



MODULE 8: SPECIAL CONSIDERATIONS IN TACTICAL EMERGENCY MEDICAL SUPPORT

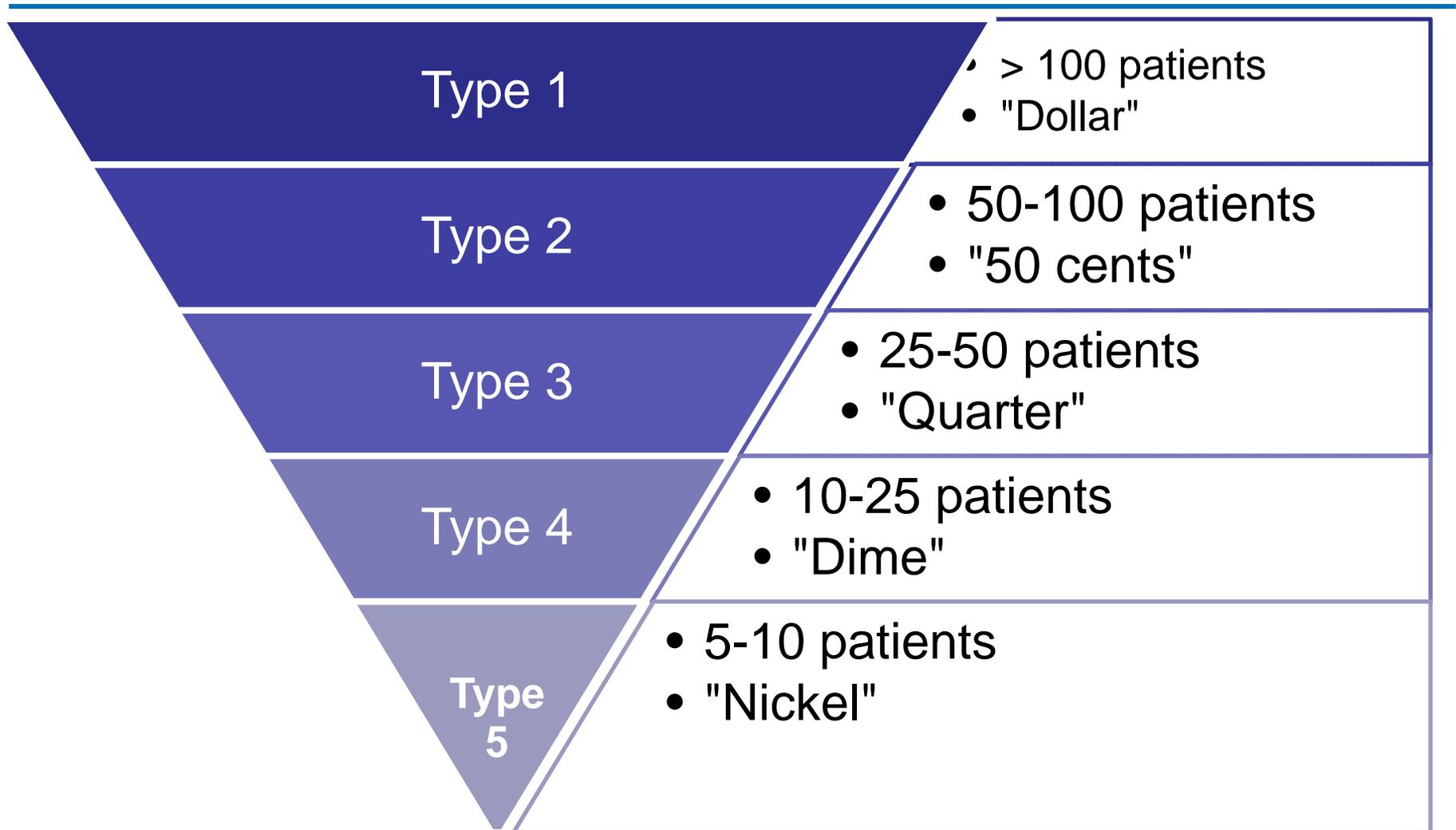
OBJECTIVES

- Discuss special considerations in violent situations.
- Discuss management considerations for Tactical Emergency Medical Support (TEMS).

DEFINITION OF MASS CASUALTY INCIDENT

Human-caused or natural event resulting in illness and/or injuries exceeding the Emergency Medical Services (EMS) capabilities of a hospital, locality, jurisdiction and/or region

MCI CLASSIFICATION



PATIENT GENERATOR

- Hazard, action or situation that creates patient volume.
 - Patient Generator (PG) causes human vulnerability, which leads to patient volume (casualties).
- Two types.
 - Static: PG is inactive and no additional damage is expected.
 - Dynamic: PG is still active and may have to be mitigated before care begins.

INCIDENT COMMAND SYSTEM AND PATIENT GENERATOR

An objective of the Incident Command System (ICS) is to mitigate PG and ensure resources are available to rescue, treat and transport patients/victims.

- If PG is dynamic, may be impossible to mitigate PG or ensure that resources are available to rescue, treat and transport patients/victims.
- It may not be under your agency's authority to address PG.
- Ensure that Site Safety Plan is in place.

SAFETY OF RESPONSE PERSONNEL

- Do preincident planning and have a multiagency standard operating procedure defining:
 - Roles and responsibilities.
 - Interoperability.
 - Unified Command (UC) procedures.
- Ensure smooth transition to UC.
- Create school violence response plan.

SAFETY OF RESPONSE PERSONNEL (cont'd)

- Train together, not only at tactical level but across incident management spectrum.
- Ensure that Emergency Operations Center is staffed.
- Set up Joint Information System and Center to provide up-to-date information about the incident.

SAFETY OF RESPONSE PERSONNEL (cont'd)

- Plan, exercise and review Emergency Operations Plans within response area and with mutual-aid partners and their target hazards.

HAZARDOUS MATERIALS MODEL OF TIME, DISTANCE AND SHIELDING

- Time.
 - If unavoidable, limit personnel exposure to PG.
 - Do not provide advanced life support in hazard area.
- Distance.
 - Set up Staging site where PG does not pose hazard.

HAZARDOUS MATERIALS MODEL OF TIME, DISTANCE AND SHIELDING (cont'd)

- Shielding.
 - If EMS personnel are in field of fire, they must seek cover.
 - Concealment is another option for shielding.
 - Remember: **Cover stops bullets; concealment does not.**

MCI TACTICAL MANAGEMENT CONSIDERATIONS

- EMS should provide support to police tactical resources.
- Casualty Collection Point (CCP) should be well-marked and announced to all tactical resources.
- Place Triage Unit Leader at CCP with police resources delivering/directing patients.

MCI TACTICAL MANAGEMENT CONSIDERATIONS (cont'd)

- Benchmarking.
 - Triage Report.
 - Last immediate (red) patient transported.

OTHER MCI TACTICAL MANAGEMENT CONSIDERATIONS FOR SCHOOLS

- Address student reunification.
- Set up perimeter and maintain traffic control so resources can arrive and depart incident.
- If Critical Incident Stress Management has been planned, remember: Don't force, just provide.
- Notify hospitals early of the situation.
- Don't rely on cellphones.

DEALING WITH FRIENDS AND FAMILY

- The Public Information Officer (PIO) should handle all communications and inquiries.
- Reporters should be discouraged from entering premises.

CHILD SAFETY AND PICKUP

- Arranging a secondary location for picking up children **may not** be an EMS function.
 - Depends on incident factors, jurisdiction and agency protocols.
- Emergency Operations Plan must consider ways to minimize disruption to a child's routine during/after incident.

CHILD SAFETY AND PICKUP (cont'd)

- Children need to be moved to a safe location.
- Teacher/Day care provider should be kept with children.
- PIO should publicize where children can be picked up.



SUMMARY



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- Discuss special considerations in violent situations.
 - Discuss management considerations for TEMS.