



# SCR OEC6 Changes

Central Division  
South Central Region

## SALT Triage (An alternate to START)



This topic represents one of the changes that came with the OEC Manual 6<sup>th</sup> edition. The following contains excerpts from pages 77-81 in this publication.

In the 6th Edition, the SALT triage method is discussed in detail. The 5th Edition emphasized the START triage method, which is still covered, but to a lesser degree.

“Triage is a process of prioritizing patients for treatment and transport in a multiple-casualty incident (MCI). The SALT triage system is the widely accepted system now highly recommended by EMS Agencies in the United States. SALT is an acronym for **S**ort, **A**ssess, **L**ifesaving interventions, and **T**reatment and/or Transport.”



### Step 1: Sort

- All individuals who can walk should move immediately to a designated location. They will be further triaged and treated later.
- Those left should be asked to make some purposeful movement, such as “wave a hand or move a leg.” This indicates they are able to follow a command.
- Those who do not move are considered to have a severe or life-threatening injury. They will be triaged first because they may need immediate lifesaving treatment

### Step 2: Assess

- Assess each patient.
- Determine who needs immediate lifesaving interventions.

### Step 3: Perform Lifesaving Interventions

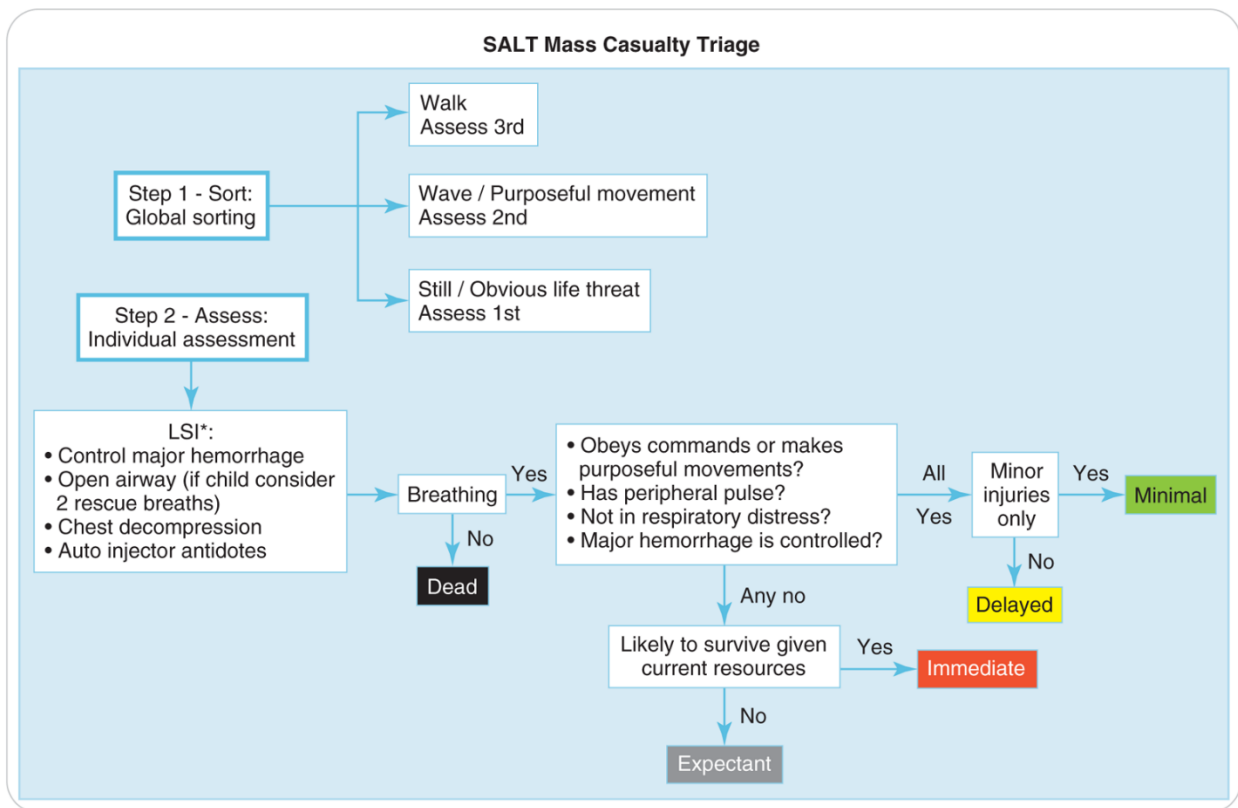
- Control major bleeding by using a tourniquet.
- Open the airway by using an oropharyngeal airway or by positioning. No advanced airways are used in this stage. If the patient is a child, two rescue breaths may be given.
- Chest decompression (for pneumothorax) may be conducted if the triage officer is trained in advanced life support and has the equipment on hand.
- Autoinjector antidotes may be given if the triage officer has them on hand. Take less than a minute to apply. Do not require the triage officer to remain with the patient.

### Step 4: Provide Treatment and/or Transport

- After lifesaving interventions, patients are assigned to a triage category. The SALT triage categories vary slightly from the ID-ME mnemonic (Immediate, Delayed, Minor, Expectant). SALT presents five categories.

**SALT Categories:**

<b>RED</b>	<ul style="list-style-type: none"> <li>No peripheral pulse.</li> <li>Inability to obey commands.</li> <li>Respiratory distress.</li> <li>Uncontrolled major hemorrhaging.</li> </ul>
<b>GREY</b>	<ul style="list-style-type: none"> <li>Injuries that are likely to be fatal based on resources currently available.</li> <li>Brain matter showing, burns over 90% of body, or other immediate life-threatening injuries that cannot be resolve.</li> </ul>
<b>YELLOW</b>	<ul style="list-style-type: none"> <li>Fractures, burns, or dislocations.</li> <li>Patients who do not fit in other categories.</li> </ul>
<b>GREEN</b>	<ul style="list-style-type: none"> <li>Minor injuries, including lacerations and abrasions.</li> <li>Most of these patients will be in the walking wounded area.</li> </ul>
<b>BLACK</b>	<ul style="list-style-type: none"> <li>Dead</li> </ul>



For a review of the START triage method and ID-ME, refer to the Medical Bulletin “MCI Triage” authored by Dr. Jacob Zadra (Medical Advisor, South Central Region). It can be found on the South-Central Region website ([nspsouthcentral.org](http://nspsouthcentral.org)) under the tabs labeled Articles or Documents. For further information, reference chapter 4 of the OEC 6<sup>th</sup> edition manual.

Since its origins in 1939 as “Ski Safety and First Aid”, today’s Outdoor Emergency Care has come a long way. The OEC curricula has continually evolved as new medical information becomes available. OEC is written following the principle of *evidence-based medicine*, and thus the changes that come with each new edition. The source for the content in this bulletin is the 6<sup>th</sup> edition of Outdoor Emergency Care manual.

