

**PHOENIX REGIONAL  
STANDARD OPERATING PROCEDURES**

**TRIAGE SECTOR**

**M.P. 203.02      05/26-R      Page 1 of 3**

**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. Rapid Assessment of Mental Status and Pulse (RAMP) triage can be applied during any incident to cultivate routine use and make it a conditioned response in critical incidents. When the number of patients exceeds the available resources for appropriate treatment, RAMP triage should be implemented to sort the patients. During these incidents, when either Command or Triage Sector determines the need for RAMP, a declaration on the radio to AHQ or Command should be transmitted 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, Delayed, Dead/Dying, and Involved Needs Assessment (INA) patients..
4. Perform triage in place when possible. However, if triage cannot be performed in place due to potential dangerous or hazardous conditions, Triage Sector should coordinate with Extrication Sector to bring patients to the entrance to the treatment area for triage. This plan must be communicated to Command.
5. The Triage Sector Officer will supervise and direct additional units assigned to the sector when additional units are needed due to the number of patients and/or size and scope of the incident.
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.

**PHOENIX REGIONAL  
STANDARD OPERATING PROCEDURES**

**TRIAGE SECTOR**

**M.P. 203.02      05/26-R      Page 2 of 3**

8. Coordinate activities with other sectors. (extrication, treatment, transportation)
9. Terminate triage activities and inform Command that personnel are available for reassignment.

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. The Triage Sector Officer should manage triage locations and communicate effectively with Extrication and Treatment Sector Officers on the movement of patients.

**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 INA."* 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.

**PHOENIX REGIONAL  
STANDARD OPERATING PROCEDURES**

**TRIAGE SECTOR**

M.P. 203.02      05/26-R      Page 3 of 3

**RAMP Triage**

# RAMP Triage

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

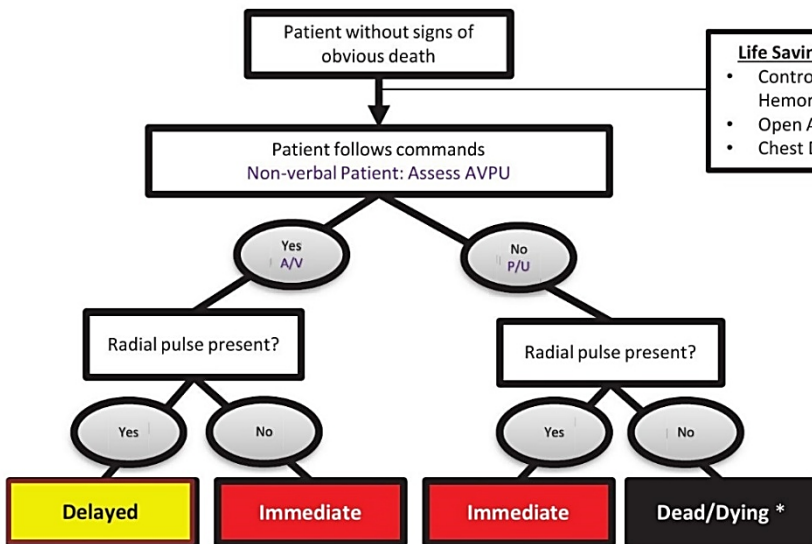
A	Alert	Y
V	Verbal	

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.