

New Jersey Disaster Triage Tag

New Jersey Department of Health & Senior Services
Division of Health Emergency Preparedness & Response
Office of Emergency Medical Services




Program Goal

The goal of this program is to educate EMS First Responders on the proper use of the New Jersey Disaster Triage Tag.



Program Objectives

- To describe the need for a new triage tag in New Jersey;
 - To provide an overview of the New Jersey Disaster Triage Tag;
 - To educate EMS First Responders on the use and applications of the New Jersey Disaster Triage Tag.
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Reasons for the Change

- The METTAG has been an industry standard and was recommended for use throughout New Jersey;
- The METTAG was specifically identified in **Emergency Support Function (ESF) 8** of the New Jersey **Emergency Operations Plan (EOP)** as the *only* recognized tag for use in New Jersey;

Reasons for the Change

- The use of the METTAG is severely limited in a **C**hemical, **B**iological, **R**adiological, **N**uclear, **E**xplosive (**CBRNE**) or Hazardous Materials event;
- Even though the METTAG is the only tag recognized by ESF 8, it is not the only tag used by New Jersey's EMS First Responders;
- The METTAG was developed in the early 1980s and has not had any revision. The needs of EMS are changing at a fast pace.

The State of New Jersey Solution

In the Winter of 2003, the New Jersey Department of Health and Senior Services, Office of Emergency Medical Services created a committee comprised of EMS First Responders and hospital personnel from around the state to address the issue of designing a New Jersey specific Disaster Triage Tag.

State of New Jersey Solutions

- The committee developed a new and unique triage tag to address the current and future needs of New Jersey's EMS First Responders;
- The new triage tag is designed to make up for some of the shortcomings of the METTAG and to grow with the capabilities and technological advancements of New Jersey's EMS First Responder community;

State of New Jersey Solutions

- The new tag is up-to-date, appropriate, and versatile;
- The tag will be provided to all EMS agencies free of charge by the New Jersey Department of Health and Senior Services, Office of Emergency Medical Services;
- The acceptance and proper use of the new triage tag is essential to maintain a high level of preparedness universally throughout the state.

Personal Property / Evidence Tag

Attach stub or seal inside personal property or evidence bag

Patient Destination and Transport Unit

Remove this stub after arrival at hospital and keep until attached to patient care report

PEEL AND STICK TO  PATIENT CHART

MS-02
REV 1/15



STATE OF NEW JERSEY

RESPIRATIONS
R Yes No
 No

PERFUSION
P Pulse No

MENTAL STATUS
M Can Do Can't Do

Move ANYONE ambulatory → **MINOR**

No Respiration after head tilt → **DECEASED**

Respirations **OVER 30** → **IMMEDIATE**

No radial pulse or Capillary refill over 2 Seconds → **IMMEDIATE**

Unable to follow simple commands → **IMMEDIATE**


Everyone else → **DELAYED**

S IL U D G E M
 Salivation Lacrimation Urination Defecation GI Distress Emesis Miosis

NAAK AUTO INJECTOR 1 2 3 4 5

Dry Decon Gross Decon Technical Decon Decon Solution

Circle Nature of Contaminant



Vitals

Time	B/P	Pulse	Resp	O ₂ Sat

Medications

Time	Medication	Dose	Route

IV Location: _____ Ga. _____ Solution: _____ Rate: _____

Airway Adjunct: _____ Size: _____ Depth: _____

DECEASED

IMMEDIATE
LIFE THREATENING INJURIES

DELAYED
NON-LIFE THREATENING INJURIES

MINOR
MINOR INJURIES

UNINJURED
DOCUMENTED BY OFFICIAL

Triage Tag Characteristics

★ Two sided

★ Three basic components

- Tear Off Sections
- Main Body
- Peel-off Stickers

Personal Property
 Evidence Tag

Dest: _____
 Unit: _____

State of New Jersey
 DISASTER TRIAGE TAG 

Allergies



- 1-Abrasion
- 2-Amputation
- 3-Avulsion
- 4-Bleeding
- 5-Contusion
- 6-Puncture
- 7-Laceration
- 8-Pain
- 9-Deformity
- 10-Swelling
- 11-Other



Burn Reference
 Head- 9% Chest/Abd. Front-19%
 Arms- 9% each Legs- 18% each

Place related minor of guardian labels here.

VICTIM DEMOGRAPHICS

Sex M F Information Unavailable
 Age _____ DOB _____ Wt. _____ Lb. _____ Kg. _____

Name _____

Address _____

City _____ St _____ Zip _____

Phone _____

SSN _____

Religion _____

Triage	Other
Treat	Other
Trans	Other

DECEASED

IMMEDIATE
LIFE THREATENING INJURIES

DELAYED
NON-LIFE THREATENING INJURIES

MINOR
MINOR INJURIES

UNINJURED
DOCUMENTED BY OFFICIAL

Triage Tag - Side 1

- Property/Evidence Tear-off Strip
- Adhesive Strip
- Triage Algorithm
- Nerve Agent Symptoms
- NAAK (Mark-1) Use
- Contamination/Decon
- Vital Signs and Treatment



Personal Property / Evidence Tag *Attach stub or seal inside personal property or evidence bag*

Patient Destination and Transport Unit *Remove this stub after arrival at hospital and keep until attached to patient care report*

PEEL AND STICK TO **PATIENT CHART**

RESPIRATIONS Yes No **R**

PERFUSION Pulse No **P**

MENTAL STATUS Can Do Can't Do **M**

Move ANYONE ambulatory → **MINOR**

No Respiration after head tilt → **DECEASED**

Respirations OVER 30 → **IMMEDIATE**

No radial pulse or Capillary refill over 2 Seconds → **IMMEDIATE**




Unable to follow simple commands → **IMMEDIATE**

Everyone else → **DELAYED**

S Salivation L Lacrimation U Urination D Defecation G GI Distress E Emesis M Miosis

NAAK AUTO INJECTOR 1 2 3 4 5

Dry Decon Gross Decon Technical Decon Decon Solution

Circle Nature of Contaminant   

Vitals				
Time	B/P	Pulse	Resp	O ₂ Sat

Medications			
Time	Medication	Dose	Route

IV Location _____ Ga. _____ Solution: _____ Rate: _____

Airway Adjunct _____ Size: _____ Depth: _____

DECEASED

IMMEDIATE
LIFE THREATENING INJURIES

DELAYED
NON-LIFE THREATENING INJURIES

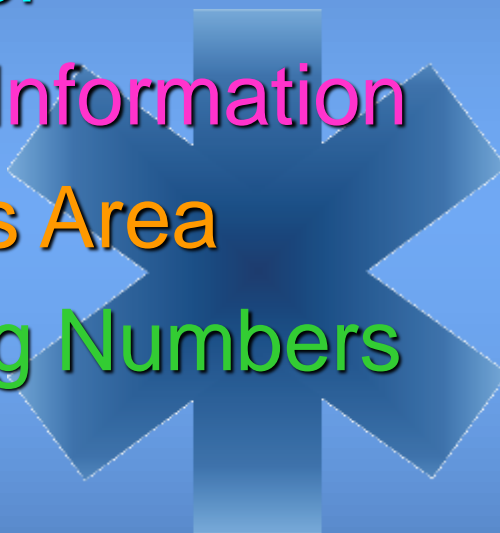
MINOR
MINOR INJURIES

UNINJURED
DOCUMENTED BY OFFICIAL

STATE OF NEW JERSEY

Triage Tag - Side 2

- Destination Tear-off Strip
- Tracking Number
- Injuries/Patient Information
- Related Patients Area
- Peel-off Tracking Numbers
- Demographics
- Triage Categories

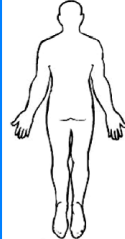


Personal Property
 Evidence Tag
 Dest _____
 Unit _____


State of New Jersey
 DISASTER TRIAGE TAG

STATE OF NEW JERSEY

Allergies _____



1-Abrasion
 2-Amputation
 3-Avulsion
 4-Bleeding
 5-Contusion
 6-Puncture
 7-Laceration
 8-Pain
 9-Deformity
 10-Swelling
 11-Other



Burn Reference
 Head- 9% Chest/Abd. _____
 Arms- 9% each Front-19%
 Legs-18% each Rear-18%

Place related minor of guardian labels here.

VICTIM DEMOGRAPHICS

Sex M F Age _____ DOB _____ Wt. _____ Lb. Kg.
 Information Unavailable

Name _____

Address _____

City _____ St _____ Zip _____

Phone _____

SSN _____

Religion _____

Triage	Other
Treat	Other
Trans	Other

DECEASED	
IMMEDIATE LIFE THREATENING INJURIES	
DELAYED NON-LIFE THREATENING INJURIES	
MINOR MINOR INJURIES	

UNINJURED
 DOCUMENTED BY
 OFFICIAL

Component 1

The tear-off sections

These sections can be physically removed from the main body of the triage tag

Personal Property / Evidence Tag Attach stub or seal inside personal property or evidence bag

Patient Destination and Transport Unit Remove this stub after arrival at hospital and keep until attached to patient care report

PEEL AND STICK TO **PATIENT CHART**

Personal Property
 Evidence Tag

Dest _____
Unit _____

State of New Jersey
DISASTER TRIAGE TAG

RESPIRATIONS Yes No
PERFUSION Pulse No
MENTAL STATUS Can Do Can't Do

Move ANYONE ambulatory → **MINOR**
No Respiration after head tilt → **DECEASED**
Respirations OVER 30 → **IMMEDIATE**
No radial pulse or Capillary refill over 2 Seconds → **IMMEDIATE**
Unable to follow simple commands → **IMMEDIATE**
Everyone else → **DELAYED**

S L U D G E M
Salivation Lacrimation Urination Defecation GI Distress Emesis Miosis

NAKA AUTO INJECTOR 1 2 3 4 5

Dry Decon Circle Nature of Contaminant
 Gross Decon Technical Decon
 Decon Solution

Vitals

Time	B/P	Pulse	Resp	O ₂ Sat.

Medications

Time	Medication	Dose	Route

IV Location _____ Ga. _____ Solution: _____ Rate: _____

STATE OF NEW JERSEY

1-Abrasion
2-Amputation
3-Bleeding
4-Contusion
5-Laceration
6-Puncture
7-Laceration
8-Pain
9-Deformity
10-Swelling
11-Other

Burn Reference:
Head- 9% Chest/Abd. Front-10%
Arms- 9% each Front-10%
Legs- 18% each Rear- 18%

Place related minor of guardian labels here

VICTIM DEMOGRAPHICS

Sex M F Information Unavailable L K

Age _____ DOB _____ Wt. _____

Name _____

Address _____

City _____ St _____ Zip _____

Phone _____

SSN _____

Religion _____

Triage _____ Other _____

Treat _____ Other _____

Trans _____ Other _____

DECEASED

IMMEDIATE
LIFE THREATENING INJURIES

DELAYED
NON-LIFE THREATENING INJURIES

MINOR
MINOR INJURIES

UNINJURED
DOCUMENTED BY OFFICIAL

DECEASED

IMMEDIATE
LIFE THREATENING INJURIES

DELAYED
NON-LIFE THREATENING INJURIES

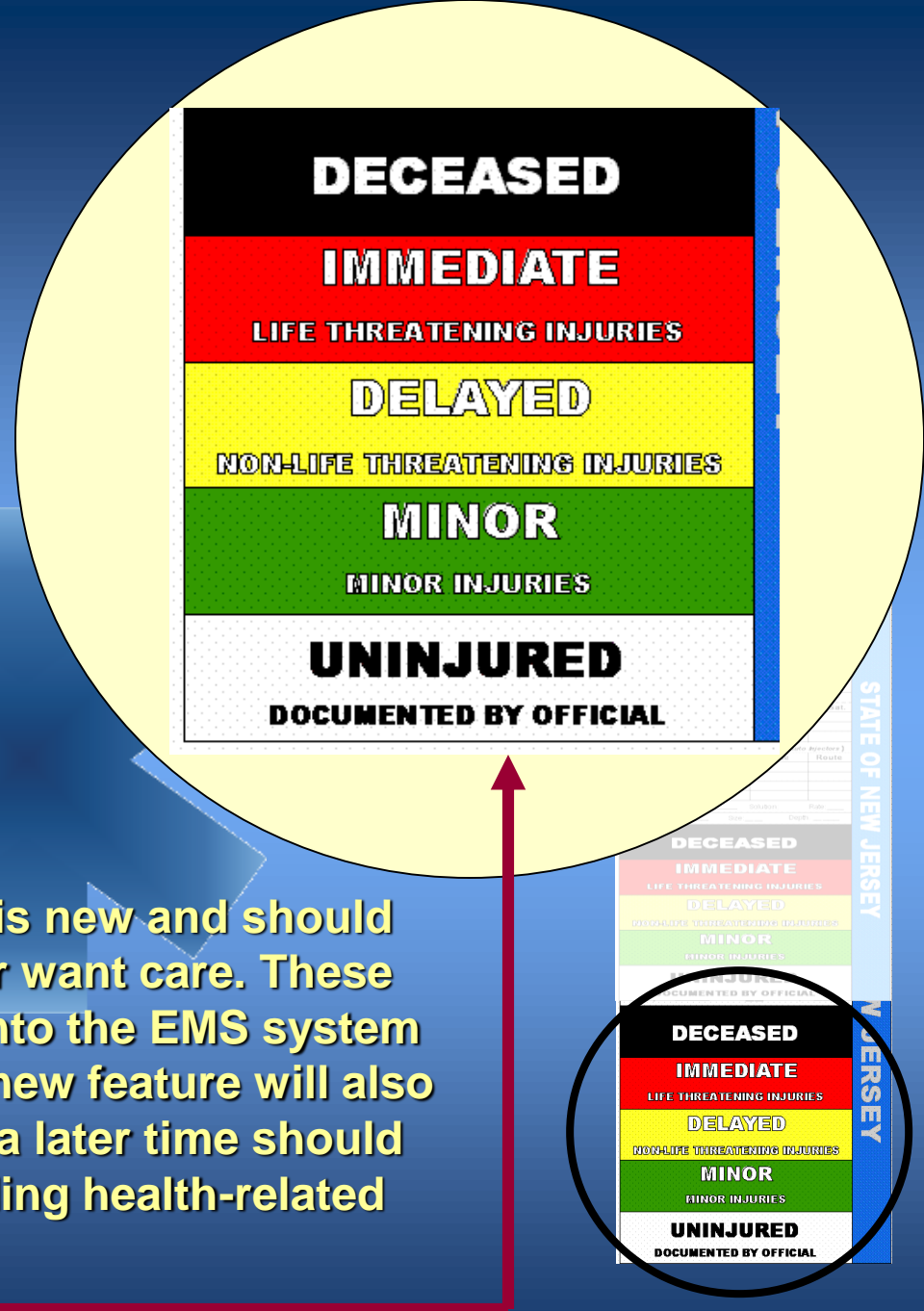
MINOR
MINOR INJURIES

UNINJURED
DOCUMENTED BY OFFICIAL

Patient Status

- This section is used to identify the treatment/transport priority of the patient and is used like the METTAG;
- The rip off tabs below the patient's priority should be torn off and turned into the triage area officer.

*Note the "UNINJURED" portion. This is new and should be used for victims that do not need or want care. These uninjured victims will not be entered into the EMS system but still need to be documented. This new feature will also allow for the victim to be contacted at a later time should any unforeseen problems arise, including health-related and investigation issues.



Personal Property

**Personal Property /
Evidence Tag**

*Attach stub or seal inside
personal property
or evidence bag*

This tear off strip is used to identify a victim's personal property that may be removed or confiscated during operations. It should be placed with the items and can be retrieved using the triage tag number as a receipt.

Personal Property
 Evidence Tag
Dest _____
Unit _____
State of New Jersey
DISASTER TRIAGE TAG

Personal Property
 Evidence Tag
Dest _____
Unit _____
State of New Jersey
DISASTER TRIAGE TAG

STATE OF NEW JERSEY

Allergic

1-Allergic
2-Respiration
3-Cardiac
4-Respiratory
5-Cardiac
6-Respiratory
7-Cardiac
8-Respiratory
9-Cardiac
10-Respiratory
11-Cardiac
12-Respiratory
13-Cardiac
14-Respiratory
15-Cardiac
16-Respiratory
17-Cardiac
18-Respiratory
19-Cardiac
20-Respiratory
21-Cardiac
22-Respiratory
23-Cardiac
24-Respiratory
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26-Respiratory
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39-Cardiac
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43-Cardiac
44-Respiratory
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79-Cardiac
80-Respiratory
81-Cardiac
82-Respiratory
83-Cardiac
84-Respiratory
85-Cardiac
86-Respiratory
87-Cardiac
88-Respiratory
89-Cardiac
90-Respiratory
91-Cardiac
92-Respiratory
93-Cardiac
94-Respiratory
95-Cardiac
96-Respiratory
97-Cardiac
98-Respiratory
99-Cardiac
100-Respiratory

VICTIM DEMOGRAPHICS

Sex M F Unknown
Age _____ DOB _____ Weight Lb Kg
Name _____
Address _____
City _____ St _____ Zip _____
Phone _____
SSN _____
Religion _____
Triage _____ Other _____
Treat _____ Other _____
Trans _____ Other _____

DECEASED _____

IMMEDIATE LIFE THREATENING INJURIES _____

DELAYED _____

MINOR INJURIES _____

UNINJURED _____
DOCUMENTED BY OFFICIAL _____

Destination

Patient Destination and Transport Unit

*Remove this stub after arrival at
hospital and keep until attached
to patient care report*

This tear off strip is used to designate the hospital or location to which the patient will be transported. After the patient is transferred to hospital personnel, the strip is removed and kept by the transporting party.

Personal Property
 Service Tag

Dest _____
Unit _____

State of New Jersey
DISASTERS

Allergies

1-Abrasion
2-Amputation
3-Avulsion
4-Bleeding
5-Contusion
6-Fracture
7-Laceration
8-Skin
9-Tetanus
10-Swelling
11-Other

Body Reference
Head 10% Chest 10%
Arms 10% each Feet 10%
Legs 10% each

Place related minor of guardian labels here.

VICTIM DEMOGRAPHICS

Sex M F Information Unavailable
Age _____ DOB _____ Wt. Lb. Kg.
Name _____
Address _____
City _____ St. _____ Zip _____
Phone _____
SSN _____
Religion _____

Triage Other _____
Treat Other _____
Trans Other _____

DECEASED _____

IMMEDIATE
LIFE THREATENING
INJURIES _____

DELAYED
MINOR LIFE THREATENING
INJURIES _____

MINOR
MINOR INJURIES _____

UNINJURED
DOCUMENTED BY
OFFICIAL _____

Component 2:

The Body of the Triage Tag

The main body of the tag is to be completed by the EMS professional. This section will stay with the patient.

Personal Property / Evidence Tag
Attach stub or seal inside personal property or evidence bag

Patient Destination and Transport Unit
Remove this stub after arrival at hospital and keep until attached to patient care report

Dest: _____
Unit: _____

PEEL AND STICK TO PATIENT CHART

RESPIRATIONS
R Yes No

PERFUSION
P Pulse No

MENTAL STATUS
M Can Do Can't Do

Move ANYONE ambulatory → **MINOR**

No Respiration after head tilt → **DECEASED**

Respirations **OVER 30**
No radial pulse or Capillary refill over 2 Seconds → **IMMEDIATE**

Unable to follow simple commands → **IMMEDIATE**

Everyone else → **DELAYED**

S L U D G E M
Saliva Lacrimation Urination Defecation GI Distress Emesis Miosis

NAK AUTO INJECTOR 1 2 3 4 5

Dry Decon Gross Decon Technical Decon
Decon Solution

Circle Nature of Contaminant

Vitals

Time	B/P	Pulse	Resp	O ₂ Sat.

Medications

Medication	Dose	Route

IV Location _____ Ga. _____ Solution: _____ Rate: _____
Airway Adjunct _____ Size _____ Depth _____

STATE OF NEW JERSEY DISASTER TRIAGE TAG

Allergies

Burn Reference
Chest/Abd. 10% each
Front-10% Rear-10%
Legs-18% each

Force related minor of guardian labels here.

VICTIM DEMOGRAPHICS

Sex M F Information Unavailable
Age _____ DOB _____ Wt. _____ Lb. Kg.

Name _____
Address _____
City _____ St _____ Zip _____
Phone _____
SSN _____
Religion _____

Triage _____ Other _____
Treat _____ Other _____
Trans _____ Other _____

DECEASED

DECEASED

IMMEDIATE
LIFE THREATENING INJURIES

IMMEDIATE
LIFE THREATENING INJURIES

DELAYED
NON-LIFE THREATENING INJURIES

DELAYED
NON-LIFE THREATENING INJURIES

MINOR
MINOR INJURIES

MINOR
MINOR INJURIES

UNINJURED
DOCUMENTED BY OFFICIAL

UNINJURED
DOCUMENTED BY OFFICIAL

Triage Algorithm

The use of a START triage algorithm is critical during large scale incidents. Since it is used infrequently during “normal” operations, this section of the tag gives responders the necessary prompts for patient triage.

Establish the triage category using “R,” “P,” and “M,” then follow the algorithm from top to bottom. Once the category is established for the patient, you do not need to complete the rest of the algorithm

RESPIRATIONS	PERFUSION	MENTAL STATUS
R <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	P <input type="checkbox"/> Pulse <input checked="" type="checkbox"/> No	M <input type="checkbox"/> Can Do <input checked="" type="checkbox"/> Can't Do
Move ANYONE ambulatory	→	MINOR
No Respiration after head tilt	→	DECEASED
Respirations <u>OVER 30</u>	→	IMMEDIATE
No radial pulse or Capillary refill over 2 Seconds	→	IMMEDIATE
<u>Unable</u> to follow simple commands	→	IMMEDIATE
Everyone else	→	DELAYED

RESPIRATIONS: R Yes No
PERFUSION: P Pulse No
MENTAL STATUS: M Can Do Can't Do

Move ANYONE ambulatory → **MINOR**
No Respiration after head tilt → **DECEASED**
Respirations OVER 30 → **IMMEDIATE**
No radial pulse or Capillary refill over 2 Seconds → **IMMEDIATE**
Unable to follow simple commands → **IMMEDIATE**
Everyone else → **DELAYED**

STATE OF NEW JERSEY

DECEASED
IMMEDIATE
LIFE THREATENING INJURIES
DELAYED
MOD-LIFE THREATENING INJURIES
MINOR
MINOR INJURIES
UNINJURED
DOCUMENTED BY OFFICIAL

Nerve Agent symptoms & NAAK treatment

S L U D G E M
Salivation Lacrimation Urination Defecation GI Distress Emesis Miosis

AUTO INJECTOR 1 2 3 4 5

Decon Decon

The blue section has 2 parts

- *The “SLUDGEM” mnemonic for nerve agent symptoms: the appropriate box(es) should be checked based on the patient’s clinical symptoms. This section could be started by the decon team and continued as symptoms progress;*
- *The “Auto Injector” section: a new box should be checked after each time a patient is injected with a NAAK (Mark I kit).*

PROPERTY / PERSONAL PROPERTY TAG

Patient Destination and Transport Unit

PEEL AND STICK TO PATIENT CHART

RESPIRATIONS P MENTAL STATUS

Move ANYONE ambulatory → MINOR
No Respiration after head tilt → DECEASED
Respirations OVER 30 → IMMEDIATE
No radial pulse or Capillary refill over 2 Seconds → IMMEDIATE
Unable to follow simple commands → IMMEDIATE

SLUDGEM S L U D G E M

NAAK AUTO INJECTOR 1 2 3 4 5

Vitals

Time	B/P	Pulse	Resp	O ₂ Sat.

Medications

Time	Medication	Dose	Route

IV Location Ga. Solution Rate

Airway Adjunct Size Depth

DECEASED

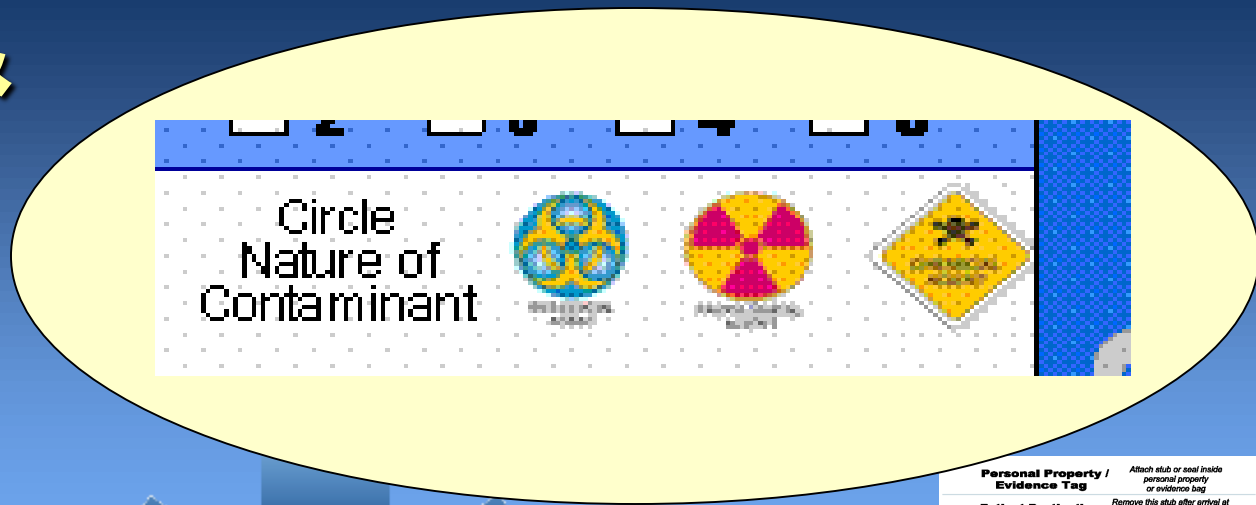
IMMEDIATE
LIFE THREATENING INJURIES

DELAYED
MOD-LIFE THREATENING INJURIES

MINOR
MINOR INJURIES

UNINJURED
DOCUMENTED BY OFFICIAL

CBRNE & HazMat Symbols



These symbols should be used to indicate the type of substance with which the patient was contaminated. This will also help to make other responders aware of the possible hazards present at the incident.

REMEMBER: If the Patient has a triage tag, they have most likely been decontaminated. Use caution until this can be confirmed.

Personal Property / Evidence Tag Attach stub or seal inside personal property or evidence bag

Patient Destination and Transport Unit Remove this stub after arrival at hospital and keep until attached to patient care report

PEEL AND STICK TO PATIENT CHART

RESPIRATIONS R Yes No **PERFUSION** P Pulse No **MENTAL STATUS** M Can Do Can't Do

Move ANYONE ambulatory → **MINOR**

No Respiration after head tilt → **DECEASED**

Respirations **OVER 30** → **IMMEDIATE**

No radial pulse or Capillary refill over 2 Seconds → **IMMEDIATE**

Unable to follow simple commands → **IMMEDIATE**

Everyone else → **DELAYED**

S O U G I M H
 Salivary Secretion Urine Stool GI Contents Emesis Meats

Dry Decon Circle Nature of Contaminant
 Gross Decon Radiation Symbol
 Technical Decon Biohazard Symbol
 Decon Solution

Vitals

Time	B/P	Pulse	Resp	O ₂ Sat.

Medications

Time	Medication	Dose	Route

IV Location: _____ Ga. _____ Solution: _____ Rate: _____
 Airway Adjunct: _____ Size: _____ Depth: _____

DECEASED

IMMEDIATE
LIFE THREATENING INJURIES

DELAYED
NON-LIFE THREATENING INJURIES

MINOR
MINOR INJURIES

UNINJURED
DOCUMENTED BY OFFICIAL

STATE OF NEW JERSEY

Type of Decon & Solution Used

AUTO INJECTOR

Dry Decon

Gross Decon

Technical Decon

Decon Solution _____

This section should be used after a patient has undergone any type of decontamination. The solution and type of decontamination should be recorded in the areas provided.

Personal Property / Evidence Tag Attach stub or seal inside personal property or evidence bag

Patient Destination and Transport Unit Remove this stub after arrival at hospital and keep until attached to patient care report

PEEL AND STICK TO PATIENT CHART

RESPIRATIONS Yes No **R** Pulse No **P** Can Do Can't Do **M**

Move ANYONE ambulatory → **MINOR**

No Respiration after head tilt → **DECEASED**

Respirations OVER 30 → **IMMEDIATE**

No radial pulse or Capillary refill over 2 seconds → **IMMEDIATE**

Unable to follow simple commands → **IMMEDIATE**

Everyone else → **DELAYED**

OS OL OU OD IG IB IM GI Genes Eyes Head

NAAK AUTO INJECTOR 2 3 4 5

Dry Decon Gross Decon Technical Decon Circ. Contaminant Nature of Contaminant

Vitals

Time	B/P	Pulse	Resp	O ₂ Sat.

Medications

Time	Medication	Dose	Route

IV Location: _____ Ga. _____ Solution: _____ Rate: _____
Airway Adjunct: _____ Size: _____ Depth: _____

DECEASED

IMMEDIATE
LIFE THREATENING INJURIES

DELAYED
NON-LIFE THREATENING INJURIES

MINOR
MINOR INJURIES

UNINJURED
DOCUMENTED BY OFFICIAL

STATE OF NEW JERSEY

Vitals & Medications

Vitals				
Time	B/P	Pulse	Resp	O ₂ Sat.

Medications			
Time	Medication	Dose	Route

IV Location _____ Ga. _____ Solution: _____ Rate: _____
 Airway Adjunct _____ Size: _____ Depth: _____

Document the patient's vital signs and any medications given. Include any Nerve Agent Antidote Kits (NAAKs), such as Mark-1 Kits, administered to the patient.

Attach stub or seal inside personal property or evidence bag
 Remove this stub after arrival at hospital and keep until attached to patient care report

PATIENT CHART

MENTAL STATUS
 No Can Do **M** Can't Do

INJURY LEVELS

- MINOR
- DECEASED
- IMMEDIATE
- IMMEDIATE
- IMMEDIATE
- DELAYED

STATE OF NEW YORK

IV Location _____ Ga. _____ Solution: _____ Rate: _____
 Airway Adjunct _____ Size: _____ Depth: _____

Vitals

Time	B/P	Pulse	Resp	O ₂ Sat.

Medications

Time	Medication	Dose	Route

DECEASED
 IMMEDIATE LIFE THREATENING INJURIES
 DELAYED NON-LIFE THREATENING INJURIES
 MINOR MINOR INJURIES
 UNINJURED DOCUMENTED BY OFFICIAL

IV & Airway

IV Location _____	Ga. _____	Solution: _____	Rate: _____
Airway Adjunct _____	Size: _____	Depth: _____	

- If an IV is established, document the site, gauge, fluid and rate;
- If an airway adjunct is used, document the type of adjunct and other applicable information.

Personal Property / Evidence Tag Attach this or seal inside a personal property or evidence bag.

Patient Destination and Transport Unit Remove this stub after arrival at hospital and keep with attached to patient care report.

PEEL AND STICK TO PATIENT CHART

RESPIRATIONS **R** Yes No Spont. Spont. On

PERFUSION **P** Yes No Spont. On

MENTAL STATUS **M** Orient. Orient. On

Move ANYONE ambulatory → **MINOR**

No Respiration after head tilt → **DECEASED**

Respirations OVER 30 → **IMMEDIATE**

No radial pulse or Capillary refill over 2 Seconds → **IMMEDIATE**

Unable to follow simple commands → **IMMEDIATE**

Everyone else → **DELAYED**

S L IV D G DE M
Spill/Leak Location (Number) Substance (Color) Effects (Mark)

AUTO INJECTOR 1 2 3 4 5

Dry Decon Circle
 Gross Decon Nature of Contaminant
 Technical Decon Decon Solution

Time	B/P	Pulse	Resp	O2 Sat.

Time	Medication	Dose	Route

IV Location _____ Ga. _____ Solution: _____ Rate: _____
Airway Adjunct _____ Size: _____ Depth: _____

DECEASED

IMMEDIATE
LIFE THREATENING INJURIES

DELAYED
NON-LIFE THREATENING INJURIES

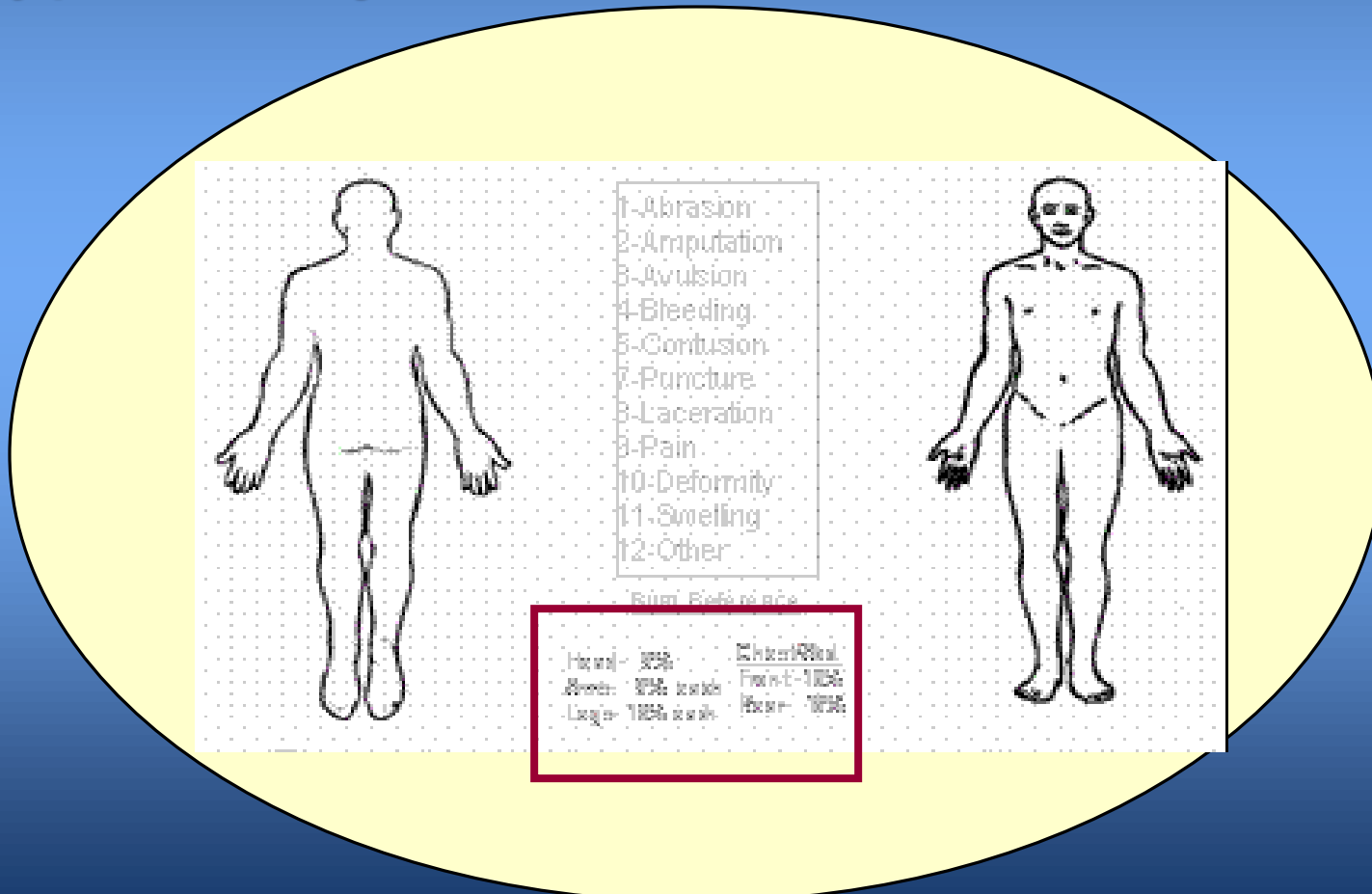
MINOR
MINOR INJURIES

UNINJURED
DOCUMENTED BY OFFICIAL

STATE OF NEW JERSEY

Injuries

This section is to show the locations and types of injuries



Personal Property
 Evidence Tag

Dist: _____
Unit: _____

State of New Jersey
DEPARTMENT OF TREASURY

Injuries

1-Abrasion
2-Amputation
3-Avulsion
4-Bleeding
5-Contusion
6-Puncture
7-Laceration
8-Pain
9-Deformity
10-Swelling
11-Other

Head 8% Arms 2% each Front 10%
Legs 10% each Back 10%

Place and minor of guard _____ here.

VICTIM DEMOGRAPHICS

Sex M F Information Unavailable Ua
Age _____ Wt. _____ Lbs. _____
Name _____
Address _____
City _____ St _____ Zip _____
Phone _____
SSN _____
Religion _____

Tribe _____ Other _____
Trust _____ Other _____
Tribal _____ Other _____

DECEASED _____

IMMEDIATE LIFE THREATENING INJURIES _____

DELAYED _____
Physical and/or Psychological Injuries

MINOR MINOR INJURIES _____

UNINJURED
DOCUMENTED BY
OFFICIAL _____

It also includes the burn formula for body surface area

Personal Information

This section is for the patient's personal information. It should only be filled out when there is time to do so. This may be in the treatment area, enroute to the hospital, or not at all.

Note this area for religious preference. Many people have religious beliefs that may require special consideration. If possible, their needs or desires should be honored – but usually only if they do not interfere with the efficacy of the operation and the care of others.

VICTIM DEMOGRAPHICS

Male Information Unavailable
 Female Age DOB Wt.

Name _____

Address _____

City St Zip

Phone _____

SSN _____

Religion _____

Personal Property
 Evidence Tag

Dest _____
Unit _____

State of New Jersey
DISASTER TRIAGE TAG

Allergies

1-Allusion
2-Avalion
3-Exonion
4-Exonion
5-Corusion
6-Exonion
7-Laxation
8-Exonion
9-Exonion
10-Exonion
11-Other

Place _____

VICTIM DEMOGRAPHICS

Male Information Unavailable
 Female Age DOB Wt.

Name _____

Address _____

City St Zip

Phone _____

SSN _____

Religion _____

Triage _____ Other _____

Treat _____

Trans _____ Other _____

DECEASED _____

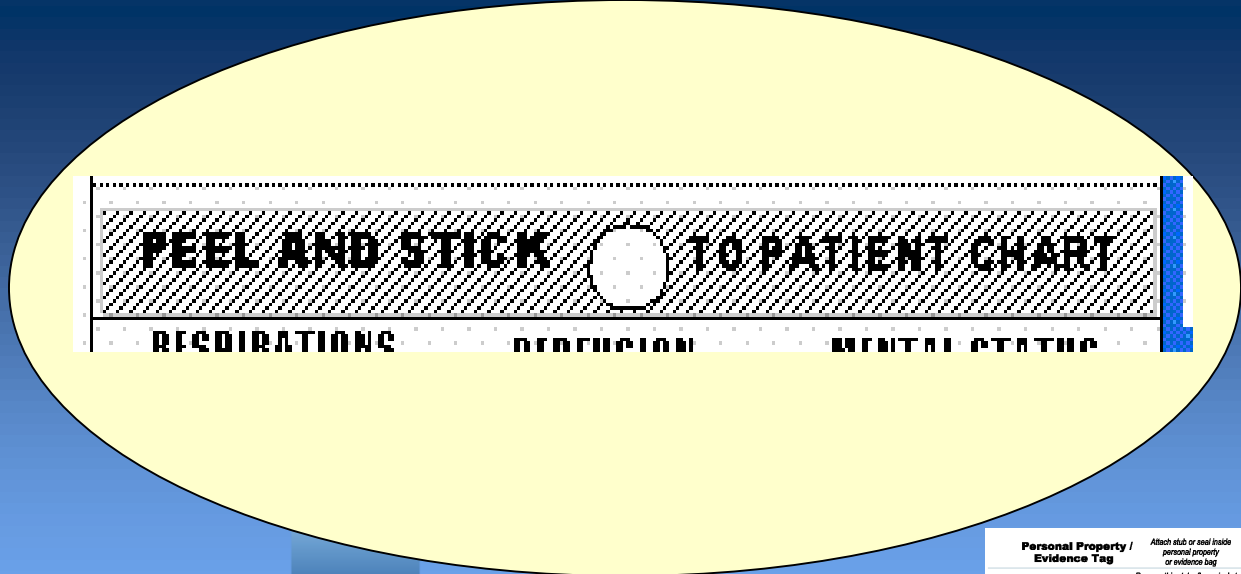
IMMEDIATE
LIFE THREATENING
INJURIES _____

DELAYED
NON-LIFE THREATENING
INJURIES _____

MINOR
MINOR INJURIES _____

UNINJURED
DOCUMENTED BY
OFFICIAL _____

The Tag's Adhesive Strip



The main purpose of the adhesive strip is to attach the triage tag to the patient's hospital chart, once at the receiving facility. The tag then becomes a permanent part of the patient's record.

Personal Property / Evidence Tag Attach stub or seal inside personal property or evidence bag
Patient Destination and Transport Unit Remove this stub after arrival at hospital and keep until attached to patient care report

PEEL AND STICK TO PATIENT CHART

R Yes No **P** Yes No **M** Can Do Can't Do

Move ANYONE ambulatory **MINOR**
 No Respiration after head tilt **DECEASED**
 Respirations **OVER 30** **IMMEDIATE**
 No radial pulse or Capillary refill over 2 Seconds **IMMEDIATE**
 Unable to follow simple commands Everyone else **DELAYED**

S **OL** **OU** **OD** **OG** **OM**
 Salivary Lacrimation Urination Defecation GI/Bladder Entasis Miosis

NAAK AUTO INJECTOR

Dry Decon Gross Decon Technical Decon Decon Solution Circle Nature of Contaminant

Vitals

Time	B/P	Pulse	Resp	O ₂ Sat.

Medications

Time	Medication	Dose	Route

IV Location: _____ Ga. _____ Solution: _____ Rate: _____
 Airway Adjunct: _____ Size: _____ Depth: _____

DECEASED

IMMEDIATE
LIFE THREATENING INJURIES

DELAYED
NON-LIFE THREATENING INJURIES

MINOR
MINOR INJURIES

UNINJURED
DOCUMENTED BY OFFICIAL

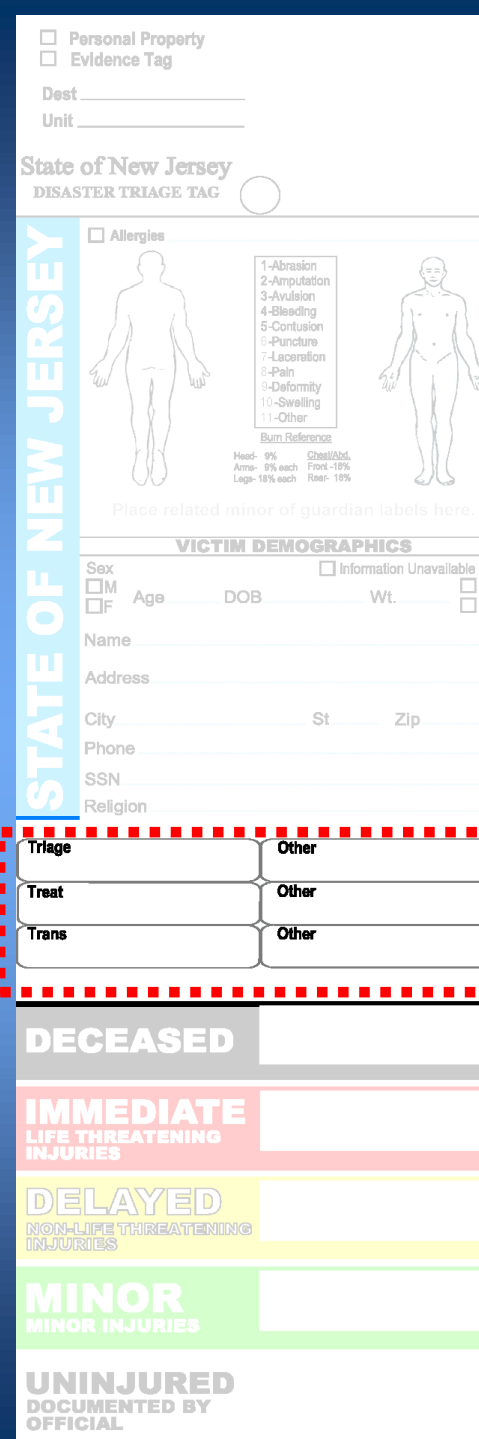
STATE OF NEW JERSEY

Component 3

Peel-off Decals

The peel-off decals are used when a patient enters or exits an area, such as treatment or transport. The peel-off decals allow log entries to be quicker and more accurate.

If all the peel-off decals are used, then the responder can simply write in the number where appropriate.



The form is titled "State of New Jersey DISASTER TRIAGE TAG". It includes a header with checkboxes for "Personal Property" and "Evidence Tag", and fields for "Dest" and "Unit". Below this is a vertical label "STATE OF NEW JERSEY" and a section for "Allergies". A central area contains two human figures with a list of injury types: 1-Abrasion, 2-Amputation, 3-Avulsion, 4-Bleeding, 5-Contusion, 6-Puncture, 7-Laceration, 8-Pain, 9-Deformity, 10-Swelling, 11-Other. A "Burn Reference" table lists percentages for Head, Arms, Legs, Chest/Abd., Front, and Rear. Below this is a section for "VICTIM DEMOGRAPHICS" with fields for Sex, Age, DOB, Wt., Name, Address, City, St, Zip, Phone, SSN, and Religion. At the bottom, there are three rows of boxes for "Triage", "Treat", and "Trans", each with an "Other" field. The form concludes with a color-coded status section: "DECEASED", "IMMEDIATE LIFE THREATENING INJURIES", "DELAYED NON-LIFE THREATENING INJURIES", "MINOR MINOR INJURIES", and "UNINJURED DOCUMENTED BY OFFICIAL".

Peel-off Decals

Triage	Other
Treat	Other
Trans	Other

As a patient moves from area to area, such as treatment or transport, a decal is removed from the triage tag and placed in the log.

STATE OF NEW JERSEY
TRANSFER TRIAGE TAG

Allergies

1-Allusion
 2-Allusion
 3-Allusion
 4-Allusion
 5-Allusion
 6-Allusion
 7-Allusion
 8-Allusion
 9-Allusion
 10-Allusion
 Other

VICTIM DEMOGRAPHICS

Sex M F Information Unavailable Ua Ua

Age DOB Wt. Lb Kg

Name _____

Address _____

City _____ St. _____ Zip _____

Phone _____

Region _____

Age _____ Other _____

Treat _____ Other _____

Trans _____ Other _____

DECEASED

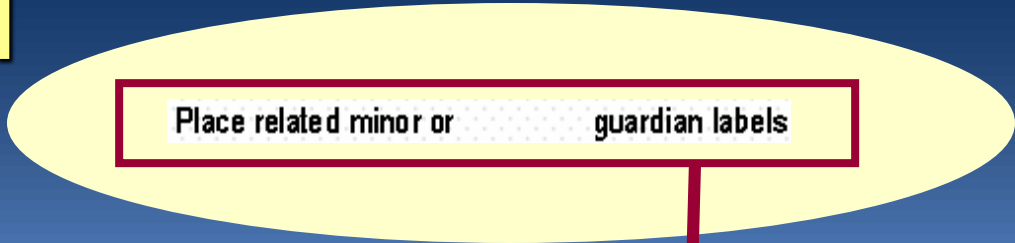
IMMEDIATE
LIFE THREATENING
INJURIES

DELAYED
MINOR LIFE THREATENING
INJURIES

MINOR
MINOR INJURIES

UNINJURED
DOCUMENTED BY
OFFICIAL

Place related minor or guardian labels



Note the “Place related minor or guardian labels” here portion. This area should be used when a parent/guardian and a patient are separated. A decal from the minor’s triage tag can be placed on the parent/guardian’s tag, and vice versa. This will help make it easier to find either party at a later time.

STATE OF NEW JERSEY
PERSONAL PROPERTY
EVIDENCE TAG
Dest
Unit
State of New Jersey
EMERGENCY TRIAGE TAG
Allergies
VICTIM DEMOGRAPHICS
Name
Address
City
Phone
SSN
Religion
Triage
Other
Treat
Other
Treat
Other
DECEASED
IMMEDIATE LIFE THREATENING INJURIES
DELAYED
MINOR INJURIES
UNINJURED DOCUMENTED BY OFFICIAL

NJ Disaster Triage Tag

Each tag comes with an attached 48-inch string that is used to place the tag around the patient's neck (preferably) or other body part

USE OF THE NJ DISASTER TRIAGE TAG

- After triaging a patient, pull off the appropriate colored bars as one piece;
- Do not write on the tag during initial triage;
- Hang the tag around the patient's neck.



REMEMBER TO KEEP EVERYTHING YOU TEAR OFF


CHANGING A PATIENT'S PRIORITY

- Patient's conditions can change - the need to reevaluate the priority of a patient may arise
- To change the patient's priority:
 - Leave the original tag on the patient;
 - Re-tag the patient with a new triage tag;
 - Write a large "2" on the new triage tag to indicate a changed priority and the re-triage effort;
 - Additional successive re-triaging should be numbered sequentially (i.e. "3," "4," etc.).

Storage of Triage Tags

- Triage tags come in bundles of 25;
- The Office of Emergency Medical Services requires that each licensed ambulance and recommends that each volunteer ambulance carry 50 New Jersey Disaster Triage Tags;
- This allows for easy patient accountability & relieves triage personnel of the responsibility of counting patients.

Triage Kits

- Triage kits should be created with S.T.A.R.T. system methods in mind. They may include:
 - Triage tags,
 - Airway adjuncts,
 - Gross bleeding control-bandages.
 - These tools are designed to address patient care issues encountered during triage.
- 

When to use Triage Tags

- The New Jersey Disaster tag should be used anytime there are:
 - 8 or more “green” patients
 - 6 or more patients of mixed categories
 - 4 or more “red” patients

How do I obtain more triage tags?

Additional New Jersey Disaster Triage Tags can be obtained by visiting the Office of Emergency Medical Services' website at <http://www.state.nj.us/health/ems>

and following the link for the New Jersey Disaster Triage Tag.

Complete the request for additional tags and forward it to OEMS.

Summary: Concepts

- The New Jersey Disaster Triage Tag is a forward-looking, all-hazards method of documenting patients and victims from a mass casualty incident.
- The New Jersey Disaster Triage Tag is now the accepted tag identified in the State of New Jersey's Emergency Operations Plan, Emergency Support Function (ESF#8) for Emergency Medical Services.

Summary: Triage Algorithm

- The S.T.A.R.T. algorithm is printed on the tag to refresh EMS First Responders;
- This also allows for the rapid on-site training of non-trained personnel.

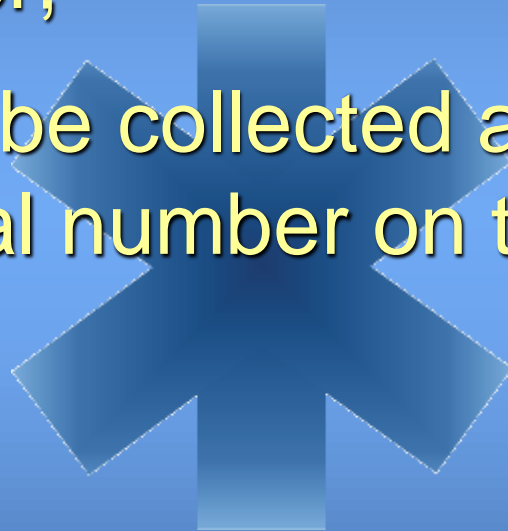


Summary: Patient Status

- The New Jersey Disaster Triage Tag uses color coded tear-off sections and injury documentation similar to that of the METTAG;
- The New Jersey Disaster Triage Tag addresses the concern of affected but uninjured patients and refusals by incorporating a “White” category.

Summary: Tear-off Strips

- Personal Property can be tracked using the tag number;
- Evidence can be collected and sorted using the serial number on the tag.

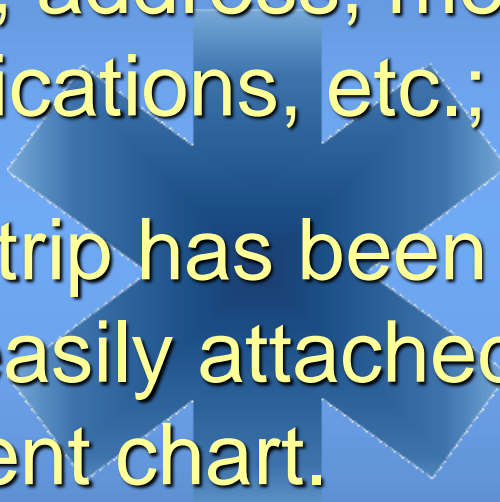


Summary: Body of Tag

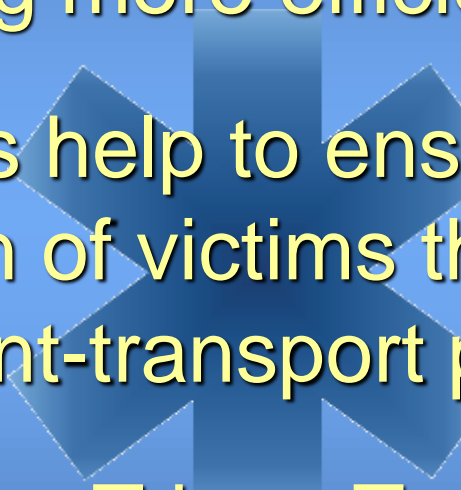
- Decontamination solutions can be documented;
- New sections have been included to address the specific concerns of nerve agent exposures.



Summary: Body of Tag

- The tag also includes pertinent information such as name, address, medical history, allergies, medications, etc.;
 - An adhesive strip has been added to allow the tag to be easily attached to the hospital's patient chart.
- 

Summary: Peel-off Decals

- Peel-off decals are designed to make patient tracking more efficient;
 - Peel-off decals help to ensure accurate documentation of victims throughout the triage-treatment-transport process;
 - The NJ Disaster Triage Tag allows minors and others to be associated with caretakers.
- 

This training program was developed by

The UMDNJ Center for BioDefense

And the

New Jersey Department of Health & Senior
Services

Office of Emergency Medical Services