For 24 hours during each Quarterly Triage Day (QTD) Drill, or region will practice triage and MCI communications.   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 below. A Job Aid specifically for this drill is in a separate attachment.

**Key Points:**

* On QTDs, **every patient in every ED receives 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**.  For the most part, only Medics and Ambulances will have the **GREEN** Drill Tags, but 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.
* **On QTDs, 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 on drill days for capabilities, not for numbers of patients received.**
	+ An **OHTrac** incident will be created by GDAHA for the QTD. Everyone will use the same incident.
	+ OHTrac use, and monitoring the GDAHA Surgenet MCI Page is optional for EMS.
	+ Each hospital should enter some patients into OHTrac each shift.
* **Slightly updated MCI training materials worth 1.5 Hours of continuing education for both EMS (at the top of the web page) and hospitals (scroll down the page) are available at**
* **<http://gmvemsc.org/training-mcicomm.html>**
* **EMS agencies with MARCS radios should call hospitals on EVERY RUN for during the two periods specified in the email announcement.**
	+ **During those 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 over the appropriate Talk Group
		- 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.