

Hospital Training Objectives for SMART Triage Tags
and the District Board of Health's Multi-Casualty Incident Plan
9/5/07

Participants will be able to:

Explain why triage of patients is important to do the greatest good for the greatest number, and to insure the right patient gets to the right hospital that can provide for the patient's needs as expediently as possible after being stabilized on scene.

Describe the process used by scene personnel and REMSA Medical Dispatch, based on baseline hospital patient capacity numbers, to coordinate where patients will be dispersed in a Multi-Casualty Incident (MCI).

Describe the hospital's role in updating baseline numbers if needed through contact with REMSA Medical Dispatch.

Hospital Baseline Numbers

Renown Regional Medical Center	10 reds, 20 yellows, 50 greens
Renown Med. Ctr. South Meadows	3 reds, 4 yellows, 10 greens
Northern Nevada Medical Center	3 reds, 7 yellows, 10 greens
St. Mary's Regional Medical Center	6 reds, 10 yellows, 20 greens
VA (Sierra NV Health Care System)	3 reds, 7 yellows, 10 greens
Incline Village Community Hospital	3 yellows

Understand that during a hospital evacuation or a prolonged disaster event, hospital staffed bed availability is monitored--not the red, yellow, and green capacities.

Understand that REMSA Medical Dispatch will provide updates to the hospitals as further information is received regarding the event and potential patient numbers after the hospitals have been notified of an MCI pre-alert or alert. The process of information gathering from the field takes time, and hospitals will be notified when significant information is received.

Explain the three-color priorities used on the SMART Triage tag and their significance regarding priority of transfer to the hospital and the relationship to survivability:

- IMMEDIATE (Red) – Critical; life threatening; likely to survive if care is received within thirty minutes (30).
- DELAYED (Yellow) – Serious; may be life threatening; likely to survive if care is received in thirty minutes (30) to several hours.
- MINOR (Green) – Not considered life threatening; care may be delayed hours or days; this group may be referred to as the walking wounded.
- DECEASED – Mortally wounded or clinically dead are not transported from the scene. They are marked with a black tag by scene personnel.

Describe the process for determining which triage category is assigned in the field using START/Jump START triage methods based on respirations, perfusion and mental status. Based on these triage methods the appropriate priority color is folded on the card so that it appears face-up in the tag's plastic envelope.

In addition to the tag priority colors of red, yellow, green, list the documentation categories on the SMART Triage Tag:

- Patient details
- Past medical history/medications/allergies
- Treatment and Vital Signs

Understand the reassessment/re-triage criteria used in field treatment areas by higher level medical personnel using diagnostic related categories:

REASSESSMENT IN TREATMENT AREAS BY DIAGNOSTIC CATEGORIES

FIRST PRIORITY (RED) IMMEDIATE

Airway problems of any type
Most types of chest wounds
Deteriorating vital signs
Suspected internal hemorrhage
Severe uncontrolled external bleeding
Head injuries with decreasing level of consciousness
Partial and full-thickness burns of 20%-60% of body surface
Medical conditions with deteriorating vital signs, altered level of consciousness, or severe breathing problems

SECOND PRIORITY (YELLOW) DELAYED

Open fractures
Multiple fractures
Spine injuries
Large lacerations
Partial and full-thickness burns of 10%-20% of body surface
Medical conditions manifested by abnormal vital signs or severe pain consistent with a life threatening condition
Injuries or conditions involving circulatory compromise to an extremity

THIRD PRIORITY (GREEN) MINOR

Minor burns
Closed fractures
Sprains and strains
Minor lacerations
Abrasions and contusions

DECEASED OR EXPECTANT (BLACK)

Obviously dead
Probable fatal injuries, such as severely crushed heads or full-thickness burns of 80-100% of body surface
Cardiac arrests

Understand that triage is a dynamic process and the patient's condition may change by the time the patient arrives at the hospital.

Describe how, if the patient's triage category changes in the field or en route, the color priority is changed and the triage card is refolded so the appropriate color appears in the plastic envelope.

Understand the importance of putting the triage tag number on the patient's hospital medical record so patients can be tracked all the way through the treatment process, for forensic investigation purposes, and for triage quality improvement processes after the event.

Recognize the separate decontamination card used in addition to the color coded triage tag if needed.

Describe why it is important for hospital personnel to know the type of decontamination process used by field personnel if the patient has been exposed to a hazardous material. The hospital may decide to carry out a secondary decontamination process when the patient arrives at the hospital

Describe the major components of the contamination/decontamination portion of the SMART triage tag for a chemical exposure, radiological exposure and biological agent.