

Montgomery County Fire and Rescue Service FIRE CHIEF'S GENERAL ORDER

NUMBER: 15-16

November 16, 2015

Page 1 of 3

TO: All MCFRS Personnel
FROM: Fire Chief Scott E. Goldstein
SUBJECT: Triage Proficiency



This FCGO replaces and rescinds FCGO 14-13 (revised).

Effective November 17th, 2015, MCFRS will dedicate one full week every March and September (the third Sunday to the following Saturday) to using the tools of effective MCI management. The program will concentrate on the *START* and *JumpSTART* triage systems and components of the Incident Command System on expanding EMS incidents.

All personnel must review the Maryland Triage System presentation and documents before beginning the week-long requirements. The Maryland Triage System Training, as well as supporting documents, can be found at www.MIEMSS.org under the "Documents" tab. The preferred training platform is company level or Battalion-based, but personnel can review the training individually.

During the seven day periods (Sunday to Saturday) from 0700 to 1700, all personnel will apply the skills listed on the *MCI Monday Benchmarks* (attached) as a minimum on **EVERY** EMS incident (including single patient events).

All personnel are encouraged to frequently review triage procedures. Nothing prohibits supervisors from requiring these tasks on additional days, incidents or training events.

Personnel are also reminded of the following MCI guidelines:

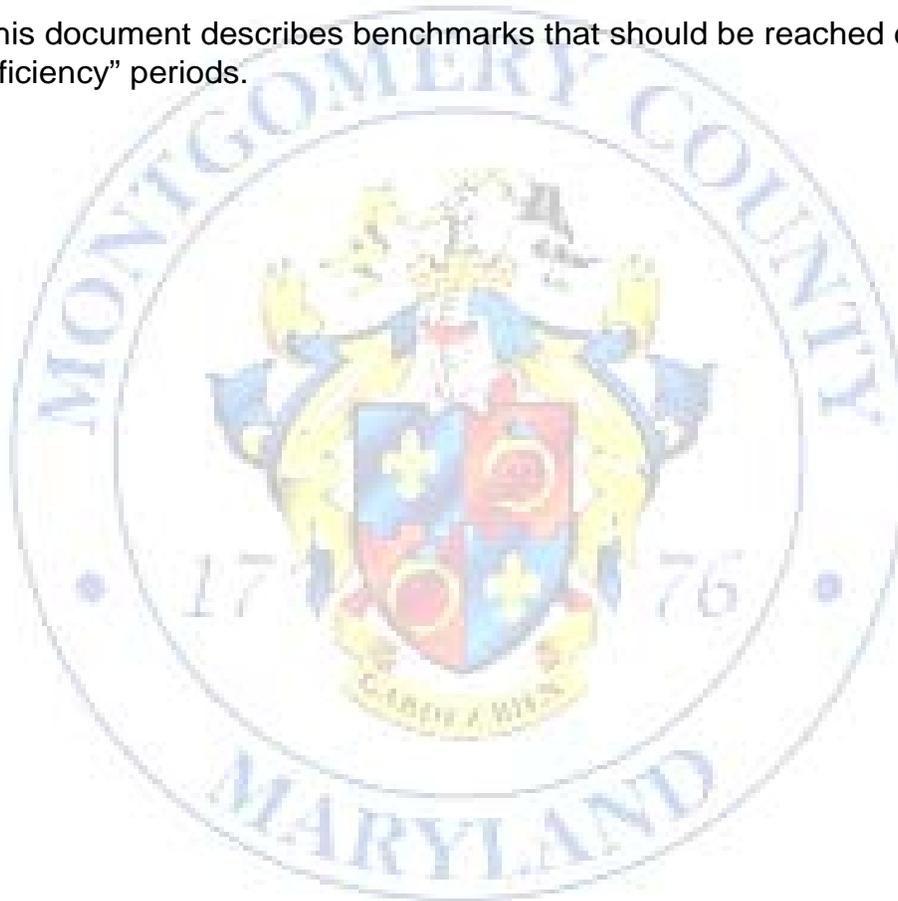
- Consider expanding the EMS Group on incidents with five or more patients. This may include establishing Casualty Collection Points, Treatment Unit Leaders/Areas, Medical Communications Coordinator, Transportation Unit Leader, or other positions.
- Use the Transportation/Disposition Officer Log and Patient Tracking Log on incidents with five or more patients and ensure you affix the appropriate label to the document.

For questions or further clarification about the process or requirements, contact the on-duty EMS Duty Officer or the EMS Section.

FCGO 15-16
November 16, 2015
Page 2 of 3

To assist with MCI training, each EMS Duty Officer (EMSDO) has been provided with a Mass Casualty Incident Training Kit. These kits include treatment area tarps, tags, ribbons, forms, and inflatable “patients”. Requests to use these kits may be coordinated through the EMSDO responsible for the shift and geographical area for the requesting station.

Page 3 of this document describes benchmarks that should be reached during “Triage Proficiency” periods.



FCGO 15-16
November 16, 2015
Page 3 of 3

MCFRS “Triage Proficiency” Benchmarks

On every EMS incident from 0700 – 1700 during the third full week of March and the third full week of September:

- Within the first minute of patient contact:
 - Perform Primary Triage using the START/JumpSTART system.
 - Apply the appropriate colored triage ribbon based on the triage decision.
- Before loading the patient into the transport unit, attach a Maryland Triage tag using the ribbon to the upper part of the body (e.g. an arm). At a minimum, the information on the tag must include patient name, chief complaint, and vital signs.
- Before going in service from the scene, personnel from the primary manpower piece on the call must obtain the transport stub from the triage tag and place it upon a Transportation/Disposition Officer Log. A separate form must be used for each receiving hospital transported.
- The triage tag number must be noted in the ePCR/eMEDs (or successor system) report using the designated field. Use of the triage tag does not eliminate the requirement to complete an ePCR for each patient.
- Before leaving the hospital, obtain a bar code sticker from the triage tag, and place it on a Patient Tracking Log form in the patient column. Circle the status column (RYGB). Each transport unit should only have one Patient Tracking Log per day.

All sections on each document must be completed and include the station/unit and date of service in the upper margin.

At the end of the shift, the station officer will collect the completed Logs from each piece of apparatus and mail them via interoffice mail to the Battalion Chief. If no patient contacts were made by a unit that day, this information should be emailed to the Battalion Chief. After verifying that the forms were complete, the Battalion Chief shall organize and mail the forms to the EMS Assistant Chief.

The document handling for volunteer staffed units will be managed by the LFRD Chief or designee. After LFRD review, completed documents must be submitted to the Assistant Chief of the EMS Section.