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Quarterly Triage Days


- Preparedness opportunity
 - Never know when or where for MCIs
 - How to use SALT, Ribbons, & Radios
 - OPPORTUNITY FOR EMS and EDs TO WORK TOGETHER!



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Quarterly Triage Days


- Collaboration with EMS, Emergency Departments, GDAHA, GMVEMSC, RPAB, et al
- 24 hours once per quarter
- For all hospitals or EDs and EMS agencies



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April 29-30, 2026 QTD: "Ribbons & Radios"

- Perform SALT triage on EVERY patient – EMS & ED
- Place Triage Ribbon on EVERY patient – EMS & ED
- MCI radio report on every EMS transport
- This month: no tags, no EMTrack



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SALT FOR QTD

SALT Mass Casualty Triage

• Assign a realistic SALT Category for EVERY EMS and ED patient:

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    graph TD
        S1[Step 1 - Sort: Global Sorting] --> S1a[Walk Assess 3rd]
        S1 --> S1b[Wave / Purposeful Movement Assess 2nd]
        S1 --> S1c[Still / Obvious Life Threat Assess 1st]
        
        S2[Step 2 - Assess: Individual Assessment] --> LSI[LSI: Control major hemorrhage, Open airway if child, Consider 2 necks or trachea, Chest decompression, Auto-injector antivenom]
        
        LSI --> B[Breathery?]
        B -- No --> D[Dead]
        B -- Yes --> C[Can't follow commands or makes purposeful movements?]
        
        C -- No --> R[Respiratory? Pulse?]
        R -- No --> D
        R -- Yes --> M[Major hemorrhage is controlled?]
        
        M -- No --> D
        M -- Yes --> A[Minor injuries only?]
        
        A -- No --> D
        A -- Yes --> Min[Minimal]
        
        B --> S[Survive?]
        S -- No --> D
        S -- Yes --> I[Immediate]
        
        D --> E[Expectant]
    
```



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Salt Triage Categories: ID-MED

- Immediate
 - Can't follow commands, in respiratory distress, uncontrolled arterial bleeding, or wrist pulse not palpable
- Delayed – Serious illness or injury
- Minimal – Minor illness or injury
- Expectant – not applicable for QTD
- Dead – hopefully not applicable for QTD
 - (Ribbon/Tag zebra-striped)



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SALT KEY QUESTION MNEMONICS: C-R-A-P AND GOOD/BAD




7-8 seconds:

- **C** - Commands /Purposeful movements?
- **R** - Respiratory Distress?
- **A** - Uncontrolled (Arterial) bleeding?
- **P** - Peripheral Pulse Present?

If patient is clinically “bad” to one or more assessment questions: patient is **Red** (or Gray)

All others are **Yellow** or **Green**



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PUT a Ribbon on every EMS and every ED patient!

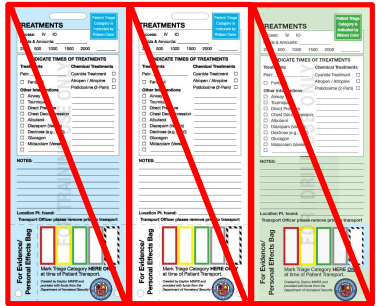

- Use Triage Ribbon color for the category you assigned
- Right wrist for both Ribbon and Tag






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NO Tags for April 2026 QTD

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Expectations



- Expect a Ribbon on **EVERY** EMS and ED patient during this QTD
- (and during a **real-world MCI!**)
- Expect a radio call on the MCI Talk Group on **EVERY** EMS transport during QTDs



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“HSR3 MCI” MARCS Radio Talk group




- “MCI MARCS” - additional ED radio used solely in MCIs or Exercises
- Used to:
 - Notify each ED of patients they will receive
 - Provide ALL hospitals with a “common operating picture” simultaneously
 - EDs can ask questions about incident over HSR3-MCI Radio Talk Group (TG)
- HSR6-MCI has same uses for EDs in Region 6
 - Talk Groups can be patched together

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Regional MCI Communications!

- Radios vs. cell phones
 - You wouldn’t consider using cell phones for a structure fire
 - Don’t plan to use cell phones for hospital comms during MCIs (or QTDs)!
- HSR3 MCI MARCS Radio Talk Group (and HSR6) in your radio template
- **DO YOU KNOW WHERE TO FIND MCI TG IN YOUR RADIO?**
 - Do you know which Zones have the MCI TGs?
 - Are you comfortable changing Zones?

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HSR3 MCI-MARCS Radio Talk Group

- During an event, EDs turn on MCI TG
 - Monitor MCI radio following any MCI notification via Regional Hospital Notification System (RHNS)
- During QTDs, EDs must turn on and monitor the MCI TG
- If the ED did not answer the MCI radio, EMS should offer to assist them with the radio on arrival



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HSR3 MCI-MARCS Radio Tg

- No alerts on MCI TGs!
- Hospitals monitor MCI Radio during MCI and QTD, but...
 - EDs are noisy!
 - EMS must clearly identify which ED is being called
 - EMS must carefully confirm which ED answered
 - EDs must listen to be sure the call on the MCI TG is for them
 - EDs must clearly state which ED is answering



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MCI-style reports on QTDs

- Expect EMS to make **BRIEF**, MCI-style reports to the ED on the MCI Talk Group for **every** patient during 24 HOURS of QTD
 - Example: "Wayne Hospital, this is Greenville Medic 591 enroute with one Yellow, possible fractured ankle."
- MCI Reports should be **DIFFERENT!**
 - When there are 40 patients, you do **NOT** want EMS to make a full report on each!
 - MCI calls: No vital signs, no EKG findings, no medical hx
 - *Short, sweet, to the point!*
- If EMS provides a report that is too extensive, give courteous feedback

If an ED has trouble responding over the MCI radio, please offer to help ED staff upon your arrival. Disaster preparedness is collaborative!



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100%!!

- The goal for this QTD is participation by **EVERY** EMS and ED in the region!
- When EMS arrives at EDs, the patient should already have a ribbon in place
- Everyone should see a ribbon on **EVERY** ED patient
- **LET'S ALL WORK TOGETHER!**



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