

**APRIL 28-29, 2026
QTD
EMERGENCY DEPARTMENTS**



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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

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

SALT Mass Casualty Triage

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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, Consider C-spine, Chest decompression, Auto-injector]
        S2 --> Dead[Dead]
        
        LSI --> B[Breathery?]
        B -- No --> Dead
        B -- Yes --> C[Can't follow commands or makes purposeful movements?]
        
        C -- No --> D[Dead]
        C -- Yes --> F[Flow? (Pupils?)]
        
        F -- No --> D
        F -- Yes --> R[Respiratory distress?]
        
        R -- No --> D
        R -- Yes --> H[Major hemorrhage controlled?]
        
        H -- No --> D
        H -- Yes --> M[Minor injuries only?]
        
        M -- No --> Delayed[Delayed]
        M -- Yes --> Minimal[Minimal]
        
        B --> S[Survive?]
        S -- No --> Expectant[Expectant]
        S -- Yes --> Immediate[Immediate]
    
```



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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 - Ancontrolled (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!

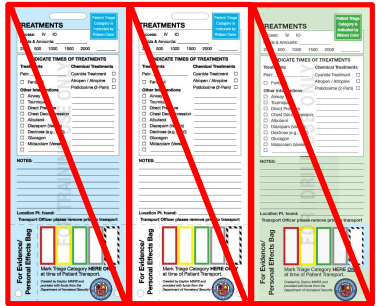

- Use Triage Ribbon color for the category you assigned
- Right wrist for both Ribbon and Tag






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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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ED Personnel


- ED staff must place a ribbon on every patient!
- ED staff put your initials on each ribbon you apply
- This allows us to differentiate ribbons put on by the ED from ribbons placed by EMS
- If EMS ribbioned the patient, ED does **NOT** need to add one
- When each patient leaves ED (discharged or admitted), collect and save the ribbon

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HSR3 MCI-MARCS Radio TG


- 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 will offer to assist 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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EMS Coordinators


- **At conclusion of the 24-hour QTD, count ribbons with and without initials for your ED**
- **Email tallies of three numbers based on counts of collected ribbons to GDAHA and MMRS:**
 - **Total number of ED patients during the 24 hours**
 - **Number of ribbons placed by EMS crews**
 - **Number of ribbons placed by ED staff**



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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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