

EMS as 4th Responders

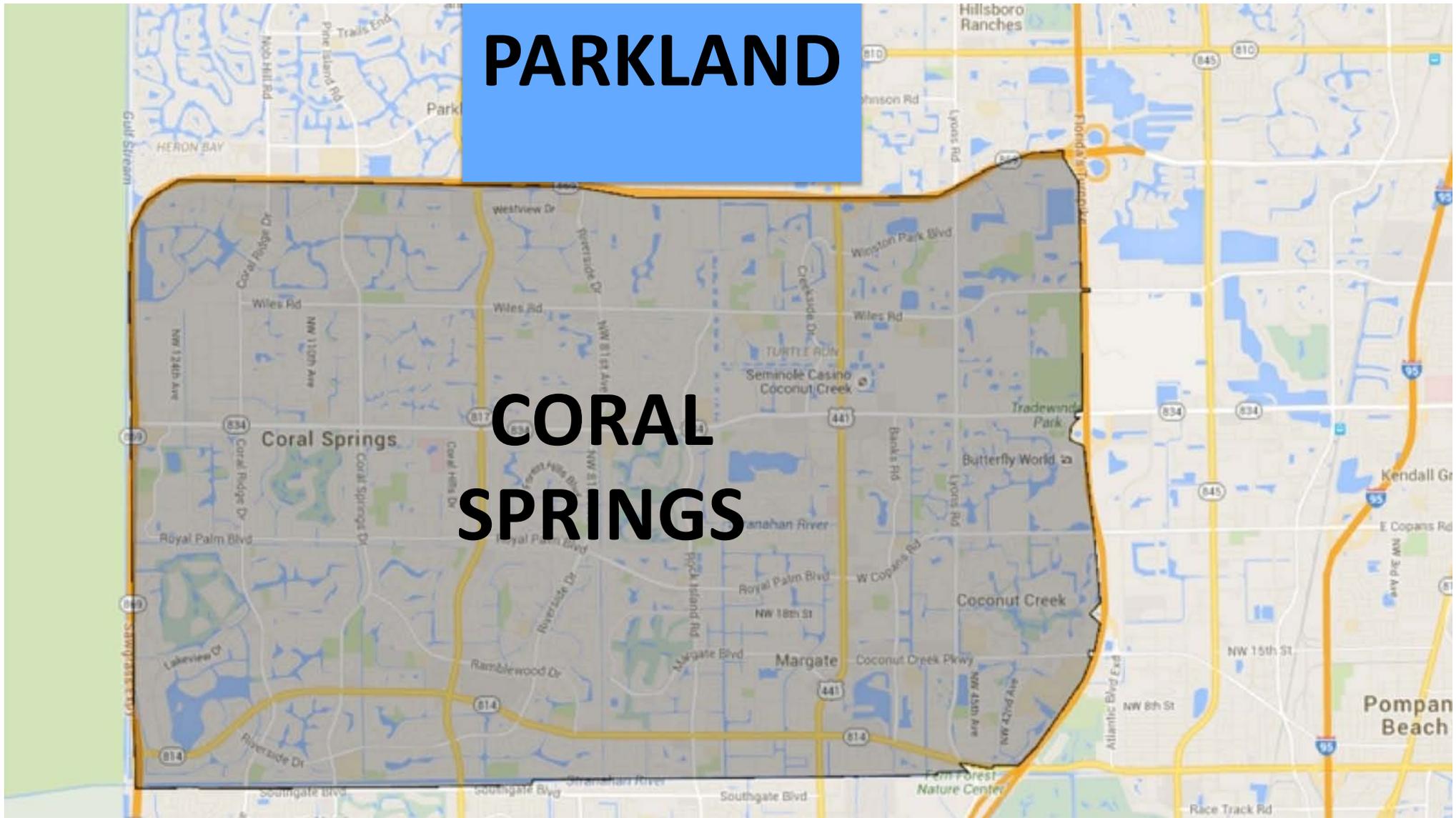
Adapting to a New Chain of Survival in MCI

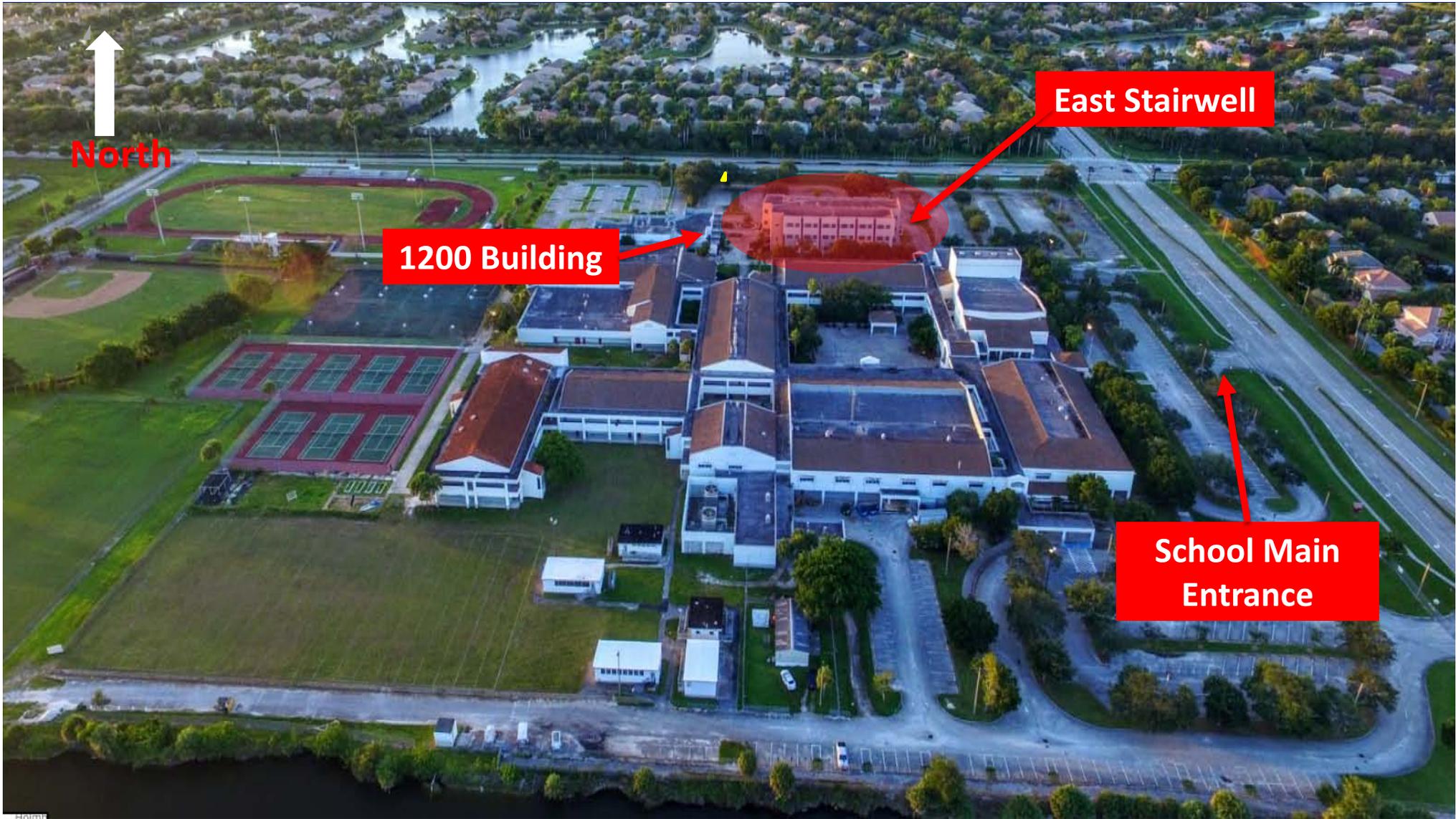


Peter Antevy MD

PARKLAND

CORAL SPRINGS





North

1200 Building

East Stairwell

School Main Entrance



14:21:16

It Begins

14:21:38

- The suspect began engaging innocent bystanders.
- The shooter did not enter a single classroom
- The shooter kills 11 and wounds 13 students on the first floor.



Total Time Elapsed: 4:19

- By 14:25:35 all shots that led to harm had been fired.



**Time Elapsed:
5:16 – CSPD Arrives**



**Time Elapsed:
6:38 – Rescue 109
7:33 – Command Estab.**



Time Elapsed:

11:04 – CSPD Entry

12:05 – CSPD 1st Contact





**Time Elapsed:
21:58 – First Patient Transported**



**Time Elapsed:
58:44 – Final Patient
Transported**

Who Was There First?

- Students: Time elapsed 0:00
- Dispatchers: Time elapsed 1:00
- Police Officers: Time elapsed 12:05
- RTF: Not permitted to enter
- EMS: Time elapsed 21:58

Summary

- Lay Public Can Stop the Bleed
- Call Takers Can Stop the Bleed
- LEOs Can Stop the Bleed
- **EMS is the 4th Responder**

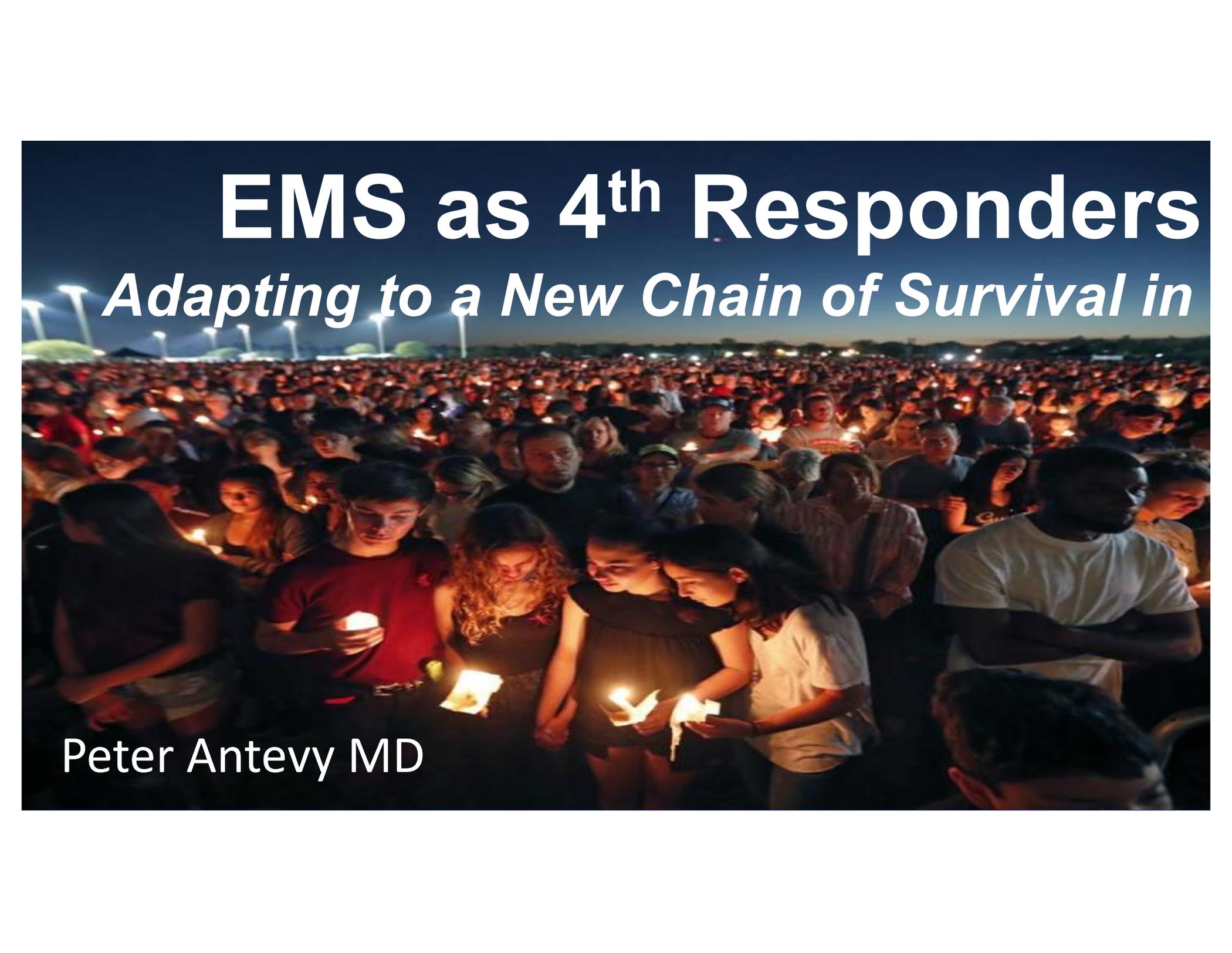


Never Forget



EMS as 4th Responders

Adapting to a New Chain of Survival in

A large crowd of people at night, many holding lit candles, creating a sea of light. The scene is illuminated by the warm glow of the candles and the cool blue light of the twilight sky. In the background, stadium lights and a large green dome structure are visible against the dark horizon.

Peter Antevy MD



THE GREEN NEW DEAL

adams

A JOINT EFFORT



BEA



orial
SPECIALISTS

Coincidence????





MCI LOST AND FOUND RE-UNITING PATIENTS AND FAMILIES AFTER ASSAILANT ATTACKS

Kenneth A Schepcke, MD
State EMS Medical Director
Florida Department of Health
Chief Medical Officer
Palm Beach County Fire Rescue

PATIENT TRACKING
SYSTEM FOR MCI AND
EVERYDAY USE



FRONT

The image shows the front view of a MET-TAG identification tag. The tag is rectangular and divided into several sections. At the top, there are two barcode labels, each with the number A1234567. Below these is a yellow triangular section containing a caduceus symbol. Underneath the triangle is a white section with a large 'B' followed by a colon and a blank line. Below this are several horizontal lines with icons: a person and a tree, a house, a factory, and a shield with a cross. A large 'SAMPLE' watermark is overlaid on the tag. Below the icons is the MET-TAG logo, which includes the text 'MET-TAG' and '© 2004 - All Rights Reserved'. To the right of the logo is an 'X' followed by a blank line. Below the logo and 'X' are the phone number '1-800-425-5337' and the website 'www.mettag.com'. The bottom section of the tag is divided into four horizontal bands, each with a barcode and the number A1234567. The bands are: 1. Black band with the number '0' and a white cross. 2. Red band with the number 'I' and a black horse. 3. Yellow band with the number 'II' and a black turtle. 4. Green band with the number 'III' and a red circle with a slash over a white cross.

TRACKING TECHNOLOGY ALREADY EXISTS EVERYWHERE



FedEx



TRACK YOUR PACKAGE TECHNOLOGY

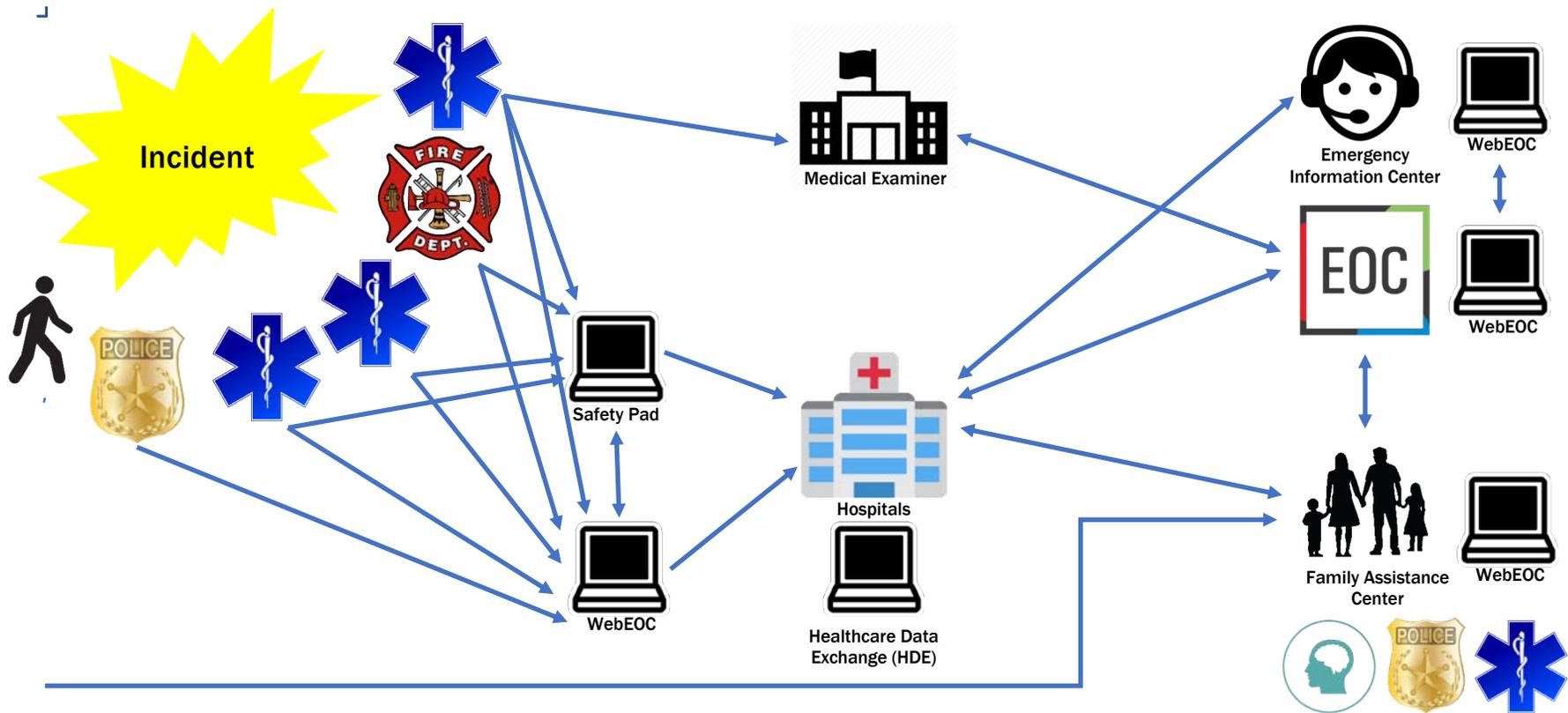
- Radio frequency ID band
- Useful for day to day ops
- Useful for MCI Family Reunification
- Useful for resource utilization tracking EMS and Hospital
- Useful for outcome data collection across agencies

Standard Delivery

Next-Day Delivery



RADIO FREQUENCY ID CHIP TRACKING



Correcting Catastrophic Curricula: Re-Thinking Disaster Management Training

Erica Carney, MD

KCMO EMS Medical Director/KCFD

UMKC EMS Education System Medical Director

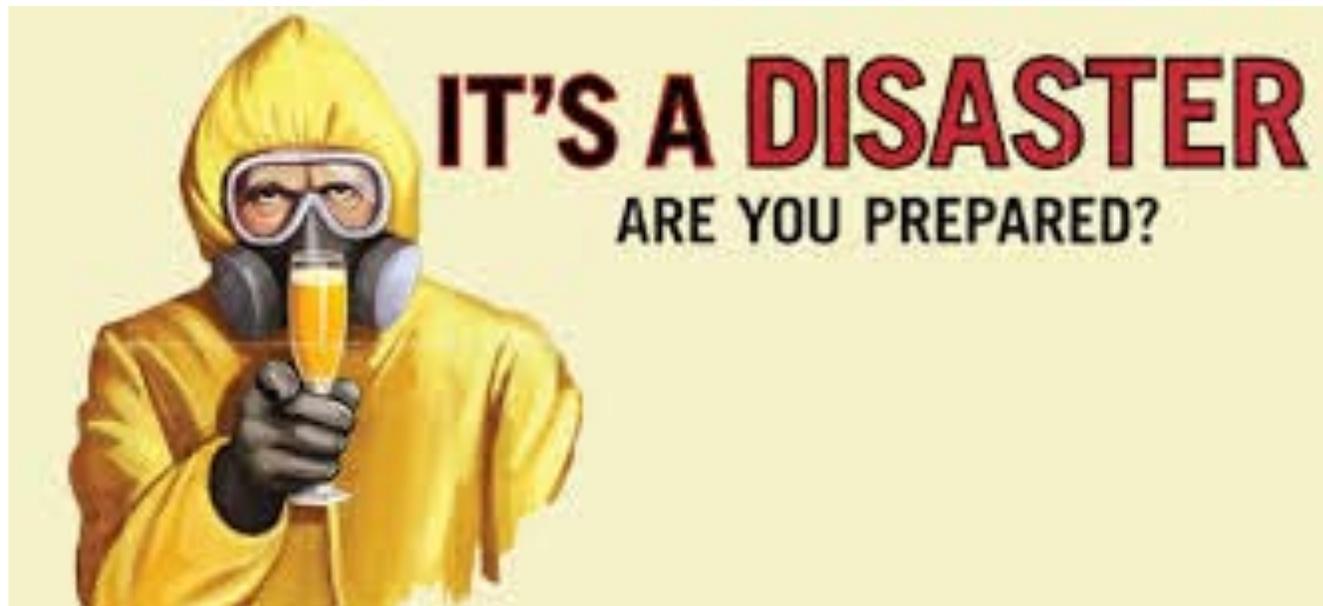
CJCFPD Medical Director

Region A Medical Director

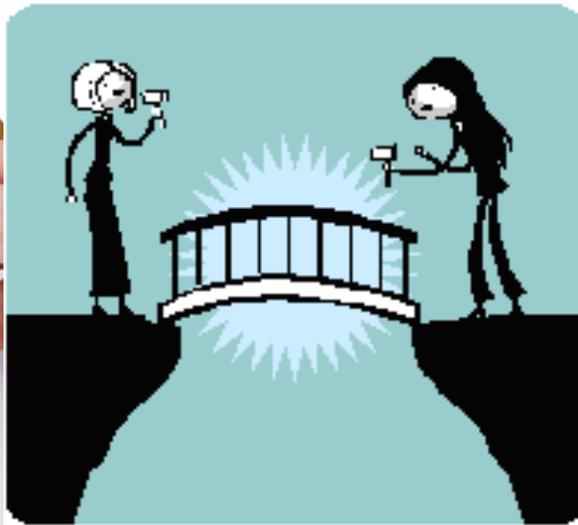
Assistant Professor, TMC-HH EM



Disaster Management Training...

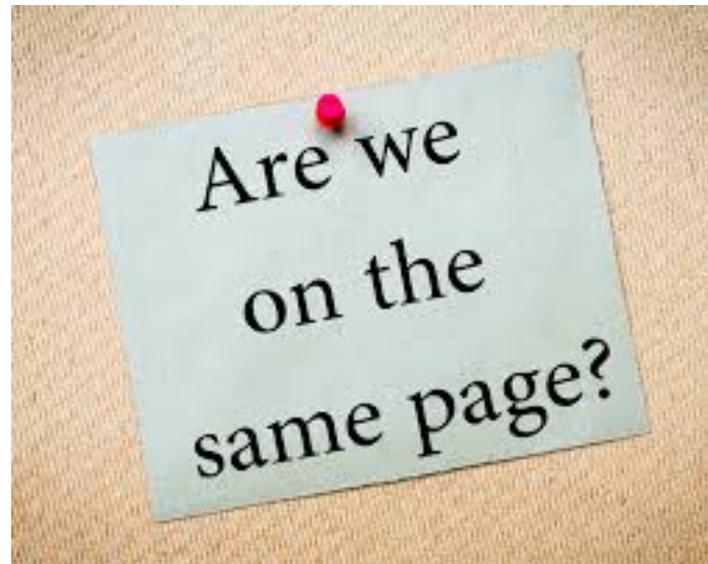


Administrative Side (v) Ground Level



Definitions...

- Mass Gathering
- Mass Casualty Incidents
- Disaster
- Disaster Response Goals



What is a Mass Gathering?



What is a Mass Casualty Incident?



What is a Disaster?



Definition

- Mass Gatherings
 - Most published
- FEMA uses "special incidents"
 - A non-routine
 - Emphasis on control
 - *Exceptional demand*
- WHO says "any event requiring special planning and resources"
- AKA....A Friday night



to strain



Definitions: Disasters

- “Natural or man-made events cause overwhelming loss of life, injury, destruction of property or loss of infrastructure”



What are the Issues?

- Training not re
- Takes time an
- Planning conc
- Can never be
- Complacency



The “Specialists”



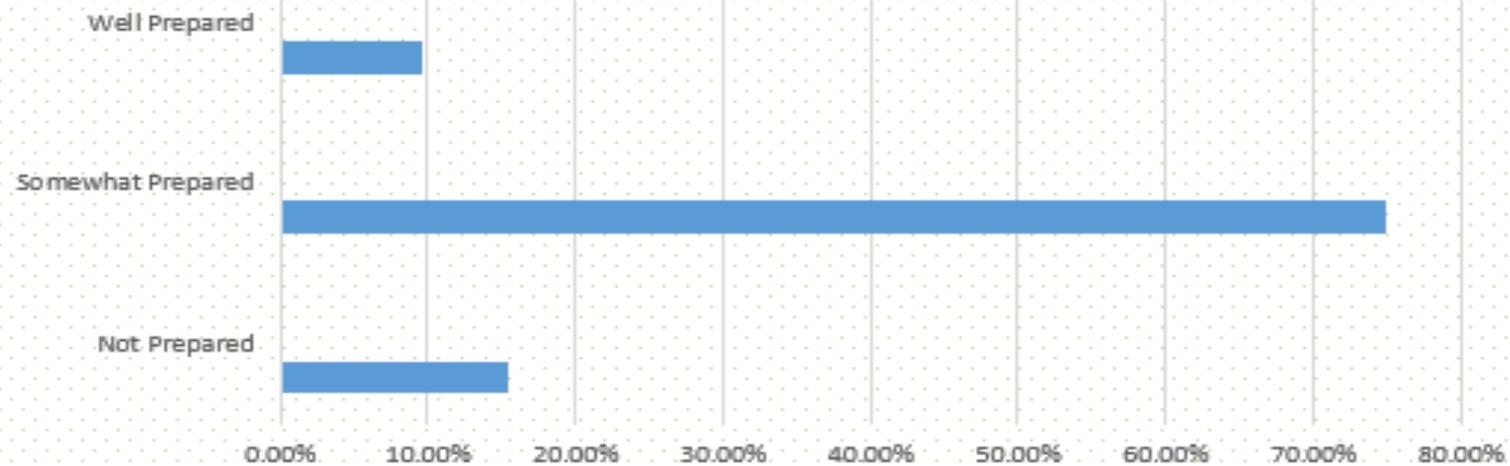
A Survey to Determine Knowledge of Mass Casualty Policy at a Level-1 Trauma Center

- Knowledge assessment test using REDCap (<https://redcap.umkc.edu/surveys/?s=jjzRkKsH58>)
 - Basic knowledge of hospital's disaster response plan
 - 100% anonymous
 - Count data analyzed using Chi Squared Test of Association, Continuous data assessed using independent t-test and ANOVA
- All ED staff physicians/residents (n=52): 100% response rate
 - Residents scored **54.8** ± 13.4 points
 - Staff physicians scored **64.5** ± 13.5 points
 - Training year not a/w test score (p=.104)
- **Only 9.6% of physicians (5/52) felt well prepared for a mass casualty event**



How prepared to you feel to respond to a mass casualty incident?

Not Prepared (8, 15.4%), Somewhat Prepared (39, 75.0%), Well Prepared (5, 9.6%)



Current Training Requirements?

- **ED physicians: “receive the most disaster training...”**
 - “Small % of medical schools include in core curriculum”
 - “Not standardized”: “Participate in Disaster/MCI drill(s)”
 - “JCAHO requires accredited hospitals implement response plan **twice a year**”
- **EMS Physicians: ACGME Fellowship Requirements**
 - “Participat(e) in a mass casualty/disaster”
 - “Develop MG medical plan and participate in implementation”
- **EMS Personnel:**
 - CoAEMSP/CAAHEP not yet a separate requirement
 - NR/State statutes, agency requirements...
- **Disaster Medicine Fellowship: Unaccredited by ACGME**



So....Now What?



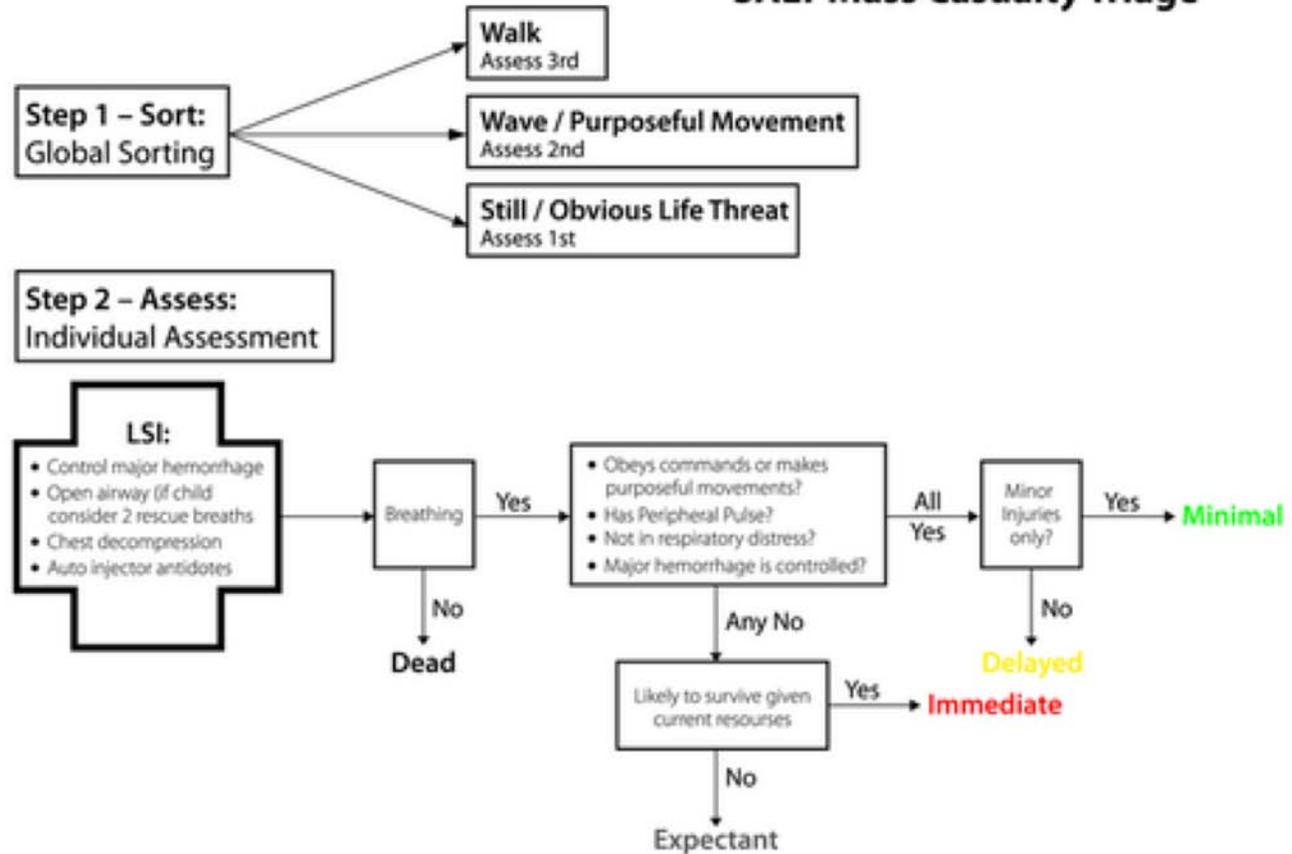
5 Areas of Risk Management and Planning Mitigation (Mass Gatherings)

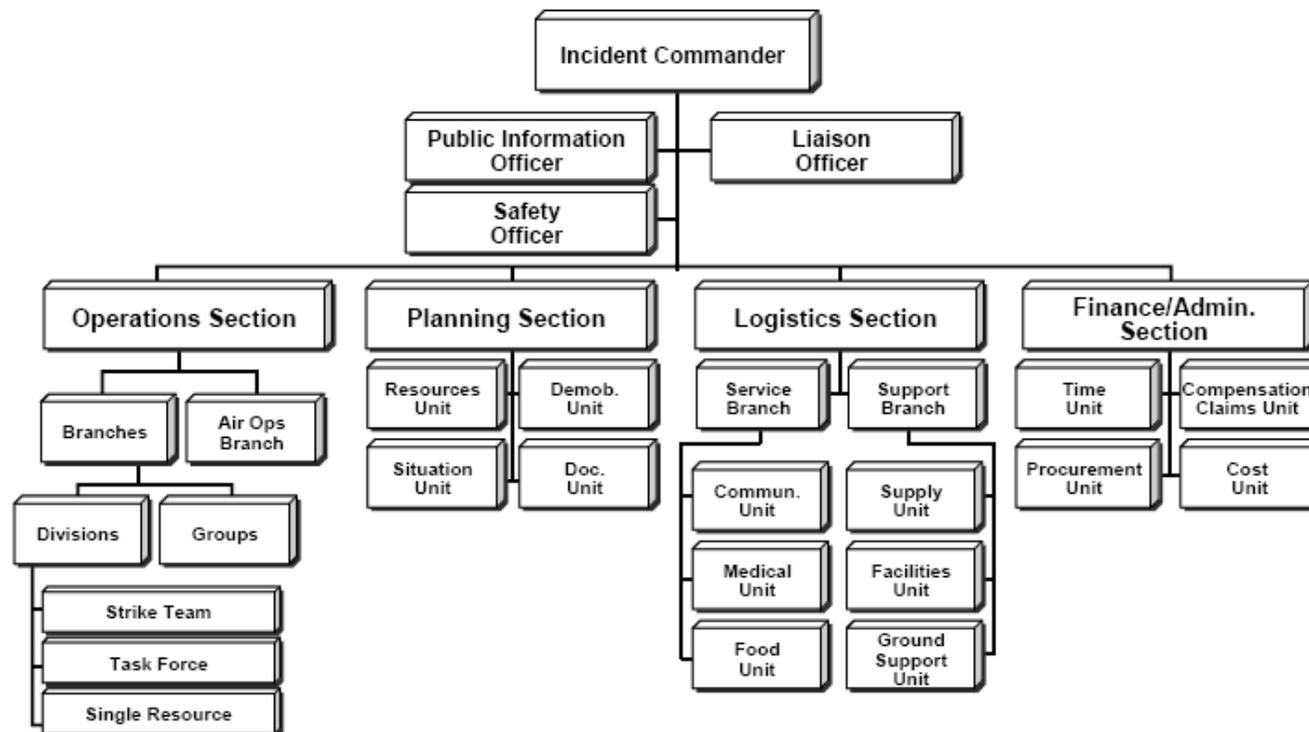
- Soomaroo and Murray:
 - 1) Overcrowding and crowd control
 - Predictable patterns of behavior, bottlenecks
 - 2) Event access points
 - Ingress/Egress, Security. Self-deployed??
 - 3) Fire safety measures
 - 4) Medical preparedness
 - **Prepare/preplan for escalating event**
 - Legal regulations
 - 5) Emergency response
 - COMMUNICATIONS



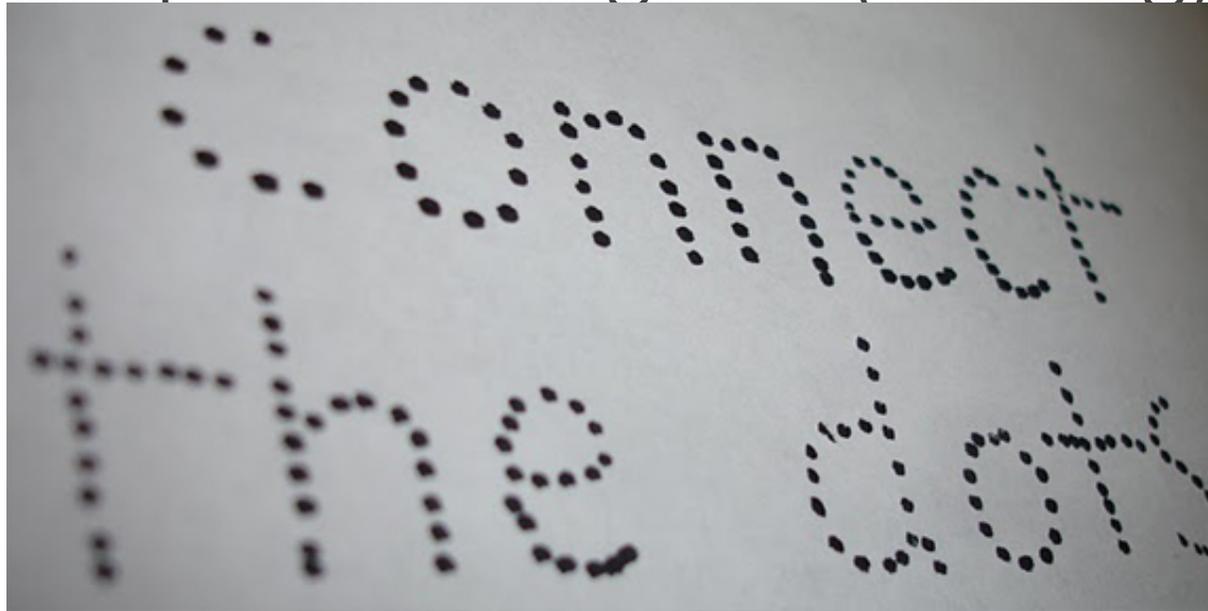
MCI

SALT Mass Casualty Triage





KEY to Mitigation of MCI's at MGs =
Proper Planning and (Training)



Current Admin Side/Goals of Planning...



EMS Physician Curricula: Disaster Preparedness and Management

- Federal framework based on Presidential Policy Directive 8
 - “Defined a National Preparedness Goal: A secure and resilient nation with the capabilities...to **prevent, protect** against, **mitigate, respond** to and **recover** from the threats and hazards”
 - National Response Framework (NRF)
 - Describes “ER support functions”
- Aligned with National Incident Management System (NIMS):
 - Defines command and management structures that allow for scalable, multijurisdictional response
- Incident Command Structure
- Non-governmental organizations, state, NDMS (DMAT), regional, local, agency, hospital



- <https://tmcrcms.com/portal/PolicyLibrary/PolicyLibrary.aspx?PolicyID=6-4463-a8aa-d5ed9c265d>
- Go to the Policies & Procedures Library
- Log in with your user name and password
- Go to corporate
- Then to safety

POLICIES & PROCEDURES Logged in as: Matthew Gratton

Truman Medical Centers

Policies & Procedures

Advanced Search

Truman Medical Centers

- Corporate
 - Administrative
 - Anesthesia
 - Behavioral Health Acute Care
 - Behavioral Health Ambulatory Services
 - Clinical Research
 - Compliance
 - Facilities & Equipment
 - General Counsel
 - Health Information Management (HIM)
 - Human Resources
 - Infection Prevention & Control
 - Laboratory & Point of Care Testing
 - Medical Imaging
 - Medical Staff
 - Nursing
 - Occupational Health
 - Patient Care Services
 - Pharmacy
 - Practice Management
 - Safety & Emergency Management
- Facility
- Department
- Scopes of Service
- Department Emergency Operations Plans
- Resources and Templates

Policies & Procedures Library

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Print Folder

	Policy Name	Next Review	Last Review
●	Code Black - Bomb Threat	03/10/2019	03/10/2016
●	Code Pink (Infant/Other Person Abduction)	05/07/2020	05/07/2017
●	Code Silver - Active Shooter	03/28/2019	03/28/2016
●	Confined Space	04/16/2020	04/16/2017
●	Disaster Emergency Operations Responsibilities for Volunteers Who Are Not Licensed Independent Practitioners	05/13/2018	05/13/2015
●	Disaster Privileges for Licensed Independent Practitioners and or Allied Health Professionals	03/09/2019	03/09/2016
●	Emergency Operations Plan	04/13/2019	04/13/2016
●	Emergency Operations Plan Annex B: Biological Emergency	04/15/2019	04/15/2016
●	Emergency Operations Plan Annex C: Communications	04/15/2019	04/15/2016
●	Emergency Operations Plan Annex D: Direction and Control	04/15/2019	04/15/2016

<https://tmcrcms.com/portal/PolicyLibrary/PolicyLibrary.aspx?PolicyID=6-4463-a8aa-d5ed9c265d>



Ummmm....

- Should we teach this?
- Should we learn this?
- What should we teach?



Verses What Actually Happens...



♥ Julia



Let's Look at History...

- Hillsborough Stadium
- Hyatt Skywalk collapse
- Orlando, FL
- Las Vegas
- Virginia Tech
- Joplin tornado (graduations)



And Train to Meet These Goals

- ICS Goals:
 - **Life safety, Incident stabilization, Property conservation**
- MCI Medical Management Goals:
 - Rapid **access** to the injured or ill
 - Rapid **triage, stabilization, and transport**
 - On-site care for minor injuries/illnesses
 - Preserve EMS/hospital function
- Did we use SALT/START, etc?
- What are we actually documenting??



Post Event Reviews

- Responders likely suffer effects of stress
- Post-event operational **debriefing**
 - Identify areas for improvement, successes
- AAR (“lessons learned”)
 - Did it include EVERYONE?
- Guide future events and training...



Based Off of History

- Prepare
- Plan
- **Practice/Train**
 - Simulation
 - MGs (football, baseball, hockey)
 - US&R, MoDRS
 - EMS/Disaster Fellowship

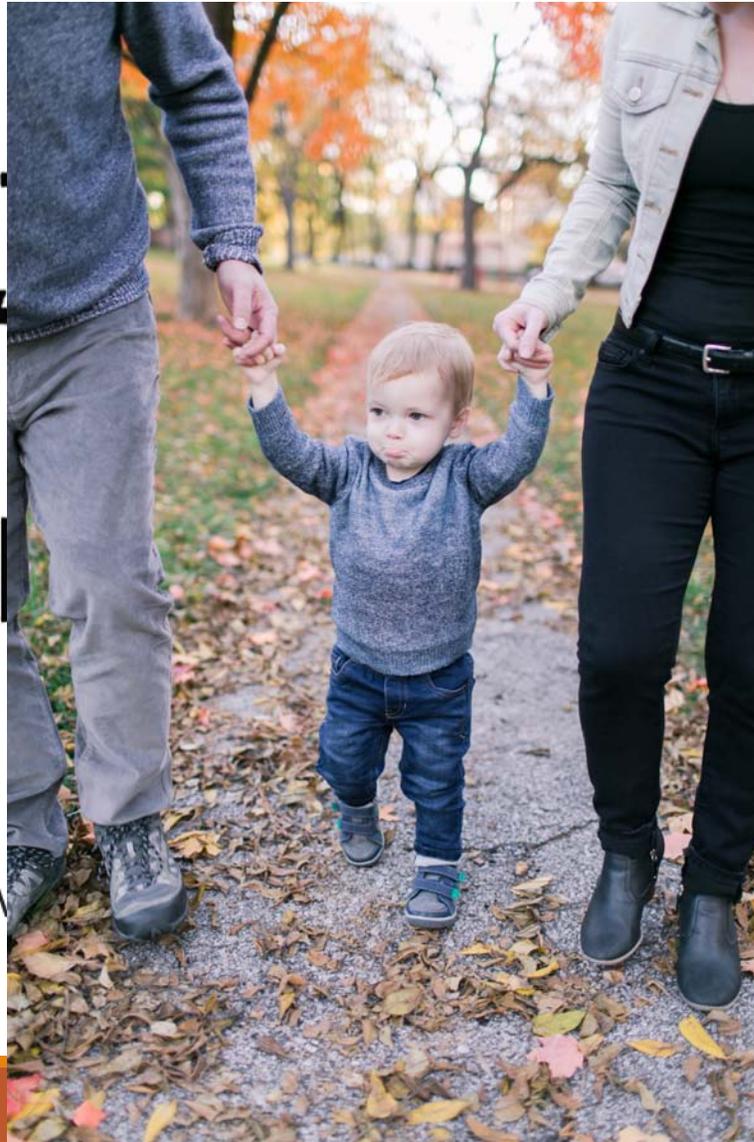


Communicate: Hospitals/Communities



Conclusion

- Acknowledge what actually happens
- Standardize content
- Acknowledge what actually happens
- Acknowledge what actually happens
- **Plan, Train, and Practice**



what actually happens
what actually happens

what actually happens...

