

# Triage Tag Practice Days

# S.B.A.R.

- Situation:
- Background:
- Assessment:
- Recommendations:

# Situation:

- Provide EMS Providers and Emergency Department staff the opportunity to train with color coded triage tags four (4) times each year.

# Background:

- EMS Providers and Emergency Department staff members must know how to use color coded triage tags effectively in the time of a mass casualty incident. They are designed to be used when the number of patients exceeds the normal day to day resources. EMS and ED staffs have limited opportunities to use the triage tags and gain familiarity and ease of use.

# Assessment:

- Using the color coded triage tags more frequently under routine day to day conditions will allow EMS providers and ED staff to develop expertise with using the triage tag. This process will also allow all providers to receive feedback on the color tagging inter-rater agreement. (Do the prehospital tag color and the ED triage category align?) All participating EMS services and Emergency Departments will receive feedback on this activity.

# Recommendation:

- A triage tag day will be held four times each year for a 24 hour period on each day. The dates will be scheduled and announced in advance. Color coded triage tags will be provided by the Tri-County EMS office to each participating service. Each EMS service and Emergency Department will receive an informational packet with the full details of the project. All participants will receive a summary of the activity and any suggestions for improvement

# Who Would Like to Participate?

- Survey will be sent

## Triage Tag Project

**\* 1. My EMS Service or Emergency Dept. is willing to participate in the Triage Tag Day Project being held in FY 2015**

Name:

EMS Service or Hospital:

Email Address:

Best Contact Phone  
Number:

Done

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See how easy it is to [create a survey](#).

# Informational Packet

## EMS Service

- Thank you letter
- Service instructions
- Tagging Instructions
- Providers Instructions
- Tags
- Evaluations
- Reporting forms
- Return envelope

## Emergency Dept.

- Thank you letter
- ED instructions
- Tag Information
- Staff Instructions
- Tags
- Evaluations
- Reporting forms
- Return envelope



# Logistics

- Time: 24 hour period 0700 to 0700
- Day of week will alternate
- Only for emergency transports (unscheduled calls)
  - Not for routine transfers, interfacility transfers or PIFT
- Deceased patient – no tag will be applied – but will be included in count.
- Tags will be collected in ED.
- Charting in both EMS and ED PCR/EMR
- Reports returned to TCEMS
- Data will be collated and a report supplied to all who participate.

# Which Tags?



**Site Mark or Property Tag** Patient #:  **HAZMAT? Y/N** (If yes, see back)

**Personal Property Tag** Patient #:  **HAZMAT? Y/N** (If yes, see back)

**Commander's Log** Patient #:  **HAZMAT? Y/N**

Status (circle):  Red  Green  Black

Name: \_\_\_\_\_ Sex: M/F Age: \_\_\_\_\_  
 Sent to: \_\_\_\_\_ Time: \_\_\_\_\_  
 Transport by: \_\_\_\_\_

**For Ambulance Use** Patient #:  **HAZMAT? Y/N** (If yes, see back)  
**DECON? Y/N** (If yes, see back)

**METTAG** Patient #:  **CHEM / BIO Triage Tag** Patient keeps this strip

**HOSPITAL RECORD** Patient #:

M/F Pregnant? Y/N Age: \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Address: Street: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**Who is Authorized? Patient | EMS | Other:**

Authorized In: Hot Warm Cold

Time	BP	Pulse	Resp.	Alert Response
				Alert Verb. Pain Un.
				Alert Verb. Pain Un.

History: Rx / Allergies / Problems? \_\_\_\_\_

Initial Eval  Back Eval

Time	Initials	Triage Status Log	
		R	G B

**HAZMAT? Y/N R? (If Y or ?, see back)** Note time and status above. Remove appropriate tag(s) below.  
**DN? Y/N (If Y, see back)** Note changes above.

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**EXPECTANT**  X if Good:

**IMMEDIATE**

**DELAYED**

**MINIMAL**  X if no Injuries:

**Site Mark or Property Tag**

Notes/HAZMAT: \_\_\_\_\_

**Personal Property Tag**

Notes/HAZMAT: \_\_\_\_\_

**Commander's Log**

Notes/HAZMAT/DECON: \_\_\_\_\_

**For Ambulance Use**

Notes/HAZMAT: \_\_\_\_\_

**Safety Issues Notes:**

**A-E Triage System™** **METTAG 2**

EMT/MD/Org. Name: \_\_\_\_\_  
 EMT/MD/Org. Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Badge #: \_\_\_\_\_

**A1 Assess Risk** If danger, get all patients to safe triage/DECON area

**A2 Assess Priority** 1st: Send ambulatory patients to GREEN area.  
 2nd: Check those not moving or not alert. 3rd: Check all others

**B1 Breathe** If not breathing, reposition. If still not breathing, tag **Expectant**.  
 Tag **Immediate** if major breathing problem (aver. > 1 breath per 2 secs)

**B2 Bleeding** Control major bleeding. If can't, tag **Expectant**. If weak pulse or capillary refill takes > 2 seconds, tag **Immediate**

**C Categorize Remainder** If not alert & life is threatened tag **Immediate** if serious, but no immediate threat to life, tag **Delayed**  
 Non-serious injuries or no injuries, tag **Minimal** (if no injuries, note on front)

**D Decon** (check boxes, if done):  **Gross Decon:** Do upwind. Scrape away gross HAZMAT. Remove contaminated clothes & protective gear, watches etc. Cut away clothing if needed to prevent further skin contact. Wash hands.  **Secondary:** Use skin decon kit if available. If whole body exposure, use copious soap/water shower/spray. Chemical decon with 0.5% solutions (e.g. 1 part bleach/10 parts water) - not in eyes or open body cavities. Flush eyes with water. Put on fresh clothes.  
**HAZMAT/Decon notes:** \_\_\_\_\_

**E Evaluate:** Check for dangerous items & HAZMAT status? If safe, check box  if not, explain: \_\_\_\_\_

Treatment Type	Amount/Rate/Etc.	Time	Initials

For more information or training materials call TACDA / METTAG Products, Inc. at 1-800-424-6337 or visit our website at WWW.TACDA.ORG or WWW.METTAG.COM

**0 EXPECTANT** Notes: \_\_\_\_\_

**1 IMMEDIATE** Notes: \_\_\_\_\_

**2 DELAYED** Notes: \_\_\_\_\_

**3 MINIMAL** Notes: \_\_\_\_\_

Comments? Questions? Ideas