Our next Quarterly Triage Day (QTD) Drill will begin **June 19, 2018 at 0800 Hours,** and continue until 0800 Hours June 20th.  MCIs occur frequently in the U.S.  All hospital emergency department and EMS personnel must be able to quickly, easily, and effectively use all of our MCI tools.

The Regional MCI Talk Groups will be used during two two-hour periods. See the Key Points below for details. A Job Aid specifically for this drill is in a separate attachment.

**Key Points:**

* On QTDs, every patient in every ED will receive a Triage Ribbon and Green Triage Tag.
  + In most cases, those should be placed by EMS.
* Assign each patient a SALT triage category (most will be yellow or green).
* Apply a Triage Ribbon using the Ribbon Kit.
* On QTDs, use **GREEN** Triage “Drill” Tags.
  + Medics, Ambulances, and EDs will have the **GREEN** Drill Tags.
  + First responder apparatus can and should apply a ribbon before the Medic arrives.
* DO NOT USE the “live” White Triage Tags for the drill.  Those are only for real world mass casualty incidents.
* Use actual patient information on the triage tags.
  + Hospitals will manage HIPAA material after EMS leaves the tags.
* EMS must complete a full runsheet on each patient.
* This drill incorporates all communications tools including OHTrac and the GDAHA Surgenet MCI page:
  + In a real-world event, the GDAHA Surgenet MCI page should be updated immediately and at least every 20 minutes.
  + For QTD Drills, each hospital should update the GDAHA Surgenet MCI page at least once every eight hours.
    - Hospitals only need to update the page for capabilities, not for numbers of patients received.
  + An OHTrac QTD incident will be created by GDAHA. Everyone should use this incident.
    - OHTrac use is optional for EMS.
    - Each hospital should enter at least eight patients into OHTrac each shift.
* MCI training materials (with **continuing education credits**) for both EMS and hospitals are available at <http://gmvemsc.org/training-mcicomm.html>.
* EMS agencies with MARCS radios should call hospitals on EVERY RUN for two time periods.
  + The first two hour block will be (1 – 3 PM; the second will be from 8 – 10 PM.
  + During those time blocks, every hospital will monitor the MCI Talk Group
  + Use **HSR3MCI** Talk Group during those times for nearly every transport.
    - However, if transporting to hospitals or EDs in **Butler** or **Warren** counties, use the **HSR6MCI** channel.
  + Each EMS agency calling on an MCI Talk group will make brief, MCI-style reports to the hospital.
    - The only items in an MCI radio report should be:
      * number of patients, triage color, and a two or three word description of medical issue, such as “chest injury.”
    - e.g., “Wayne Hospital, this is Greenville Medic 591 en route with one Yellow, possible fractured ankle.”
  + Avoid transmitting HIPAA protected health information (PHI)
  + If more extensive information or physician orders are needed, the Medic Crew must use the hospital’s regular radio channel or call by cell phone
  + MCI Talk Group need not be used if crew workload does not permit.

On behalf of Greater Dayton Area Hospital Association (GDAHA), Greater Miami Valley EMS Council (GMVEMSC), Dayton MMRS, and others, thank you for helping our region be better prepared.