientific review of various forms of mass casualty incident triage used around the world. <sup>1,4-6</sup>
- New methods of triage using new algorithms have been proposed, but not tested in the field <sup>5,6</sup>
- At present START remains the most commonly used mass casualty triage algorithm in the US.
- See [Other Primary Mass Casualty Triage Systems](#)

## References

1. Benson M, Koenig KL, Schultz CH. [Disaster triage: START, then SAVE-a new method of dynamic triage for victims of a catastrophic earthquake](#). Prehospital Disaster Med. 1996; Apr-Jun; 11(2): 117-24 [PubMed Citation]
2. [START Support Services](#) (Newport Beach, CA Fire Department, Commercial site, no endorsement implied)
3. [Alternative version of START algorithm](#) (Critical Illness & Trauma Foundation, Inc., 2001)

4. Garner A, Lee A, Harrison K, Schultz CH. [Comparative analysis of multiple-casualty incident triage algorithms](#). Ann Emerg Med, 2001;38:541-548. [PubMed Citation]
5. Jenkins JL, McCarthy ML, Sauer LM, et al. [Mass-casualty triage: time for an evidence-based approach](#). Prehosp Disaster Med, 2008;23:3-8 [PubMed Citation]
6. Cone DC, Koenig KL. [Mass casualty triage in the chemical, biological, radiological, or nuclear environment](#). Eur J Emerg Med 2005; 12:287-302 [PubMed Citation]
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10. [SALT Mass Casualty triage: concept endorsed by the American College of Emergency Physicians, American College of Surgeons Committee on Trauma, American Trauma Society, National Association of EMS Physicians, National Disaster Life Support Education Consortium, and State and Territorial Injury Prevention Directors Association](#). Disaster Med and Public Health Preparedness, 2008;2(4)245-246. [PubMed Citation]