



San Joaquin County Emergency Medical Services Agency



TRIAGE TUESDAY BACK TO BASICS

As part of the San Joaquin County EMS Agency dedication to emergency preparedness, the EMS Agency is implementing Triage Tuesday.

Triage Tuesday's will be conducted on the third Tuesday of the month between the hours of 1200 and 2200.

During the 10 hour exercise, EMS personnel will assign a triage category to every patient that is transported to a hospital. EMT-Is and paramedics are to initiate and complete a triage tag for every patient (ALS and BLS) transported to a hospital.

On the day of the exercise, the Disaster Control Facility (DCF) is to initiate the exercise by creating a "Triage Tuesday" MCI event on EMResource. Receiving hospitals are to collect triage tags and verify that patients met the criteria utilized and annotate whether it was correct or not on the triage tag. All triage tags will be collected by the EMS Liaison for each facility and forwarded to the EMS Agency for review.

It is the goal of the EMS Agency that this monthly exercise will improve basic skill of triage performance within the EMS system and assist EMS personnel to maintain high skill levels.

The first Triage Tuesday will be November 20, 2007. If you have any questions, please contact Kevin O'Loughlin, MICP EMS Specialist at (209) 468-6818 or by email at koloughlin@sjpgov.org.

CONTAMINATED

Personal Property Receipt/ Evidence Tag		* 1234567 *	
Destination _____		* 1234567 *	
Via _____		* 1234567 *	
TRIAGE TAG			
<input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> U <input type="checkbox"/> D <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> M <small>(Serious/Life Threatening/Unconscious/Obvious Life Threats/Enraged/Minor)</small>			
AUTO INJECTOR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
Primary/Secondary Primary/Secondary Solution			
Head Trauma Burn Choking GHBAC Fracture Laceration Resuscitating Injury		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Other: _____			
VITAL SIGNS			
Time	B/P	Pulse	Respiration
Time	Drug Solution	Dose	

CONTAMINATED

EVIDENCE

MORQUE	
IMMEDIATE Life Threatening Injury * 1234567 *	IMMEDIATE Life Threatening Injury * 1234567 *
DELAYED Serious Non Life Threatening * 1234567 *	DELAYED Serious Non Life Threatening * 1234567 *
MINOR Walking Wounded * 1234567 *	MINOR Walking Wounded * 1234567 *

EVIDENCE

Comments/Information	
Patient's Name _____	
RESPIRATIONS <input type="checkbox"/> Yes <input type="checkbox"/> No	PERFUSION <input type="checkbox"/> + 2 Sec <input type="checkbox"/> - 2 Sec
MENTAL STATUS <input type="checkbox"/> Can Do <input type="checkbox"/> Can't Do	
Move the Walking Wounded → MINOR	
No Respiration After Head Tilt → MORQUE	
<input type="checkbox"/> Respiration - Over 30 → IMMEDIATE	
<input type="checkbox"/> Perfusion - Capillary Refill Over 2 Seconds → IMMEDIATE	
<input type="checkbox"/> Mental Status - Unable to Follow Simple Commands → IMMEDIATE	
Otherwise → DELAYED	
PERSONAL INFORMATION	
NAME _____	
ADDRESS _____	
CITY _____	ST _____ ZIP _____
PHONE _____	
COMMENTS _____ RELIGIOUS PREFERENCE _____	

MORQUE	
Pulseless/Non-Breathing	
IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury
DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening
MINOR Walking Wounded	MINOR Walking Wounded