



Maryland Triage System

Tag, START, and JumpSTART



Enabling Objectives

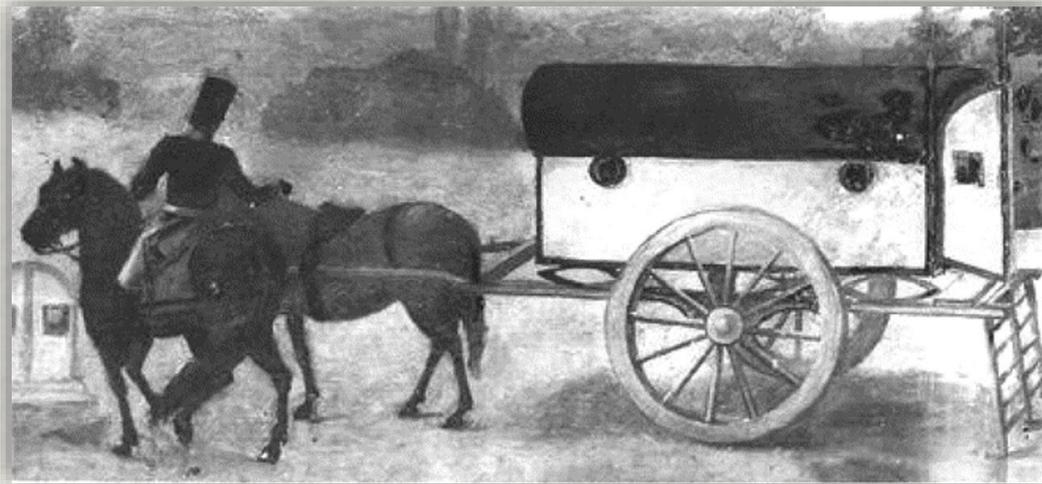
Upon completion of this training the participant will be able to:

- **Define TRIAGE and explain when it is appropriate for use**
- **List three reasons a patient triage and tracking system is required for successful operations**
- **Categorize the Triage status of patients utilizing the START and JumpSTART Triage Systems**
- **Explain the design and use of paper Triage Tags**
- **Identify five capabilities of the paper Maryland Triage Tags**



Triage

The sorting of and allocation of treatment to patients and especially battle and disaster victims according to a system of priorities designed to maximize the number of survivors
(from the French *trier*, to sort)
(Merriam-Webster)



Developed by Baron Dominique-Jean Larrey, Napoleon's Chief Surgeon, for use by the first ambulance corps—the *ambulances volantes*—during the early 1800s

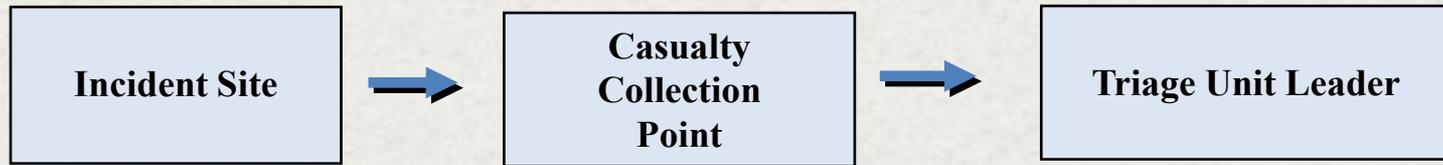


Why Triage and Tag?

- **Sorting of patients to provide for the survival of the most patients**
- **Assignment of resources in the most efficient method**
- **Most severe survivable injuries receive rapid treatment**
- **Accountability of patients**
- **Family reunification**



Triage: A rapid approach to prioritizing a large number of patients



Simple Triage And Rapid Treatment

JumpSTART



Triage

- Triage should be performed **RAPIDLY**
- Utilize **START/ JumpSTART** Triage to determine priority
- 30–60 seconds per patient
- Affix tag on left upper arm or leg



START – **JumpSTART Triage**

- Clear the “**walking wounded**” with verbal instruction:

If you can hear me and you can move, walk to...

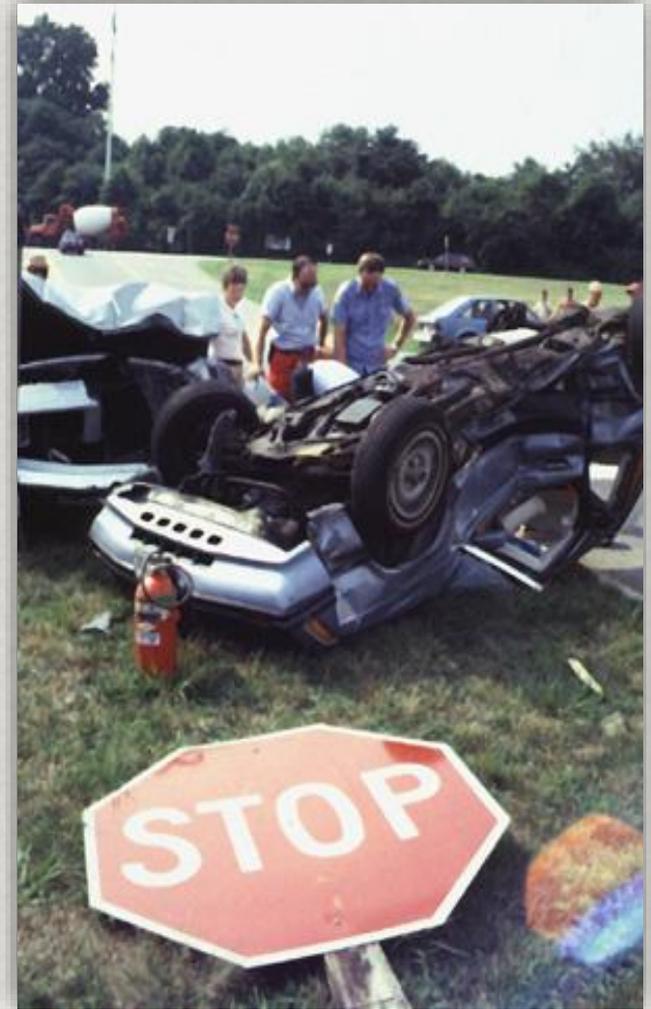
- Direct patients to the **casualty collection point (CCP)** or treatment area for detailed assessment and medical care
- Assign a Green Minor Manager to the area to control patients and manage area
- Tag will be issued at the CCP
- These patients may be classified as **MINOR**



START/JumpSTART

Now use **START/JumpSTART** to assess and categorize the remaining patients...

USE COLORED RIBBONS
ONLY



START/JumpSTART

Categorize the patients by assessing each patient's ***RPMs...***

✓ **R**espirations

✓ **P**ulse/perfusion

✓ **M**ental Status



START/JumpSTART—RPM

RESPIRATIONS

Is the patient breathing?

Yes

Adult – respirations > 30 = **Red/Immediate**

Pediatric – respirations < 15 or > 45 = **Red/Immediate**

Adult – respirations < 30 = check perfusion

Pediatric – respirations > 15 and < 45 = check perfusion



START/JumpSTART—RPM

RESPIRATIONS

Is the patient breathing?

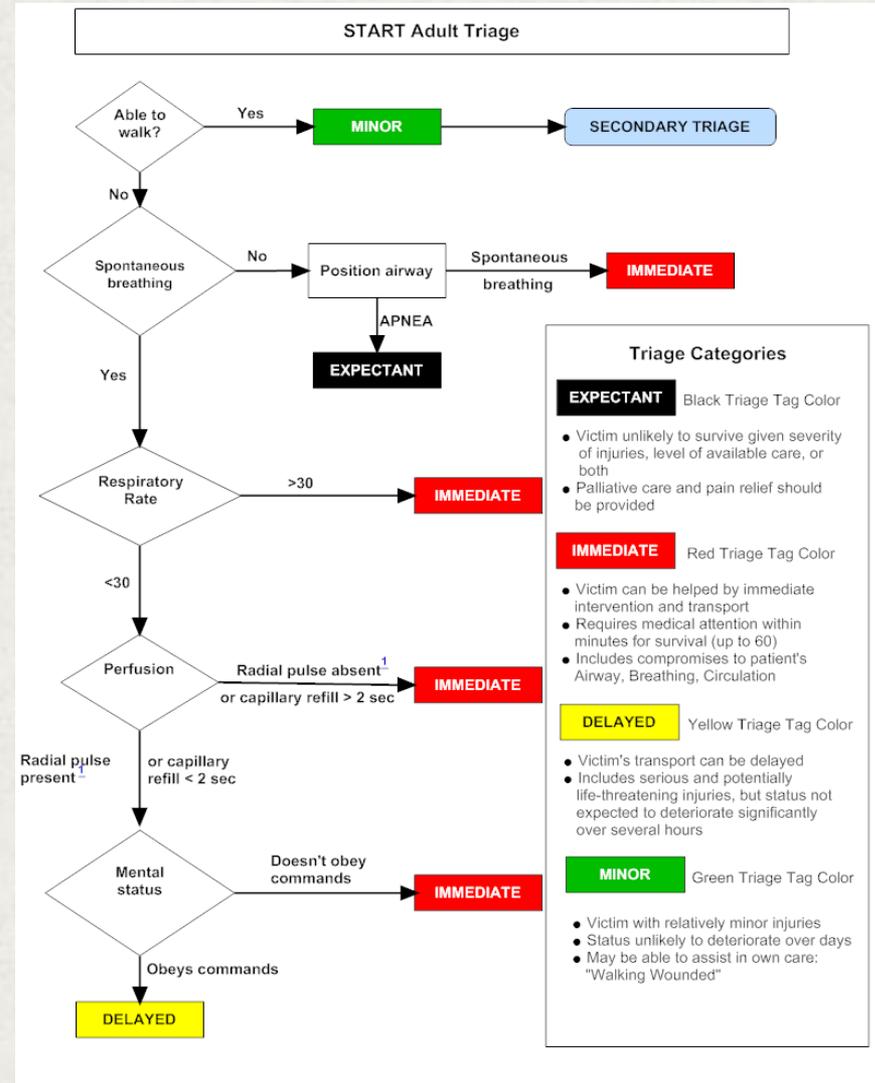
No

Reposition the airway...

Respirations begin = **IMMEDIATE/RED**

If patient is **APNEIC**

- Adult – deceased = BLACK
- Pediatric: Pulse Present – give 5 rescue breaths
 - respirations begin = **IMMEDIATE/RED**
 - absent respirations – deceased = BLACK



START/JumpSTART—RPM

PULSE/PERFUSION

Is the **RADIAL** pulse present?

Is capillary refill (CR) **LESS** than < 2 seconds?

Yes

Check mental status

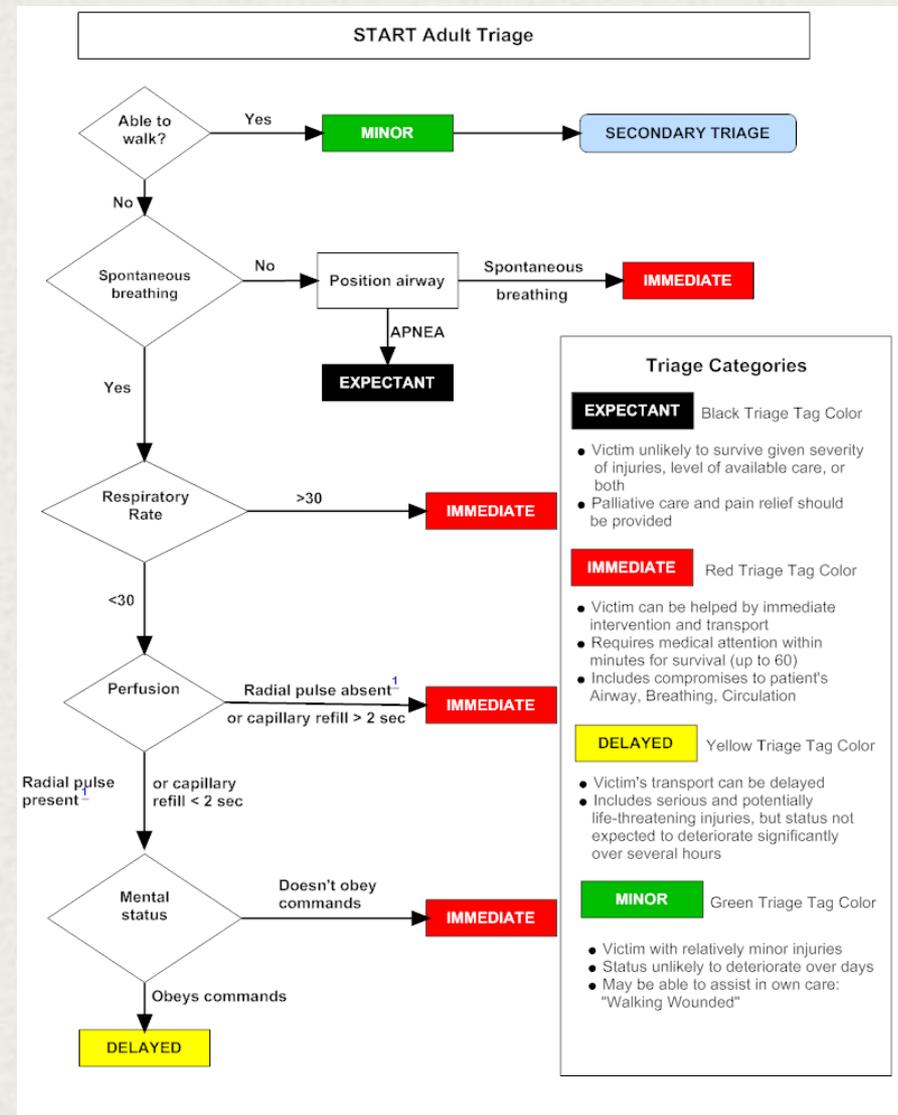
No

Adult: Pulse absent or
CR > 2 seconds patient

= **IMMEDIATE/RED**

Pediatric: No palpable
pulse patient =

IMMEDIATE/RED



START/JumpSTART—RPM

MENTAL STATUS...

Can the patient follow simple commands?

Yes

Adult = DELAYED / YELLOW

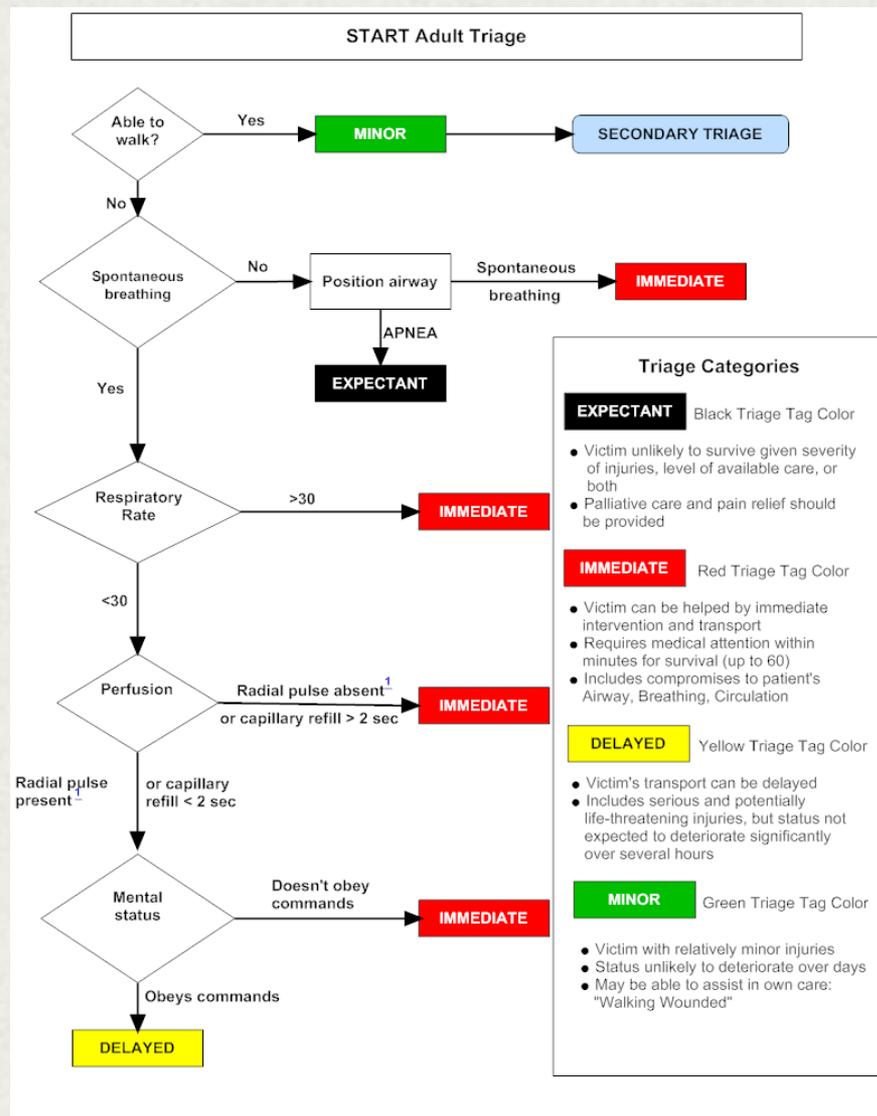
Pediatric: alert, verbal, or pain response is appropriate

= DELAYED / YELLOW

No

Adult = IMMEDIATE / RED

Pediatric – “P” pain causes inappropriate posturing or “U” unresponsive to noxious stimuli = IMMEDIATE / RED



START/JumpSTART

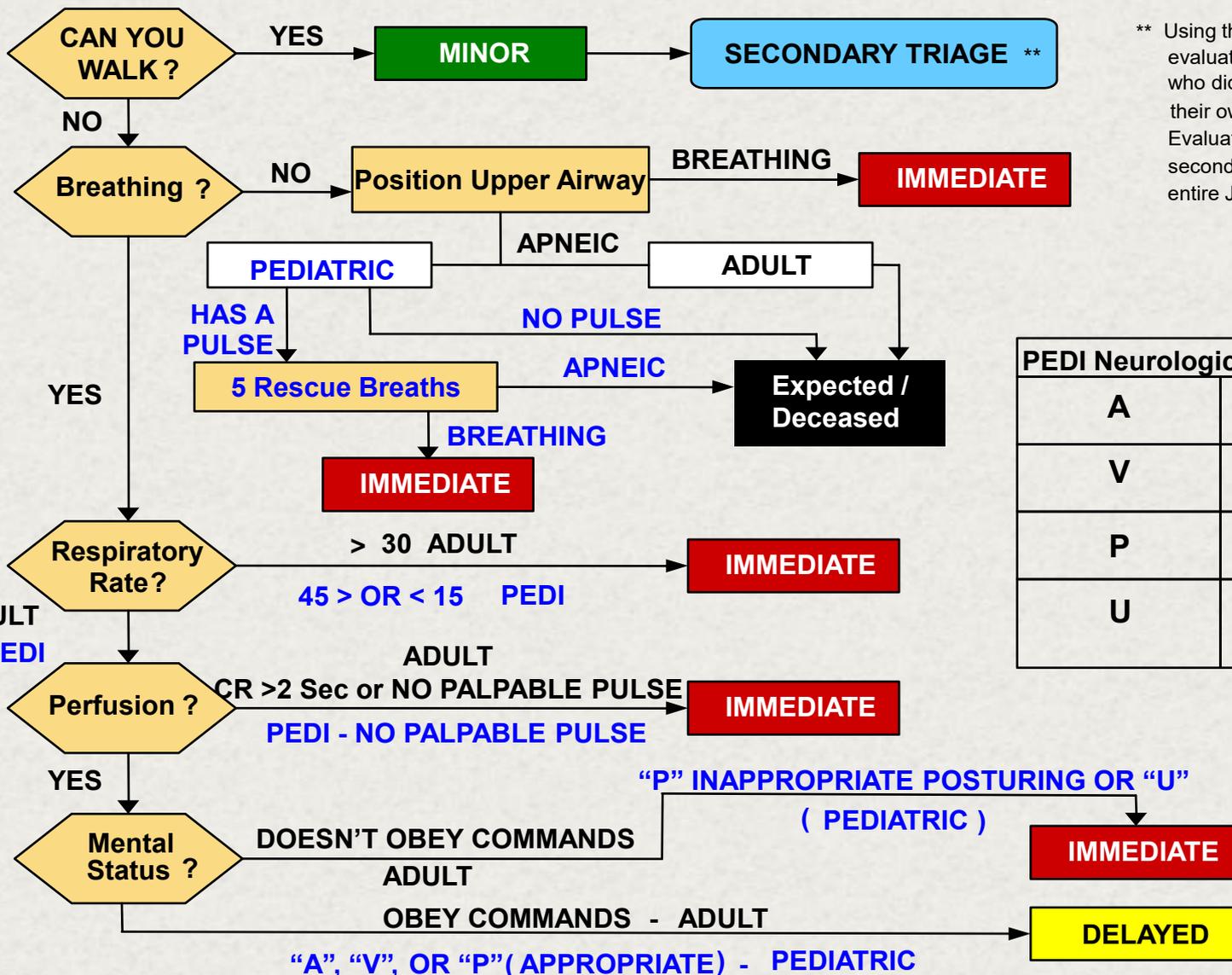
If the patient is **IMMEDIATE/RED** upon initial assessment...then, before moving the patient to the treatment area, attempt only life-saving interventions:

Airway, Needle Decompression, Tourniquet, Antidote

DO NOT ATTEMPT ANY OTHER
TREATMENT AT THIS TIME



Combined START/JumpSTART Triage



** Using the JS algorithm evaluate all children first who did not walk under their own power. Evaluate infants first in secondary triage using entire JS algorithm !

PEDI Neurological Assessment	
A	Alert
V	Responds to Verbal Stimuli
P	Responds to Painful Stimuli
U	Unresponsive To Noxious Stimuli

Fast Triage – Ribbon Applied First



Apply ribbon to upper arm or upper thigh



RED Triage Category (Immediate)

Adult

Respirations > 30 BPM
CR > 2 seconds or
no palpable radial pulse
Cannot follow simple
commands

Pneumothorax
Hemorrhagic Shock
Closed Head Injury

Pediatric

Respirations < 15 or > 45
CR > 2 seconds or no palpable
radial or brachial pulse
Inappropriate “Pain”
(e.g., posturing) or
“Unresponsive”



YELLOW Triage Category (Delayed)

Adult: respirations, capillary refill, and mentation are normal

- Isolated burns
- Extremity fractures
- Stable other trauma
- Most patients with medical complaints



Pediatric: “A,” “V,” or appropriate “P”
(e.g., withdrawal from pain stimulus)



GREEN Triage Category (Minor)

- “Walking wounded”
- Psychological casualties
- Always look for children being carried and assess them



GREY Triage Category (Expectant)

- This category is not currently in use and must not be utilized until approved by MIEMSS
- It is included on the paper tags in anticipation of national recognition and acceptance in the future
- **GREY** is for the patient that is not likely to survive even with emergent interventions



BLACK Triage Category (Deceased)

- Obvious mortality or death (pulseless and apneic)
 - Decapitation
 - Blunt trauma arrest
 - Injuries incompatible with life (future GREY)
 - Brain matter visible (future GREY)



Revised Paper Triage Tag

MIEMSS TRIAGE TAG DO NOT REMOVE

DATE: _____

UNDETERMINED AGE WGT HGT PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE: _____

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine Penetrating Trauma
 Blunt Trauma Burn Fracture Amputation
 Laceration
 Medical Respiratory
 Cardiac OB/GYN
 Diabetic Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT	HOSPITAL
01481	01481
01481	01481
01481	01481

TRANSPORT RECORD

UNDETERMINED AGE PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT TRANSPORT TIME

TRIAGE STATUS
 RED YELLOW GREEN
 GREY BLACK

DOB: _____

4000704

LAST NAME, FIRST NAME

← FRONT

BACK →

MIEMSS TRIAGE TAG DO NOT REMOVE

VITAL SIGNS

TIME	RESP	PULSE	MENTAL STATUS	BP	SpO2
			A V P U		
			A V P U		
			A V P U		

MEDICAL HISTORY

ALLERGIES: _____

MEDICATIONS: _____

PAST MEDICAL HISTORY: _____

TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ of _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNIQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Splint	
	<input type="checkbox"/> IV Started: _____ Site: _____ Gauge: _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

FAMILY MEMBER INVOLVED? NAME OF FAMILY MEMBER INVOLVED
 YES NO

EMERGENCY CONTACT PHONE

MIEMSS TRIAGE TAG

Maryland Emergency Medical Services

Triage Tag Sections

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band

*** Triage tags should be used in all MCI scenarios, even when handheld device is employed**



MIEMSS TRIAGE TAG DO NOT REMOVE

DATE: _____

UNDETERMINED AGE WGT HGT HOB PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____ PHONE: _____

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation

Medical Respiratory
 Cardiac OB/GYN
 Diabetic
 Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT HOSPITAL

01401 01402 01403 01404

TRANSPORT RECORD

UNDETERMINED AGE PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT TRANSPORT TIME

TRIAGE STATUS

RED	YELLOW	GREEN

GREY BLACK

DOB: _____

LAST NAME, FIRST NAME: _____

	EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
TRIAGE STATUS	INITIAL						
SECONDARY							
HOSPITAL							

The paper triage tag includes a **GREY** category for *future use* based on *anticipated* national acceptance.

IT WILL NOT BE USED IN THE TRIAGE OF PATIENTS UNTIL APPROVED BY MIEMSS.

- Patient information
- **TRIAGE STATUS**
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band



MIEMSS TRIAGE TAG DO NOT REMOVE

DATE: _____

PATIENT INFORMATION

UNDETERMINED AGE WGT HGT LBS PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____ PHONE: _____

TRIAL STATUS

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation

Medical
 Cardiac Respiratory
 Diabetic OB/GYN
 Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT: _____ HOSPITAL: _____

01401: _____ 01402: _____
01403: _____ 01404: _____
01405: _____ 01406: _____

TRANSPORT RECORD

UNDETERMINED AGE PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT TRANSPORT TIME

TRIAL STATUS:

RED	YELLOW	GREEN
GREY	BLACK	

DOB: _____
0002701
LAST NAME, FIRST NAME: _____

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation

Medical
 Cardiac Respiratory
 Diabetic OB/GYN
 Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

- Patient information
- Triage status
- **CHIEF COMPLAINT**
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band



MIEMSS TRIAGE TAG
DO NOT REMOVE

DATE: _____

PATIENT INFORMATION

UNDETERMINED AGE WGT HGT LBS PATIENT NUMBER
 MALE FEMALE DOB

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____ PHONE _____

TRIAS STATUS

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation

Medical Respiratory
 Cardiac OB/GYN
 Diabetic
 Psychiatric
 Haz-Mat Exposure

COMMENTS _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT HOSPITAL

01401 01401

01401 01401

01401 01401

01401 01401

TRANSPORT RECORD

UNDETERMINED AGE PATIENT NUMBER
 MALE FEMALE DOB

NAME _____

CHIEF COMPLAINT _____

DESTINATION _____ HOSP NOTIFIED _____

TRANSPORTATION AGENCY/UNIT TRANSPORT TIME

TRIAS STATUS

RED	YELLOW	GREEN
GREY	BLACK	

DOB _____

0007701

LAST NAME, FIRST NAME _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

- Patient information
- Triage status
- Chief complaint
- **TRANSPORTING UNIT**
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band



MIEMSS TRIAGE TAG DO NOT REMOVE

DATE: _____

PATIENT INFORMATION

UNDETERMINED MALE FEMALE

AGE: _____ DOB: _____

WEIGHT: _____ HGT: _____

PATIENT NUMBER: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE: _____

TRIALGE STATUS

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine Penetrating Trauma

Blunt Trauma Burn Fracture Amputation

Laceration

Medical Respiratory OB/GYN

Cardiac Diabetic Psychiatric

Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT: _____ DESTINATION: _____ TIME ARRIVED: _____

TREATMENT: _____ HOSPITAL: _____

01401: _____ 01402: _____

01403: _____ 01404: _____

01405: _____ 01406: _____

01407: _____ 01408: _____

TRANSPORT RECORD

UNDETERMINED MALE FEMALE

AGE: _____ DOB: _____

PATIENT NUMBER: _____

NAME: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT: _____ TRANSPORT TIME: _____

TRIALGE STATUS

RED YELLOW GREEN

GREY BLACK

ONE FIRST NAME: _____

TRANSPORT RECORD

UNDETERMINED MALE FEMALE

AGE: _____ DOB: _____

NAME: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT: _____ TRANSPORT TIME: _____

PATIENT NUMBER

* M D 4 2 0 7 7 1 *

TRIALGE STATUS

RED YELLOW GREEN

GREY BLACK

- Detachable as a tear-off and as a peel-off sticky label
- Used to document patient movement
- Must be affixed to Transport Tactical Worksheet with the unit, priority, and destination marked and initialed.

Commonly called the "Ticket"

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- **TRANSPORT RECORD**
- Vital signs
- Medical history
- Treatment
- Family contact
- Wrist band



MIEMSS TRIAGE TAG **DO NOT REMOVE**

DATE: _____

UNDETERMINED AGE WGT HGT / LBS PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE: _____

EVALUATION	TIME	RED	YELLOW	GREEN	GREY	BLACK
INITIAL						
SECONDARY						
HOSPITAL						

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma Penetrating Trauma
 Burn Fracture
 Laceration Amputation

Medical Respiratory
 Cardiac OB/GYN
 Diabetic
 Psychiatric
 Haz-Mat Exposure

COMMENTS: _____

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT	HOSPITAL
OTHER	OTHER
OTHER	OTHER
OTHER	OTHER

TRANSPORT RECORD

UNDETERMINED AGE PATIENT NUMBER
 MALE FEMALE DOB

NAME: _____

CHIEF COMPLAINT: _____

DESTINATION: _____ HOSP NOTIFIED: _____

TRANSPORTATION AGENCY/UNIT: _____ TRANSPORT TIME: _____

TRIAS STATUS

RED YELLOW GREEN
 GREY BLACK

DOB: _____

400037041

LAST NAME, FIRST NAME

Removable wrist band has been added with an area for DOB and name

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- Family contact
- **WRIST BAND**



MEDICAL HISTORY	ALLERGIES
	MEDICATIONS
	PAST MEDICAL HISTORY

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- **MEDICAL HISTORY**
- Treatment
- Family contact
- Wrist band


MIEMSS

O

TRIAGE TAG
DO NOT REMOVE

VITAL SIGNS	TIME	RESP	PULSE	MENTAL STATUS	BP	SpO2
				A V P U		
				A V P U		
MEDICAL HISTORY	ALLERGIES					
	MEDICATIONS					
	PAST MEDICAL HISTORY					
TIME	TREATMENT RECORD					INITIALS
	<input type="checkbox"/> BVM					
	<input type="checkbox"/> ET _____ (Depth)					
	<input type="checkbox"/> Oxygen by _____ at _____ LPM					
	<input type="checkbox"/> Bleeding Control					
	<input type="checkbox"/> TOURNIQUET @ _____					
	<input type="checkbox"/> Spinal Immobilization					
	<input type="checkbox"/> Extremity Splint					
	<input type="checkbox"/> IV Started: _____ Site: _____ Gauge: _____					
	<input type="checkbox"/> IO _____ (Site)					
	<input type="checkbox"/> Gross Decon					
	<input type="checkbox"/> Final Decon					
FAMILY MEMBER INVOLVED?			NAME OF FAMILY MEMBER INVOLVED			
<input type="checkbox"/> YES <input type="checkbox"/> NO						
EMERGENCY CONTACT					PHONE	


TRIAGE TAG


Maryland Emergency Medical Services
Maryland Emergency Medical Services



TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ at _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNIQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Split	
	<input type="checkbox"/> IV Started: _____ Site _____ Gauge _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- **TREATMENT**
- Family contact
- Wrist band


MIEMSS

O

TRIASGE TAG
DO NOT REMOVE

VITAL SIGNS	TIME	RESP	PULSE	MENTAL STATUS	BP	SpO2
				A V P U		
				A V P U		
				A V P U		

MEDICAL HISTORY

ALLERGIES

MEDICATIONS

PAST MEDICAL HISTORY

TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ at _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNIQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Split	
	<input type="checkbox"/> IV Started: _____ Site _____ Gauge _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

FAMILY MEMBER INVOLVED? YES NO

NAME OF FAMILY MEMBER INVOLVED

EMERGENCY CONTACT PHONE


TRIASGE TAG


Maryland Emergency Medical Services
Maryland Emergency Medical Services



FAMILY MEMBER INVOLVED?		NAME OF FAMILY MEMBER INVOLVED	
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
EMERGENCY CONTACT		PHONE	

- Patient information
- Triage status
- Chief complaint
- Transporting unit
- Peel-off bar codes
- Transport record
- Vital signs
- Medical history
- Treatment
- **FAMILY CONTACT**
- Wrist band


MIEMSS

TRIASGE TAG
DO NOT REMOVE

VITAL SIGNS	TIME	RESP	PULSE	MENTAL STATUS	BP	SpO2
				A V P U		
				A V P U		
MEDICAL HISTORY	ALLERGIES					
	MEDICATIONS					
	PAST MEDICAL HISTORY					

TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM	
	<input type="checkbox"/> ET _____ (Depth)	
	<input type="checkbox"/> Oxygen by _____ at _____ LPM	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> TOURNIQUET @ _____	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> Extremity Splint	
	<input type="checkbox"/> IV Started: _____ Site _____ Gauge _____	
	<input type="checkbox"/> IO _____ (Site)	
	<input type="checkbox"/> Gross Decon	
	<input type="checkbox"/> Final Decon	

FAMILY MEMBER INVOLVED?		NAME OF FAMILY MEMBER INVOLVED	
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
EMERGENCY CONTACT		PHONE	


TRIASGE TAG


Maryland Emergency Medical Services
Maryland Emergency Medical Services

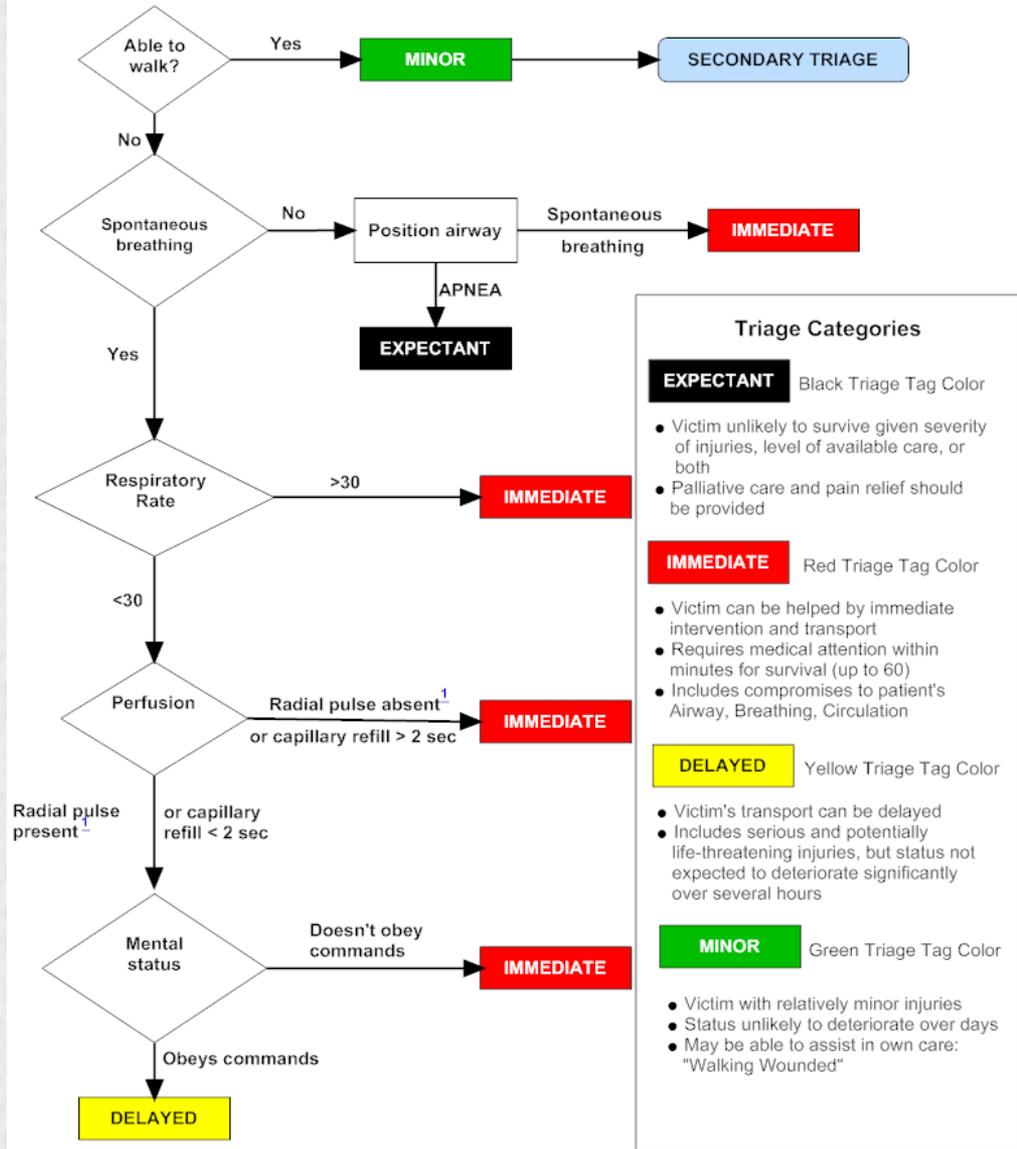


Triage Summary

- **Triage allows for effective and efficient care, helping to increase the survivability for as many patients as possible**
- **Assignment of resources will increase efficiency**
- **Most severely injured patients will receive rapid treatment and transport in logical order**
- **Ensures accountability of all patients**
- **Allows for family reunification**



START Adult Triage

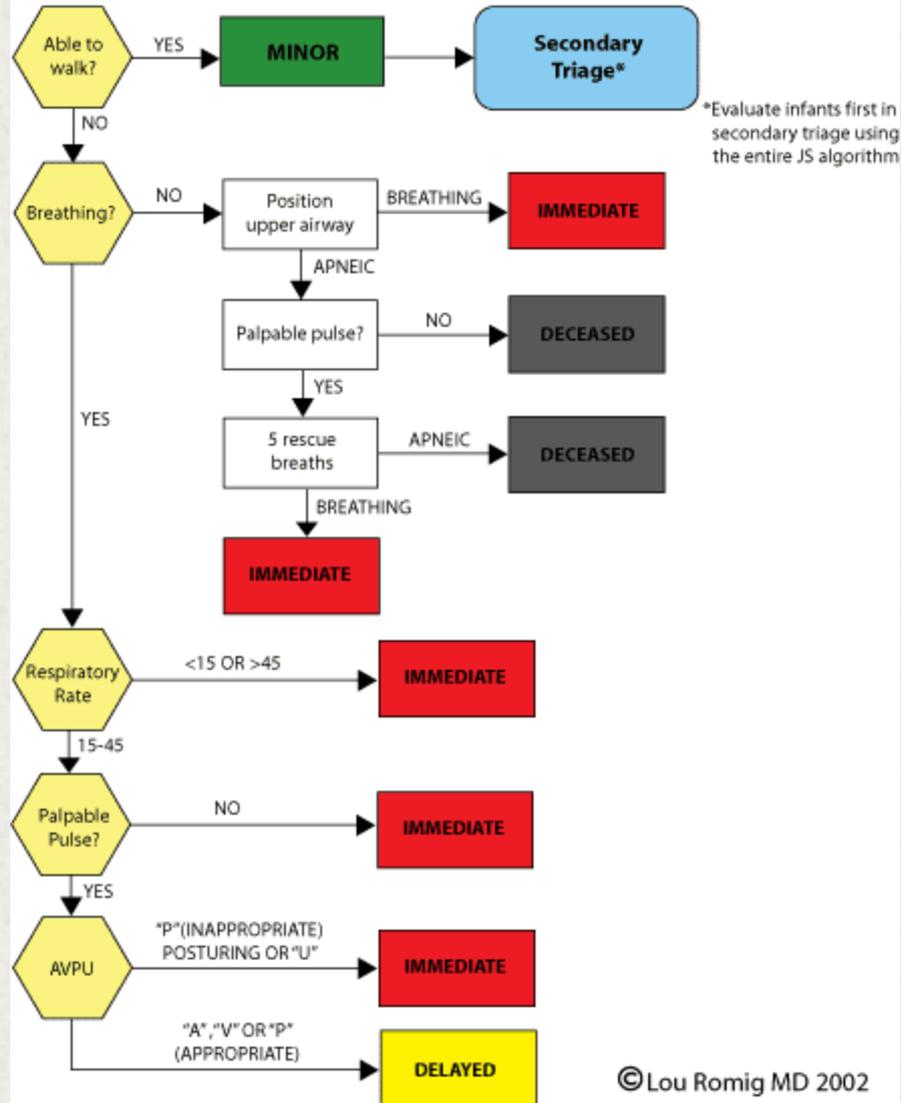


Triage Categories

- EXPECTANT** Black Triage Tag Color
 - Victim unlikely to survive given severity of injuries, level of available care, or both
 - Palliative care and pain relief should be provided
- IMMEDIATE** Red Triage Tag Color
 - Victim can be helped by immediate intervention and transport
 - Requires medical attention within minutes for survival (up to 60)
 - Includes compromises to patient's Airway, Breathing, Circulation
- DELAYED** Yellow Triage Tag Color
 - Victim's transport can be delayed
 - Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours
- MINOR** Green Triage Tag Color
 - Victim with relatively minor injuries
 - Status unlikely to deteriorate over days
 - May be able to assist in own care: "Walking Wounded"



JumpSTART Pediatric MCI Triage[®]



Maryland Triage System

MIEMSS gratefully acknowledges the following individuals for their efforts in the development of this program:

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MIEMSS

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MIEMSS

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Montgomery County Fire & Rescue Service

Beth Sanford, EMT-P

Captain
Montgomery County Fire & Rescue Service

Jon Fiedler

Lieutenant (Retired)
Montgomery County Fire & Rescue Service

Newport Beach Fire and Marine

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Maryland Triage System



**MARYLAND INSTITUTE FOR
EMERGENCY MEDICAL SERVICES SYSTEMS**

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