Triage Hand-Off Page

| 40 Toom ID: | | | 11 age Haria On Fage | | | | |
|---|--------------------|-------------------|--------------------------------------|------------------------------------|-------------------------------------|------------------------|--|
| 12. Team ID: | | | 14. Time: HH:MM 15. Date: MM/DD/YYYY | | BCF-501 Triage Summary and Hand-Off | | |
| 13. Agency: | | agend | 15. Date: N | IIVI/DD/YYYY | | | |
| Resp. Legend Reposition Head – Immediate RED | | | | | Cap Refill Lege | na | |
| Sormal Breaths Sormal Breaths | | | | <= 2 sec. or less. | | | |
| ↑ 30 breaths/min or more – Immediate RED | | | | > More than 2 sec. – Immediate RED | | | |
| Mental Status Legend | | | | Triage Color Legend | | | |
| A Able to follow directions | | | | R Red/Im | mediate | | |
| | | | nmediate | Y Yellow/Delayed | | | |
| N Not able to follow directions - Immediate RED | | | | G Green/Minor | | | |
| 16. Patient ID: | 17. Resp. | 18. Cap Refill | 19. Mental Status | 20. Triage Color | 21. Mechanism of Injury | 22. Chief Complaint | |
| | > → ↑ | <= > | A N | RYG | | | |
| | \$ \$ ↑ | <= > | A N | R Y G | | | |
| | > ↑ | <= > | A N | R Y G | | | |
| | > > ↑ | <= > | A N | RYG | | | |
| | > > ↑ | <= > | A N | RYG | | | |
| | > ↑ | <= > | A N | RYG | | | |
| | > ↑ | <= > | A N | RYG | | | |
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| | > ↑ | <= > | A N | RYG | | | |
| | > ↑ | <= > | A N | RYG | | | |
| | > ↑ | <= > | A N | RYG | | | |
| | > ↑ | <= > | A N | RYG | | | |
| | > ↑ | <= > | A N | RYG | | | |
| | > → ↑ | <= > | A N | RYG | | | |
| 23. Hand-Off by: | | | | 24. Received by: | | | |

Triage Summary Page

| 1. Team ID: | 3. Start Time: HH:MM | | BCF-501 | |
|---------------------|---|-----------------|-----------------------------|-----------------|
| 2. Date: MM/DD/YYYY | 4. End Time: HH:MM | | Triage Summary and Hand-Off | |
| | | | | |
| RED | YELLOW | GREEN | | ZEBRA |
| | | MINOR | | |
| IMMEDIATE | DELAYED | | | DECEASED |
| | | | | DECEASED |
| | | | | |
| 5. Number Red | 6. Number Yellow | 7. Number Green | | 8. Number Zebra |
| 1111 | | 1111 | | 1111 |
| | | | | ,,,, |
| | | | | |
| | | | | |
| | 9. MAP | | | 10. NOTES |
| N Show loca | ntion of Patients by status ning in the field. <mark>R</mark> <mark>Y</mark> G | , | | |
| † remain | ning in the field. R Y G | | | |
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| 11. Prepared by: | | | | |
| opaioa by: | | | | |

Triage Hand-off and Summary (CERT FORM BCF-501)

Purpose. The Triage Hand-Off and Summary form organizes information regarding a field triage including patient ID, triage color, START(Simple Triage and Rapid Treatment) data and summary information of the scene.

Preparation. A Triage Hand-off and Summary form is initiated and completed by the team performing the field triage.

Distribution. When completed, Give the Triage Hand-Off page to the Medical Agency receiving the patients from the triage scene. Keep the Triage Summary page for team activity documentation or deliver it to the teams sponsor, if requested.

| Block Number | Block Title | Instructions |
|-----------------|------------------|---|
| 1 | Team ID | Enter the Tactical name assigned to your Team. |
| 2 | Date | Enter the current date in MM / DD / YYYY format. |
| 3 | Start Time | Enter the time the triage started, using a twenty-four hour clock in the format of HH:MM. |
| 4 | End Time | Enter the time the triage ends, using a twenty-four hour clock in the format of HH:MM. |
| 5 | Number Green | Using tick-marks, enter the number of Green/Minor patients triaged. |
| 6 | Number Yellow | Using tick-marks, enter the number of Yellow/Delayed patients triaged. |
| 7 | Number Red | Using tick-marks, enter the number of Red/Immediate patients triaged. |
| 8 | Number Zebra | Using tick-marks, enter the number of Zebra/Deceased patients triaged. |
| 9 | MAP | Indicate the location of the patients by status. |
| 10 | NOTES | Enter any information deemed pertinent to the triage scene |
| 11 | Prepared by | Enter the name of the person entering the data on the Summary form. |

Triage Hand-off and Summary (CERT FORM BCF-501)

| Block Number | Block Title | Instructions |
|-----------------|------------------------|---|
| 12 | Team ID | Enter the Tactical name assigned to your Team. |
| 13 | Agency | Enter the name of the sponsoring agency associated with your team. If your team is made up of members from more than one sponsoring agency, enter the name of the team lead's sponsoring agency. |
| 14 | Time | Enter the current time using a twenty-four hour clock in the format of HH:MM. |
| 15 | Date | Enter the current date in MM / DD / YYYY format. |
| 16 | ID | Enter a patient's name, triage tag number or other information that would uniquely identify that patient. |
| 17 | Resp. | Circle the symbol that corresponds to the respiratory condition of the patient. |
| 18 | Cap Refill | Circle the symbol that corresponds to the time to accomplish capillary refill. <= for two seconds or less or > for more than two second. |
| 19 | Mental Status | Circle the letter that corresponds to the mental status of the patient. N for the patient not being able to follow simple commands or A for the patient able to follow simple commands. A Confused patient would be listed as an N. |
| 20 | Triage Color | Circle the triage color assessed for that patient (R for Red/Immediate, Y for Yellow/Delayed, G for Green/Minor). |
| 21 | Mechanism of Injury | Mechanism of Injury refers to how the patient was injured. Enter how the patient was injured. (i.e. Fall, Crushed, Stabbed, Automobile accident, etc.) |
| 22 | Chief Complaint | Chief Complaint refers to what the patients says bothers them or hurts them the most. Enter what the patient states is bothering them the most, if anything. |
| 23 | Hand-Off by | Enter the Name of the Team Lead handing the patient information to a medical provider. The medical provider could be a hospital, ambulance crew, MRC, CERT medical treatment team, etc. |
| 24 | Received by | Enter the name of the person receiving the patients and the patient's information from the Team Lead |

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