Tri-County Emergency Medical Control Authority
in partnership with
Comprehensive Emergency Management Associates
present

MCI Protocol
and techniques for the management of
Mass Casualty Incidents
Part 1 - Introduction
Part 1 - Introduction

- Welcome & Introductions
- Why this course?
  - New TCEMCA MCI Protocol
  - MCI’s are among the most challenging of all incident types - we will share lessons learned from recent incidents that can greatly improve the command and management of these events.
Part 1 - Introduction

- What we will cover today
  - Introductory material
  - Key elements of the new protocol
  - Review of ICS and triage basics
  - New skills and equipment
  - Tabletop scenarios
Part 1 - Introduction

- What types of incidents create MCI’s?
Part 1- Introduction

Do we have MCI’s in Tri-County?

- 1977 Skywalk Collapse, 10 triaged, 6 transported
- 1987 Bus rollover, 30-50 triaged
- 1989 Lansing high-rise fire, 40 triaged, 15 transported
- 1999 CATA bus – truck MVA, 24 triaged, 12 transported
- 1999 601 N. Cedar, High Rise Fire, 75 triaged, 6 transported
- 2001 Ameritech Haz-mat, 75 triaged, 28 transported
- 2001 MVA GR&GR, Lansing, 7 triaged, 6 transported
- 2001 MVA, Sheriff van-auto, 10 triaged, 6 transported
- 2005 I-96 MVA, 200 cars, 70 semi’s
Part 1 - Introduction

Do we have MCI’s in Tri-County?

Last five year’s “near misses” …

- 2002  Lansing, CATA bus-auto MVA
- 2002  Potterville train derailment, 2200 evacuated
- 2003  Owosso, School bus crashes into home
- 2003  Lansing school bus - car
- 2003  Haslett, 24 unit apartment building fire
- 2004  Eaton Rapids, School bus-truck MVA
- 2004  Lansing Center, gas leak, 2400 evacuated
- 2005  Okemos, 24 unit apartment building fire
- 2005  Lansing, Car strikes apt, gas rupture, explosion & fire
- 2006  Delta Twp., apartment fire displaces 42
Part 1 - Introduction

- Definition of Mass Casualty Incident

*Any incident, which because of its physical size, the number and criticality of victims, or its complexity, is likely to overwhelm those local resources which would typically be available.*
Part 1 - Introduction

- Vocabulary - ways to think of MCI’s …

Over vs. Ongoing

Defined vs. Undefined
Part 2 - New MCI Protocol
Part 2 - New MCI Protocol

- New TCEMCA Protocol
  - In effect December, 2006
  - NIMS/ICS compliant
  - Based on national standards and best practices
  - Protocol approved by the State
Part 2 - New MCI Protocol

- Three MCI Goals
  - Do the greatest good for the greatest number
  - Make the best use of personnel, equipment and resources
  - Do NOT relocate the disaster
Part 2 - New MCI Protocol

- Key Elements
Part 2 - New MCI Protocol

- Key Elements
  - 2 part process for declaring an MCI:
    1. Radio transmission from Command to Communications Center stating “I am formally declaring this incident to be an MCI”
    2. Communication to nearest hospital directing them to assume the Resource Hospital role and responsibilities under TCEMCA MCI protocol
Part 2 - New MCI Protocol

Key Elements

- Suspension of other protocols:
  - §5 - In the event of a conflict, the MCI protocol supersedes all others
  - §6 - All “Gray Box” orders may be performed w/o radio contact for life saving purposes
  - §14 - Abbreviated record keeping may be used
Part 2 - New MCI Protocol

Key Elements

- Communications Plan
  *OFTEN THE BIGGEST CHALLENGE*
  
  - Plan should include
    - Multiple agencies/hardware systems
    - Possible multiple 911 Centers
  
  - Plain Language
  
  - Command - response format
Part 2 - New MCI Protocol

Key Elements

- Initial Actions (5-S’s)
Part 2 - New MCI Protocol

Key Elements

- Initial Actions (5-S’s)
  - Scene Safety Assessment
    - Electrical hazards
    - Flammable liquids
    - Hazardous materials
    - Other life threatening hazards
Part 2 - New MCI Protocol

■ Key Elements

◆ Initial Actions (5-S’s)
  ♦ Scene Size Up
  • Type and/or cause of incident
  • Approximate # of victims
  • Severity of injuries
  • Area involved (perimeter control and access issues)
Part 2 - New MCI Protocol

- **Key Elements**
  - **Initial Actions (5-S’s)**
    - Send Information
      - Establish Command
      - Size up to dispatch
      - Official declaration of MCI
      - Designate resource hospital

  continued …
Part 2 - New MCI Protocol

Key Elements

- Initial Actions (5-S’s)
  - Send Information
    - Request additional resources
      - Additional EMS, Fire, Law Enforcement
      - Technical rescue
      - County MCI trailers
      - Medrun & Chempack
      - Emergency Operations Center (EOC)
Part 2 - New MCI Protocol

Key Elements

- Initial Actions (5-S’s)
  - Scene Set-up
    - Establish staging area (1st)
    - ID best ingress and egress
    - Establish work areas
      - Triage, Treatment, Transport, Morgue
Part 2 - New MCI Protocol

- Key Elements
  - Initial Actions (5-S’s)
    - (Scene) Safety Assessment
    - (Scene) Size-up
    - Send Information
    - (Scene) Set-up
    - START
Part 2 - New MCI Protocol

- Key Elements
  - START (JumpSTART)
    - will cover later ...
Part 2 - New MCI Protocol

Key Elements

- Key Officer Roles (forms for all)
  - Safety
  - Staging
  - Medical Supervisor
  - Triage
  - Treatment
  - Transportation
  - Rescue/Extrication
Part 2 - New MCI Protocol

- Key Elements
  - Key Officer Roles (forms for all)
    - Safety
    - Staging
    - Medical Supervisor
    - Triage
    - Treatment
    - Transportation
    - Rescue/Extrication
Part 2 - New MCI Protocol

- Key Elements
  - Key Officer Roles
  - Medical Supv.

### MEDICAL SUPERVISOR

**NAME:**

1. Establish Medical Command – Wear Vest, Set Flags
2. Declare MCI:
   - Formal Declaration of MCI to 911 Center
   - Call to Assign Resource Hospital Role
3. Assign Officer Positions:
   - Triage
   - Treatment
   - Transport
   - Staging

4. Estimated Number of Patients?

<table>
<thead>
<tr>
<th># Pt's Expected</th>
<th>Update #1</th>
<th>Update #2</th>
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5. Establish Basic Incident Set-up:
   - Staging
   - Patient Flow
   - Vehicle Flow

6. Additional Resources Needed:
   - EMS
   - Fire/Law Enforc.
   - Tech. Rescue
   - Porters
   - Supplies
   - Other

7. Build Communications Plan
8. Notes:
Part 2 - New MCI Protocol

- Key Elements
  - Key Officer Roles
    - Medical Supervisor
      - Oversee all medical care: Triage, Treatment and Transport
      - Responsible for “big picture” patient flow through the system, maintaining supplies, anticipating needs as incident evolves
Part 2 - New MCI Protocol

- Key Elements
  - Key Officer Roles
  - Triage Officer

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1. Be Visible – Wear Vest, Set Flags
2. Obtain Briefing from Medical Supervisor
3. Report Estimated Patient Numbers to Medical Supervisor
4. Communicate Rescue Needs to Command
5. Sweep Scene for Additional Victims
6. Coordinate Victim Movement to Treatment
7. Notes:
Part 2 - New MCI Protocol

Key Elements

Key Officer Roles

Triage Officer

- Coordinate Triage team
- Collect and total team info
- Coordinate Pt. movement to Treatment
- Final sweep of scene
Part 2 - New MCI Protocol

- Key Elements
  - Key Officer Roles
  - Treatment Officer

<table>
<thead>
<tr>
<th>TREATMENT OFFICER</th>
<th>NAME:</th>
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<tbody>
<tr>
<td>1. Be Visible – Wear Vest, Set Flags</td>
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<td>2. Obtain Briefing from Medical Supervisor.</td>
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3. Establish Treatment Sector(s) – THINK BIG & Flag
4. Manpower Adequate?
5. Supplies Adequate?
6. Update Transportation Officer on Patient Numbers & Priorities
7. Notes:
Part 2 - New MCI Protocol

- Key Elements
  - Key Officer Roles
    - Treatment Officer
      - Establish adequate (BIG) trtmt area
      - Ensure adequate supplies
      - Update Transportation officer of changing RED-YELLOW-GREEN numbers
Part 2 - New MCI Protocol

- Key Elements
  - Key Officer Roles
  - Transport Officer

TRANSPORTATION - A NAME:

1. Be Visible – Wear Vest, Set Flags
2. Obtain Briefing from Medical Supervisor
3. Establish Hospital Capabilities

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<th>Hospital</th>
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4. Document Patients Transported
5. Hospital Directions Available? Yes ☐ No ☐
6. Notes:

- Comprehensive Emergency Management Associates, LLC -
Part 2 - New MCI Protocol

- Key Elements
  - Key Officer Roles
    - Transport Officer

<table>
<thead>
<tr>
<th>TRANSPORTATION - B</th>
<th>NAME:</th>
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<tbody>
<tr>
<td>1. Log All Departures:</td>
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<tr>
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Part 2 - New MCI Protocol

- Key Elements
  - Transportation Officer
    - ONLY communicator w/ hospitals (instructs medic units NOT to call)
    - Responsible for patient tracking info
    - Responsible for assisting out of area units, directions, etc.
Part 2 - New MCI Protocol

Key Elements

Appendices

- A-1, START & JumpSTART algorithms
- A-2, Laws and standards
- A-3, Resource inventories
- A-4, Maps and directions
- A-5, Forms and checklists
Part 3 - Review and Refresher
Part 3 - Review and Refresher

- Incident Command
Part 3 - Review and Refresher

- Review of Incident Command System
  - Establishing Command

Who takes Command?
Part 3 - Review and Refresher

- Review of Incident Command System
  - Passing of Command
Part 3 - Review and Refresher

- Review of Incident Command System
  - Responsibilities of Command
    - Scene Safety
    - Size-up
    - Communications Plan
  - Operations - Incident Plan
    - Strategy & Tactics
Part 3 - Review and Refresher

- Unified Command
  - Assembled heads from all disciplines choose a single leader > Command
  - Scene assessment
  - All disciplines build the plan
  - Communication Plan
  - Scene set-up / assign key officers
Part 3 - Review and Refresher

- Unified Command
  - Span of Control
  - 3 to 7, 5 optimum
Part 3 - Review and Refresher

- Unified Command
  - Divisions - geographic assignments
Part 3 - Review and Refresher

- Unified Command
  - Groups - tactical assignments
    - Medical Group
    - Rescue Group
    - Perimeter Control Group
Part 3 - Review and Refresher

- **Unified Command**
  - Simple Incident

```
  Command
    |
    v
Staging
    |
    v
Triage
    |
    v
Treatment
    |
    v
Transport
```
Part 3 - Review and Refresher

- Unified Command
  - Complex Incident

- Command
- Staging
- Operations
- PIO
- Safety

- Rescue Group/Branch
- Medical Group/Branch
- Law Group/Branch

- Extrication Group
- Spill Group
- Division-A
- Triage
- Treatment
- Transport
- Perimeter Security
- Traffic Control
Part 3 - Review and Refresher

- Triage
Part 3 - Review and Refresher

- Triage Categories

- URGENT / CRITICAL
- DELAYED (may deteriorate)
- MINOR (can wait long period)
- DEAD or NOT SALVAGEABLE
Part 3 - Review and Refresher

- Basic Triage Design

1. Triage
2. Triage

Treatment Area

Transport

RED’s 1st
YELLOW’S 2nd
GREEN’s Last

Morgue
Part 4 - New Skills and Equipment
Part 4 - New Skills and Equipment

- START Triage

Simple Treatment and Rapid Transport
Part 4 - New Skills and Equipment

- START Triage (RPM & 30-2-Can Do)

A 4-step Process …

- Get up and walk → Green Group
- Respiration → Black Group
- Everyone else, Red or Yellow
- Perfusion
- Mentation

- Comprehensive Emergency Management Associates, LLC -
Part 4 - New Skills and Equipment

START Triage (30-2-Can Do)

- Get up and walk
- Respiration
  - Open Airway
  - YES
  - NO
  - YES
  - NO
- Perfusion
  - Radial Pulse or Cap Refill < 2 sec
  - YES
  - NO
- Mentation
  - YES
  - No

- Comprehensive Emergency Management Associates, LLC -
Part 4 - New Skills and Equipment

- START Triage - Exercise I

Number sheet 1-10

“Get up and walk” have gone, these victims remain …

Code each patient Red, Yellow, or Black
Part 4 - New Skills and Equipment

- START Triage - Exercise I

#1
Compound fracture, left femur
Respirations 24/minute
Radial pulse absent
Aware & alert

#2
Sudden onset of chest pain with shortness of breath
Respirations 30/minute
Capillary refill under 2 seconds
Aware, oriented
Part 4 - New Skills and Equipment

START Triage - Exercise I

#3
30% Second degree burns
Respirations absent/present
Radial pulse present
Unconscious

#4
Facial injury
Respirations 36/minute
Capillary refill under 2 seconds
Awake, disoriented
Part 4 - New Skills and Equipment

START Triage - Exercise I

#5
Unable to move legs
Respirations 24/minute
Radial pulse present
Awake, alert

#6
No apparent injuries
Respirations 20/min
Capillary refill under 2 seconds
Awake, unable to follow commands
Part 4 - New Skills and Equipment

- START Triage - Exercise I

  #7
  Sucking chest wound
  Respirations 36/min.
  Radial pulse present
  Unconscious

  #8
  Dislocated right shoulder
  Respirations 20/min.
  Radial pulse present
  Awake, oriented
Part 4 - New Skills and Equipment

- START Triage - Exercise I

#9
No visible wounds
Respirations absent/absent
Radial pulse absent
Unconscious

#10
Massive head injury, gray matter showing
Respirations 6/min.
Radial pulse absent
Unconscious
Part 4 - New Skills and Equipment

- START Triage - Exercise I

Review of your responses
Part 4 - New Skills and Equipment

- START Triage - Exercise I

#1
- Compound fracture, left femur
- Respirations 24/minute
- **Radial pulse absent**
- Awake & alert

#2
- Sudden onset of chest pain with shortness of breath
- Respirations 30/minute
- Capillary refill under 2 seconds
- **Awake, oriented**
Part 4 - New Skills and Equipment

- START Triage - Exercise I

#3
30% Second degree burns
Respirations absent/present
Radial pulse present
Unconscious

#4
Facial injury
Respirations 36/minute
Capillary refill under 2 seconds
Awake, disoriented
Part 4 - New Skills and Equipment

START Triage - Exercise I

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Part 4 - New Skills and Equipment

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Awake, oriented
Part 4 - New Skills and Equipment

- START Triage - Exercise I

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No visible wounds
Respirations absent/absent
Radial pulse absent
Unconscious

#10
Massive head injury, gray matter showing
Respirations 6/min.
Radial pulse absent
Unconscious
Part 4 - New Skills and Equipment

- JumpSTART Triage (age 8 and younger)

**Respiration**
- Get up and walk
- Yes
- NO
- Open Airway
  - No - 5 breaths
  - Yes
  - No
  - Palpable Pulse
    - Yes
    - No
    - P inappropriate, posturing or unresponsive

**Perfusion**
- 15-45
- YES
- NO
- Palpable Pulse
  - Yes
  - No
  - AVPU
    - AV or P ok

**AVPU**
- Alert - Eyes are open, talking spontaneously
- Verbal - Responds appropriately to verbal commands
- Pain - Responds to painful stimuli
- Unresponsive - Does not respond
- Not 15-45

- Comprehensive Emergency Management Associates, LLC -
Part 4 - New Skills and Equipment

- JumpSTART Triage - Exercise II

Number sheet 1-10

“Get up and walk” have gone, these victims remain …

Code each patient Red, Yellow, or Black
Part 4 - New Skills and Equipment

- JumpSTART Triage - Exercise II

#1
5 y/o, compound fx, left femur
Respirations 60/minute
Pulse not palpable
V-no

#2
4 y/o, bruise on forehead, blood in ears and nose
Respirations 12/min.
Pulse palpable
Unconscious, no pain response
Part 4 - New Skills and Equipment

- JumpSTART Triage - Exercise II

#3
8 y/o, sucking chest wound
Respirations 50/min.
Pulse palpable
AVP-OK

#4
3 y/o, no visible wounds
Respirations absent/absent
Pulse not palpable
Unconscious
Part 4 - New Skills and Equipment

- JumpSTART Triage - Exercise II

#5
7 y/o, compound femur fx
Respirations 30/min.
Pulse palpable
Awake & responsive

#6
8 y/o, massive head injury
Respirations 15/min.
Pulse palpable
Unconscious, not responsive to pain stimulus
Part 4 - New Skills and Equipment

- JumpSTART Triage - Exercise II

#7
7 y/o, amputated left arm, bleeding controlled
Respirations 30/min.
Pulse palpable
AVP-OK

#8
8 y/o, 3rd degree burns both legs
Respirations 45/min.
Pulse palpable
AVP-unresponsive
Part 4 - New Skills and Equipment

- JumpSTART Triage - Exercise II

#9
1 y/o, no visible injury
Respirations absent/present
Pulse palpable
Unconscious, responsive to pain stimulus

#10
5 y/o, impaled object left chest
Respirations 50/min.
Pulse palpable
Disoriented, responsive to pain stimulus
Part 4 - New Skills and Equipment

- JumpSTART Triage - Exercise II

Review of your responses
Part 4 - New Skills and Equipment

JumpSTART Triage - Exercise II

#1
5 y/o, compound fx, left femur
Respirations 60/minute
Pulse not palpable
V-no

#2
4 y/o, bruise on forehead, blood in ears and nose
Respirations 12/min.
Pulse palpable
Unconscious, no pain response
Part 4 - New Skills and Equipment

- JumpSTART Triage - Exercise II

#3
8 y/o, sucking chest wound
Respirations 50/min.
Pulse palpable
AVP-OK

#4
3 y/o, no visible wounds
Respirations absent
Pulse not palpable
Unconscious
Part 4 - New Skills and Equipment

- JumpSTART Triage - Exercise II

#5
7 y/o, compound femur fx
Respirations 30/min.
Pulse palpable
Awake & responsive

#6
8 y/o, massive head injury
Respirations 15/min.
Pulse palpable
Unconscious, not responsive to pain stimulus
Part 4 - New Skills and Equipment

- JumpSTART Triage - Exercise II

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Part 4 - New Skills and Equipment

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Pulse palpable
Unconscious, responsive to pain stimulus

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5 y/o, impaled object left chest
Respirations 50/min.
Pulse palpable
Disoriented, responsive to pain stimulus
Part 4 - New Skills and Equipment

- New Skills *(Tips and Tricks)*

*This section based on lessons learned from studying major incidents around the world*
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Think *BIG*

Reviews of past incidents typically show the size of areas chosen were not adequate for victims, rescuers and equipment movement …
Part 4 - New Skills and Equipment

New Skills (tips and tricks)

* Save *skilled people for skilled jobs*

Reviews of past incidents show that skilled people were wasted by assignment to unskilled tasks …

* use Community Emergency Response Team (CERT) or bystanders who want to help
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Establish *drive-through loading*

Problem: Reviews of past incidents show that poorly planned traffic flow can greatly slow movement of patients from scene …
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Solution: Drive-through loading

- Triage
- Treatment
- Transport
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Solution: Drive-through loading
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Solution: Drive-through loading
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - (when necessary) *Back In - Drive Out*

Problem: Reviews of past incidents show that (when drive-through loading is not possible) backing into the pt. loading area is much safer and more efficient …
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Solution: Back In - Drive Out

- Treatment
- Triage
- Transport
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Solution: Back In - Drive Out

- Triage
- Treatment
- Transport

- Comprehensive Emergency Management Associates, LLC -
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Solution: Back In - Drive Out

- Treatment
- Triage
- Transport
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Solution: Back In - Drive Out
Part 4 - New Skills and Equipment

New Skills (tips and tricks)

Solution: Back In - Drive Out

- Triage
- Treatment
- Transport
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Solution: Back In - Drive Out

- Triage
- Treatment
- Transport
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Solution: Back In - Drive Out
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Establish an *equipment cache*

Problem: Reviews of past incidents show that EMS vehicles often left the scene with full inventories on board while supplies were needed at the scene …

Solution: Treatment Officer creates equipment cache at scene by dropping essential supplies.
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Rendezvous pt for out-of-area resources

Problem: Reviews of past incidents show that distant resources often were delayed or lost from not knowing the local area …

Solution: Transport Officer sets up rendezvous points at easily found intersections.
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Rendezvous pt for out-of-area resources
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Load *multiple patients in EMS vehicles*

Problem: Reviews of past incidents show that EMS crews often left with only one patient while more RED’s awaited transport …

Solution: When prudent, Transportation Officer orders minimum loading of 2 victims.
Part 4 - New Skills and Equipment

- New Skills (tips and tricks)
  - Order *EMS round-trips*

Problem: Reviews of past incidents show that some EMS units returned to quarters after delivering first victim(s) …

Solution: Transportation Officer orders round-trips back to scene until all patients are transported.
Part 4 - New Skills and Equipment

- New Equipment
Part 4 - New Skills and Equipment

New Equipment

- Funded by D1RMRC
  District 1 Regional Medical Response Coalition

For every transporting EMS unit in Tri-County
Part 4 - New Skills and Equipment

- New Equipment
  - Vests
    - Quick role identity

Those filling key roles must be recognized and findable ...
Part 4 - New Skills and Equipment

- New Equipment
  - Flag Sets
    - Be seen over the crowd

Reviews of past incidents have shown that crowds and other visual obstructions made finding key areas difficult …
Part 4 - New Skills and Equipment

- New Equipment
  - Fanny Packs - for primary triage
    - Gloves & eye protection (agency)
    - Bandage shears
    - Airways
    - Dressings & cling
Part 4 - New Skills and Equipment

- New Equipment
  - Fanny Packs - for primary triage
    - NOTE - Triage treatment limited to:
      - Establishing airway
      - Stop major bleeding
Part 4 - New Skills and Equipment

- New Equipment
  - Tape Dispenser - for primary triage
    - Tie tape to patient
    - Tear off end for your pocket
      (pocket tags give Black-Red-Yellow totals)
Part 4 - New Skills and Equipment

- New Equipment
  - Clipboards & Forms

* responsibility of each agency
Part 4 - New Skills and Equipment

- New Equipment

Ideally for every first-response vehicle
Part 5 - TTX Scenarios
Part 5 - TTX Scenarios

- RULES of PLAY
  - Real conditions
  - Accelerated time
  - Respond based on instructions
  - Instructors will do injects
Part 5 - TTX Scenarios

Scenario #1

- Key Points
  - 5 S’s
  - Staging
  - Rig placement
  - Transport flow
Part 5 - TTX Scenarios

- Initial Actions: 5-S’s
  - Scene Safety Sweep
  - Scene Size-up
  - Send Information
  - Scene Set-up
  - START
Part 5 - TTX Scenarios

- How did we do?
  - 5 S’s
  - Staging
  - Rig placement
  - Transportation flow
Part 5 - TTX Scenarios

Scenario #2

Key Points
- Triage vs. Transport order
- Sectoring
- Supply Cache

Skywalk Collapse
Part 5 - TTX Scenarios

- Initial Actions: 5-S’s
  - Scene Safety Sweep
  - Scene Size-up
  - Send Information
  - Scene Set-up
  - START
Part 5 - TTX Scenarios

- How did we do?
  - Triage vs. Transport order
  - Sectoring
  - Supply Cache
Part 5 - TTX Scenarios

Scenario #3

- Key Points
  - Ongoing incident, large no. victims
  - Supply cache
  - Out of area resources
Part 5 - TTX Scenarios

- Initial Actions: 5-S’s
  - Scene Safety Sweep
  - Scene Size-up
  - Send Information
  - Scene Set-up
  - START
Part 5 - TTX Scenarios

- How did we do?
  - Ongoing incident, large number of victims
  - Supply cache
  - Out of area resources
Summary - some key points

- Unified Command
- Initial Actions: 5-S’s
- Communication Plan
- START & JumpSTART
- Think BIG

- Be visible - wear vests
- Drive-thru vehicle flow
- Establish supply cache
- Order round trips
- Rendezvous points
Questions ?
Please complete the

Course Evaluation
Tri-County Emergency Medical Control Authority
District 1 Regional Medical Response Coalition

Congratulations!

and

Thank You

Comprehensive Emergency Management Associates
- CEMA -
Email: Cema@cema.biz
Web: www.cema.biz