

TRIAGE AND PRE-HOSPITAL TREATMENT TCL

Central Region G&T Conference
Houston, Texas
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Discussion Points

- Make up of Pre-Hospital Care
- EMS Systems
- Operational Roles
- Triage
- Transport
- Electronic Adjuncts
- Communications
- CISM
- Target Capabilities List

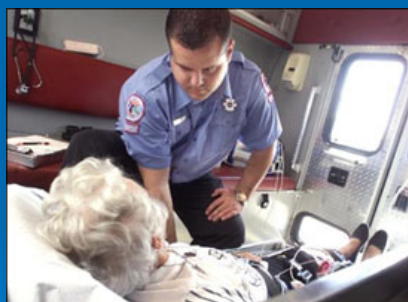
Pre-Hospital Care

- Traditionally the venue of Emergency Medical Services
- Must also include:
 - First Responders
 - Medical Community
 - Organized Volunteers
 - Citizens



Emergency Medical Services

- EMS agencies are found in a myriad of organizations:
 - Fire
 - Third Service
 - Public Utility
 - Hospital
 - Private
- *The vast majority of EMS in the country is not fire-department based*



Emergency Medical Services

- Most are small privately-owned businesses or volunteer organizations
- Subject to the economic pressures of medicine
- 4% of previous HS funding given to EMS



Operational Roles

- **Rule #1--Medics will resort to area of familiarity and comfort when presented with the stress of a disaster**
- Operational Roles will determine training, exercise, and equipment needs.



Triage

- Non-empirically based
- **Two-tiered system vs. the traditional three (Red/Yellow/Green)**
- Usually done wrong early— done multiple times
- Resource based
- ADLS M.A.S.S.



Transport

- 50 to 85% will self-refer
- Closest hospitals will be flooded—by EMS
- Trauma paradox
- Urban—transport units will not be in short supply



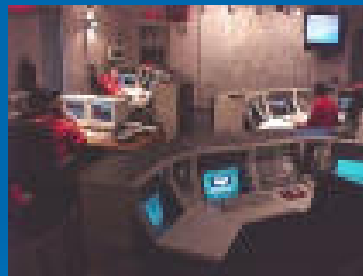
Electronic Adjuncts

- **Electronic patient charts—some good, some bad**
- **Triage/tracking—may help track--may get thrown out early**



Communications

- **Consoles limit the surge capacities of centers**
- **Most EMS very limited in channels**
- **EMS Cell phone use**
- **Interoperability is needed, but traffic volume is still the greatest problem**



Post Incident

- CISM: Mandatory vs. Voluntary
- Effect of the media
- Post-incident medical monitoring



Target Capability List

- Three year project—doesn't have to be done overnight.
- No expectation to accomplish *all* of the capabilities.
 - 30% spare vehicles
 - Exercises—annually
 - Vehicle tracking/resource typing
 - Patient tracking

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