

ATTACHMENT 3 – EMS REGIONAL DISASTER TAG GUIDELINES

1) Treatment Group:

- a) Place the Regional EMS Disaster Tag on the Patient. The order of preference for placing the tag is: around the neck > right wrist > left wrist > right ankle > left ankle.
- b) Write the patient's name, age, sex, race, (W-White, B-Black, H-Hispanic, O-Other), if known.
- c) Record chief complaint and injuries found.
- d) Tear off and dispose of "contaminated" strip (1) when:
 - i) Patient is not contaminated
 - ii) If patient is contaminated, AFTER proper decontamination has taken place.

2) Transportation Group:

- a) Record the transport agency and unit ID (i.e. HFD AMB 8 or Metro Bus 53147)
- b) Record the hospital destination.
- c) Record triage acuity (Green, Yellow, and Red)
- d) Personal Property Receipt (2) should be placed with the patient's belongings in a bag.
- e) Destination Receipt (3) should be removed and kept with the Transportation Recorder(s) for redundant patient tracking. On the lines record:
 - i) Hospital Destination
 - ii) Transporting agency
 - iii) Patient Name
 - iv) Acuity

3) Transporting Ambulance – Perform these actions during transport:

- a) Record treatment, vitals, and findings on the Regional Disaster Tag
- b) Keep Patient Name Receipt for your records
- c) Complete a full EMS record on all patients once incident is concluded

FRONT

BACK

2
3
1

CONTAMINATED

Personal Property Receipt/ Evidence Tag *F0231291*

Destination _____ *F0231291*

Via _____ *F0231291*

All Risk™ TRIAGE TAG *F0231291*

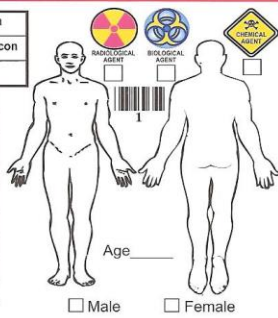
S L U D G E M
Salivation Lacrimation Urination Defecation G.I. Distress Emesis Miosis

AUTO INJECTOR TYPE 1 2 3
AUTO INJECTOR TYPE 1 2 3

Yes No **Primary Decon**
Yes No **Secondary Decon**

Solution

Blunt Trauma
Burn
C-Spine
Cardiac
Crushing
Fracture
Laceration
Penetrating Injury



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Other: _____

VITAL SIGNS


Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

F0231291

Comments/Information

Patient's Name



START TRIAGE UTILIZATION
INITIAL RIBBON TRIAGE COLOR

RED **YELLOW** **GREEN**

- OR -

Move the Walking Wounded **MINOR**

No Respirations After Head Tilt **EXPECTANT**

R Respirations - Over 30 **IMMEDIATE**

P Perfusion - Capillary Refill Over 2 Seconds/No Radial Pulse **IMMEDIATE**

M Mental Status - Unable to Follow Simple Commands **IMMEDIATE**

Otherwise **DELAYED**

TREATMENT ADMINISTRATION • COMMENTS

Rescuer Name _____ ID# _____
Agency _____ Unit # _____

PERSONAL INFORMATION

NAME _____
ADDRESS _____
CITY _____ ST _____ ZIP _____
PHONE _____

EXPECTANT

IMMEDIATE *F0231291*	IMMEDIATE *F0231291*
DELAYED *F0231291*	DELAYED *F0231291*
MINOR *F0231291*	MINOR *F0231291*

EVIDENCE

EXPECTANT
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

EVIDENCE