

## **Policy # Public 1.1.1 Triage to Public Safety**

**Developed by: Trustee Development**

**Effective Date: 08/30/2023**

**Approved by: OAO Management**

**Revised Date:**

**Distribution: EMS Policy & Procedure Manual**

**Purpose:** The purpose of this policy is to assure the procedural response to any on scene request by another public safety entities who are requesting transport of a reported patient.

**Policy:** Alliance EMS is providing this public policy in the effort to provide a guideline to other public acting agents. The guideline provides an outline to the agent in circumstances of resource strain in which response of the additional resource may be delayed. The agent should already have a medical unit on scene for this procedure to be enacted.

### **Procedure:**

- In the circumstance where the request for a medical unit is made by another public safety entity. The initial intake by the field unit must be as follows.
  - The information to be identified by the scene agent or officer must be as follows:
    - Age and Gender of the potential patient.
    - Medical nature of the request. (With current illnesses and / or injuries.)
    - Any current medical units currently on scene.
  - The agent (unless in circumstances where the medical unit is actively treating a life threatening condition) should advise the unit of the additional patient(s).
- If the Medical unit is able to break away:
  - The public safety agent is to advise the medical unit of the additional patient.
  - The Medical unit then is to advise their communications of the request, and evaluate for actual patients.
  - Dispatch entities are to mark the note either by trackable timestamp entries with primary notes for subsequent potential patient(s). Or by

additional card entries with call linking or appendment (agent preference.)

- The medical unit in teams of two or more are to break the senior agent away from the primary patient to evaluate the request.
- The medical agent is to then determine an initial triage of critical, non-critical, or routine upon size-up evaluation.

■ Medical:

● Critical:

- Unit is to update Medical Communications with a priority update with initial findings & resource requests.
- Unit is to provide life-threatening interventions.

■ If the unit is in need of additional medical providers assistance. The senior medical provider is to advise the crew any team treating a stable patient is to break away any non-critical resource to render aid.

- I.E. EMT<sup>1</sup> and ER<sup>2</sup> treating a breathing problem with oxygen or nebulizer is to remain with the patient. The EMT is to remain with the patient and the ER is break off with the senior provider.
- Where as if the current patient is a White or Green tag<sup>3</sup> with a higher acuity patient present the EMT is to remand care temporarily to the EMR.

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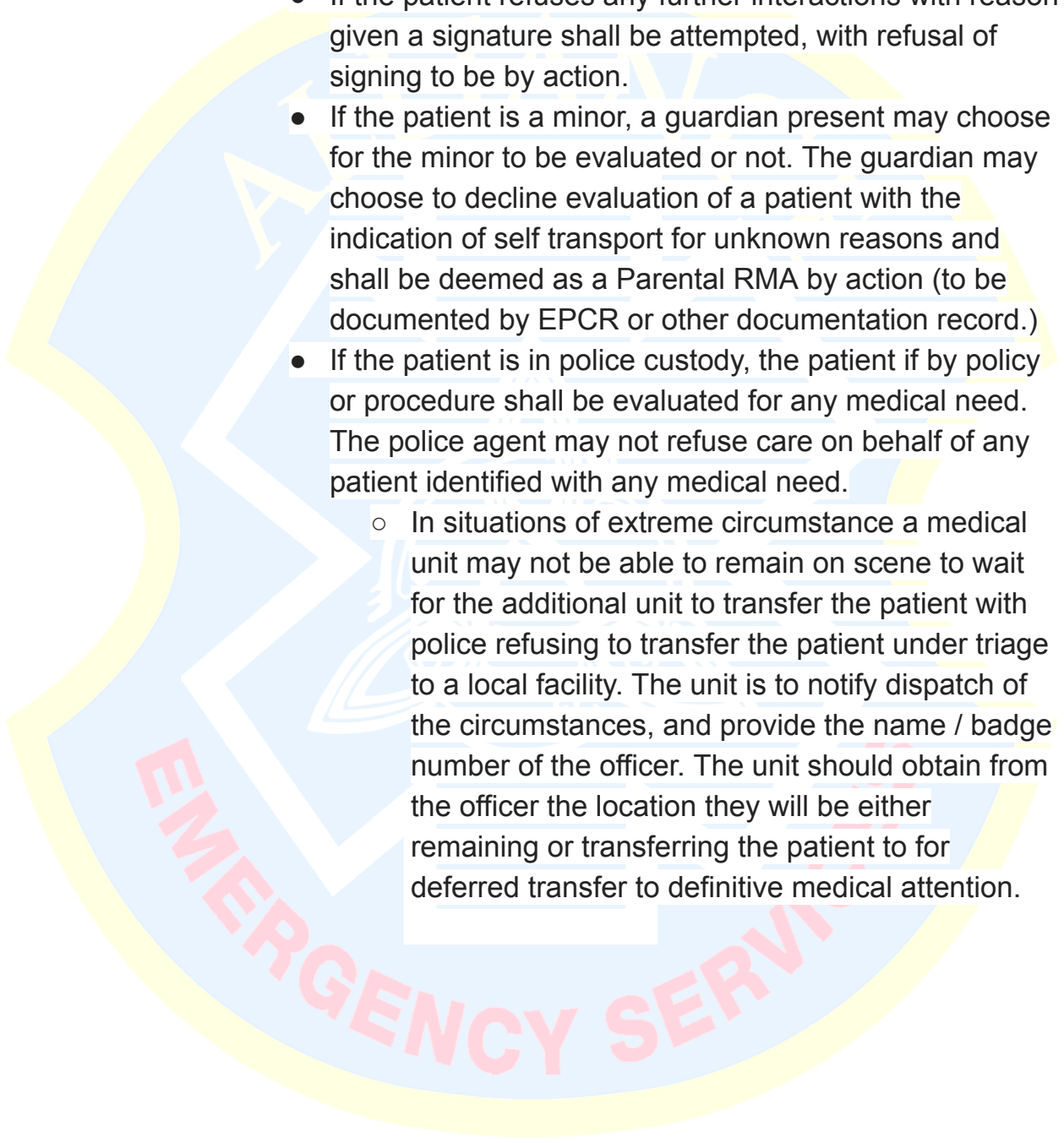
<sup>1</sup> EMT - Emergency Medical Technician

<sup>2</sup> Emergency Responder - As defined as any trained emergency responder with the minimum standard of medical care for emergency environments. (See Allianceems.org for further guidelines or definitions.)

<sup>3</sup> White / Green Tag - Initial triage term for a partie(s) identified as in need of medical attention are by secondary evaluation deemed as hemodynamically stable with no life threat or ongoing observation.

- Non-Critical:
  - The provider is to update communications of the additional patient, with the nature of the additional patient.
  - Initial treatment is to be provided.
  - Transport status to be evaluated upon secondary assessment.
- Routine
  - The provider is to update communications of the additional patient, with the nature of the additional patient.
  - If any\*: the unit is to assist with any medical interventions requested.
  - Transport status to be evaluated upon secondary assessment.
  - If transport status is determined, communications are to be advised and provide resource availability to the medical unit.
  - The senior medical agent is to then advise the senior public safety agent of the current resource availability with potential time frame of the unit arrival.
  - If there are no units within a reasonable time frame the units are to coordinate a triage to public safety parameter. (Jump to Triage procedure)
  - Exception circumstances: In circumstances where the triage priority for the secondary patient is deemed greater than the current patient.
    - The public safety agent (other than the medical) must advise the medical agent on the scene of the patient and the nature.
    - The medical unit if not in active treatment should break from the current patient (Green tag or lower) and evaluate circumstances.
    - Once confirming the patient as a Yellow or Red tag: the team is to reconfigure as necessary to treat the patient.
      - IE Cardiac / Respiratory arrest (Red Tag) vs laceration (Green tag): Red = EMT x 2; Green=ER

- IE: Femur fracture (Yellow Tag) vs Psychiatric (White Tag): Yellow = EMT + (=>ER) vs White (EMR or Triage to PS)
  - The senior medical provider on scene shall remain the authority in determining the operational configuration needed to provide services congruently to all parties until additional resources arrive.
- Triage to Public safety procedure:
  - In the event the imminent transport of a patient must occur (Life threat, patient endangerment, ect.) a rapid triage from previously outlined guidelines should have been acted prior. The complete triage shall be outlined as follows when a patient is deemed medically lower on treatment but deemed stable enough that another public safety entity capable of transporting a patient safely without the likelihood of condition exacerbation or life threat.
  - Initial:
    - Evaluation and interview of the potential patient:
    - The patient should describe any current illnesses or injuries.
    - If the patient describes any pains or illnesses, the provider is to look for any factors of distress.
    - If none are present the provider should obtain the patient's demographics and a complete set of vitals. If the patient is either uncooperative or the provider is unable to complete a respiratory rate is to be documented.
    - The patient is to be advised that they are to be transported by the public safety entity to a hospital of the patient's choice (if situation permitting.)
    - A summary triage of patient's condition shall be documented by the crew in an EPCR with a Triage report to be provided to the transporting Public safety agent (form factor to be determined by Medical agent to include: Complete Name, Age, Sex, Nature/illness/injuries, Allergies, Medical history, Medications, Height & Weight and interventions.)

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- The logo for Alliance Emergency Services is a large, semi-circular emblem. It features a blue background with a yellow border. Inside the circle, there is a white outline of a person's head and shoulders, facing right. The word "ALLIANCE" is written in a large, white, serif font across the top of the circle. The words "EMERGENCY SERVICES" are written in a large, red, sans-serif font across the bottom of the circle.
- If the patient refuses an RMA<sup>4</sup> is to be obtained.
    - If the patient refuses for the reason of facility option - they should be referred to taxi or public transit services with signature of release obtained.
    - If the patient refuses any further interactions with reason given a signature shall be attempted, with refusal of signing to be by action.
    - If the patient is a minor, a guardian present may choose for the minor to be evaluated or not. The guardian may choose to decline evaluation of a patient with the indication of self transport for unknown reasons and shall be deemed as a Parental RMA by action (to be documented by EPCR or other documentation record.)
    - If the patient is in police custody, the patient if by policy or procedure shall be evaluated for any medical need. The police agent may not refuse care on behalf of any patient identified with any medical need.
      - In situations of extreme circumstance a medical unit may not be able to remain on scene to wait for the additional unit to transfer the patient with police refusing to transfer the patient under triage to a local facility. The unit is to notify dispatch of the circumstances, and provide the name / badge number of the officer. The unit should obtain from the officer the location they will be either remaining or transferring the patient to for deferred transfer to definitive medical attention.

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<sup>4</sup> RMA - Refusal of Medical Attention - Any action in which a patient of legal age declines the service of medical attention.