"First In For The
Big One"

The First Five Minutes !

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Jon Politis, MPA, NREMT-P

Active EMT since 1971

Paramedic educator

State EMS Trg Coord (VT and NY)

EMS Chief (ret)

Ski Patroller

Firefighter/Fire Officer

Practicing Paramedic

Saratoga County NY - Malta

NPS-Grand Teton NP

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December 2014 Plane into a home

Structure fire with multiple injuries

December 2015

'Everyone was running'

BREAKING NEWS

One dead after driver mows down pedestrians on Vegas Strip
Woman detained after hitting 37 people

POLITIS

Sandy Hook December 2013

San Bernadino 2015

Boston Marathon Bombings

Seattle Bus Crash

Philadelphia 2015 AMTRAK Crash

Car crash with entrapment

School bus crash

NIMS ICS…Not just for the fire service

First on Scene ? First in COMMAND !

National Incident Management System
It's the **LAW** and it applies to EMS Too!

The Truth about TRIAGE...
- It's a very "un-natural" process for us...
- You work ALONE
- You provide care later
- You have "skimpy" resources

We practice essentials of MCI management in a perfect world, but your basic plans must rely on chaos and a "fast break" operations !

What's in your ambulance NOW is better than stuff in the MCI Trailer that's 30-45 minutes away !

**There will be CHAOS
Got your trusty "bar code" reader?**

During MCIs think good BLS NOT ALS !

Five Tasks... Five Minutes

1. Establish Command and Create a Safe Zone
2. Give an arrival report
3. Size Up and Scene Safety
4. Triage and tally
5. Request/Assign Resources/Transfer Command !

First on Scene ? First in COMMAND !

National Incident Management System
It's the LAW!

Saratoga County MCI Tactical Worksheet   Tac Channel _____

_____ Establish Command/Create a SAFE ZONE   _____ Triage and Tally the Casualties
_____ Confirm Tac Channel Assignment   _____ Request/Assign Resources
_____ Transmit an Arrival Report   _____ Place Units in SAFE Zone- In Sequence or Back In
_____ Do a 360 Size-Up and Mitigate Hazards   _____ Transfer Command ASAP/ Assume Medical Branch Ops

TRIAGE TALLY	1-IMMEDIATE	2-DELAYED	3-MINIMAL	E-EXPECTANT	0-DEAD	Total Pts/Amb Needed
XPT Guide	1 Per Amb	2 Per Amb	4 Per Amb	Transport PRN	NO Transport	
TOTAL						Pts
# Amb Needed						Amb

AMBULANCES

Mutual Aid	Clifton Park	Community	Malta	Ballston Lake	Saratoga Fire	Wilton
Requested						
Available	4	2	3	1	1	2
Mutual Aid	Moreau	Galway	Waterford	Colonie	Gen Schuyler	Corinth
Requested						
Available	1	1	1	1	6	1
Mutual Aid	Hoosic Valley	Easton	Empire	Mohawk	NYSP	Lifenet
Requested						
Available		1	2	6	1	1

HOSPITAL Roll Call

HOSP Roll Call	Saratoga	Ellis	Albany Med	St Peters	Memorial	Samaritan
Can Take						
# Pts Sent						
	St Mary's Troy	Glens Falls	St Mary's Amsterdam			
Can Take						
# Pts Sent						

Assign Triage-Transport-Treatment Units PRN

TRIAGE Unit
Unit Leader _____

- Get Patients Tagged
- ID cars, rooms, etc with paint/crayon etc
- Triage Tally
- Get Pts Moved to Collection Point or Transport

GET THE RED OUT!

TREATMENT/COLLECTION Unit
Unit Leader _____

- Set up collection point/Tarps
- Collect patients by Triage Level
- Handle patients
- Re-Triage PRN
- Work with Transport to move patients out

GET THE RED OUT

TRANSPORT Unit
Unit Leader _____

- Sequence or back in ambulances
- Assign amb to patients
- Route patients based Hospital Roll Call
- Take Triage Tracking Tag
- Log all patients/ambulances disembarking

GET THE RED OUT !

POLITIS

Command Etiquette

Etiquette

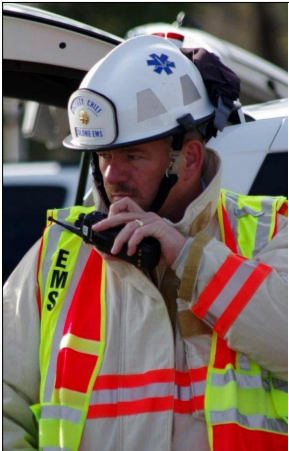**Establishing Command**
Passing Command

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Command Modes

1. Arrive - Establish Command - Give an Arrival Report

2. Size-Up-360 - Triage - Initial Actions - Request Resources

3. Pass Command or Assume a Command Position

POLITIS

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1. Establish Command

Give an Arrival Report

Not FIRST ?
Establish Medical Branch

Etiquette

2. Size-Up-360 - Triage - Initial Actions - Request Resources

IMMEDIATE	DELAYED	MINIMAL
1	2	3

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3. Pass Command or Assume a Command Position

POLITIS

Create a SAFE ZONE !

At Highway Incidents...
Protect the scene and your work area !

FIRST Unit protect the scene!   Load down stream!

Rescue   Crash   A-1   A-2

Cones/Flares Sign

Blocking Unit

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First Arriving Institutes Blocking

ALL ambulances line up with traffic flow ! Downstream !

Esteban Bahena
4/1/2010 CA

Chris Brown
3/6/13-IL
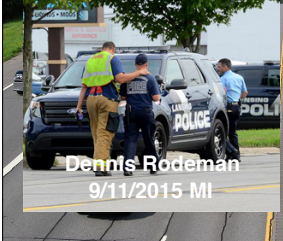
Dennis Rodeman
9/11/2015 MI

Cheryl Kiefer
1/26/2008 MI

2. Give an Arrival Report !

Set the Tone - Anticipate - Prepare

Building Sides

C

B   D

A

R-1

POLITIS

What do you see?

What do you see?

What do you see?

What do you see?

What do you see?

What do you see?

What do you see?

What do you see?

What do you see?

What do you see?

3. Do a 360 Size Up…AND a Triage Sweep !
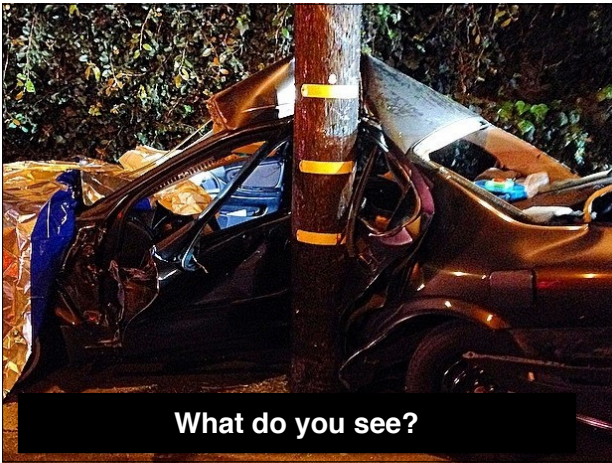
First In ? Last Out !

Command and EMS Branch Functions

The Medical or EMS Branch

MEDICAL Branch

TRIAGE Unit

TREATMENT Unit

TRANSPORT Unit

POLITIS
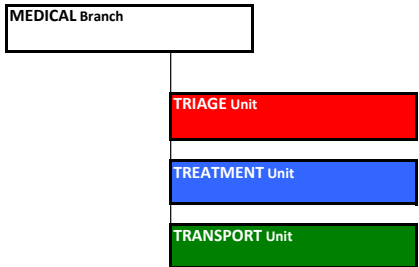
First Arriving Ambulance

MEDICAL Branch
TRANSPORT Unit

TRIAGE Unit
TREATMENT Unit
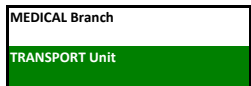
Medical Branch
· **Medical functions plus**
· **Transport Unit Functions**

Triage Unit
· **Triage functions plus**
· **Treatment Unit Functions**

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MEDICAL Branch

TRANSPORT Unit

EMS Incident Management Tactics

Arrival and Establish Command
1. Position unit to facilitate sequencing
2. Establish Command and transmit arrival report
3. Put PPE on BEFORE leaving the amb!
4. Don Bib/ Grab triage kit
5. Assign triage unit lead, bib and kit
6. Number cars with paint/crayon

Primary Triage
1. Global sort Walk-Wave-Still
2. Target- STILL pts THEN those who can WAXE
3. Assign tag and color-NO WRITING
4. Provide lifesaving care PRN
5. Triage tally # of RED-YELLOW-GREEN-GREY-BLACK

Update Disp/Call Resources
1. Confirm Tac channel assignment
2. Make mutual aid request
3. PASS COMMAND as necessary
4. Have dispatch advise inbound where to sequence

Assign Units to Tasks
1. Is TRANSPORT and TREATMENT needed?
2. Assign crew to TREATMENT + TRANSPORT
3. Stick close with FIRE COMMAND
4. Prepare to assign incomming units
5. Meet "face to face" to give assignments
6. Start a tactical worksheet
7. Consider an aide
8. Consider alternate XPT for GREENs

Treatment and Transport
1. Avoid having a "collection point" if possible
2. Have dispatch do hospital roll call
3. Determine hospital capacity
4. Everybody is TAGGED and TRACKED
5. Get the RED patients OUT FIRST!

First 5 minutes sets the stage for the next 5 hours!

POLITIS

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4. TRIAGE and Tally!

TRIAGE

Do the greatest good for the greatest number of people !
Efficient use of resources

TRIAGE Unit

TRIAGE Unit Leader

1. GET ALL PATIENTS TRIAGED AND TAGGED BY CATEGORY!

IMMEDIATE (ALS- Needs stretcher)
Expectant-Not likely to survive
DEAD
DELAYED (BLS- Needs stretcher)
MINIMAL (Minor inj/Ambulatory)

EVERYBODY GETS A TAG !
TRACK # OF PTS AND CATEGORY

2. COMMUNICATE WITH MEDICAL BRANCH

A-Report CASUALTY COUNT and CATEGORY
B-Request resources to move patents- Manpower/Backboards/Stretchers

3. GET PATIENTS MOVED TO TREATMENT OR TRANSPORT

A-Get patients moved to either Treatment or Transportation
B-When patients are moved, report to MEDICAL Branch for reassignment

4. GET the RED OUT !

1. Primary objecive is to Get the RED off the scene FIRST
2. All injured rescuers are tagged RED

POLITIS

The Truth about TRIAGE…

- It's a very "un-natural" process for us…
- You work ALONE
- You provide care later
- You have "skimpy" resources
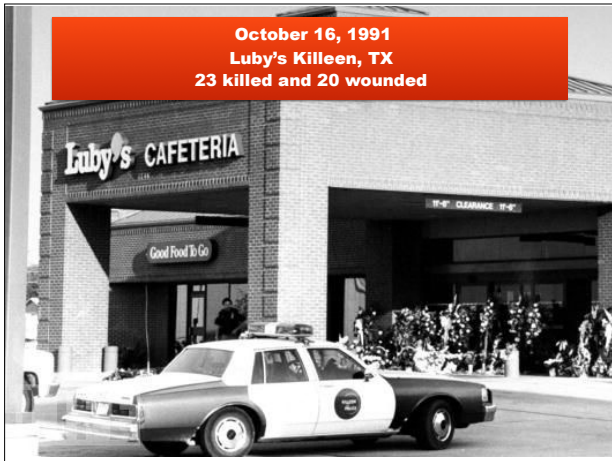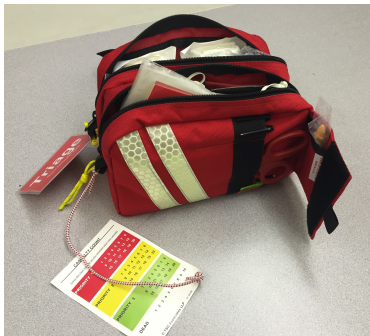

THE GOAL ?

GET THE RED OUT !

October 16, 1991
Luby's Killeen, TX
23 killed and 20 wounded

EXPECTANT
E

MINIMAL
3

CONTAMINATED

DEAD
0

TOURNIQUET

DELAYED
2

IMMEDIATE
1

Prepare for success!

POLITIS

SALT TRIAGE !

Sort
Assess
Lifesaving Intervention
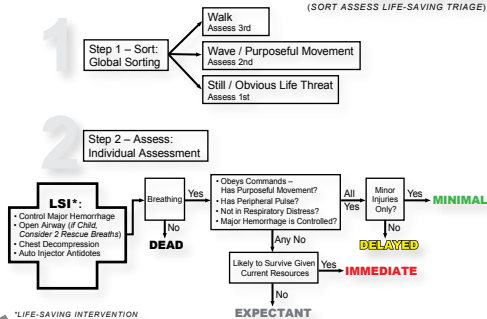**T**riage

POLITIS
-EMERGENCY SERVICES EDUCATION-

SALT TRIAGE !

- **Evidence Based**
- **Driven by the CDC**
- **Supported by all National EMS Organizations**
- **Our New National Standard**

POLITIS
-EMERGENCY SERVICES EDUCATION-

S.A.L.T. TRIAGE FLOW SHEET
(SORT ASSESS LIFE-SAVING TRIAGE)

1

Step 1 – Sort: Global Sorting

Walk
Assess 3rd

Wave / Purposeful Movement
Assess 2nd

Still / Obvious Life Threat
Assess 1st

2

Step 2 – Assess: Individual Assessment

LSI*:
- Control Major Hemorrhage
- Open Airway (if Child, Consider 2 Rescue Breaths)
- Chest Decompression
- Auto Injector Antidotes

Breathing → Yes

No

DEAD

• Obeys Commands – Has Purposeful Movement?
• Has Peripheral Pulse?
• Not in Respiratory Distress?
• Major Hemorrhage is Controlled?

All Yes → Minor Injuries Only? → Yes **MINIMAL**

No

DELAYED

Any No

Likely to Survive Given Current Resources → Yes **IMMEDIATE**

No

EXPECTANT

*LIFE-SAVING INTERVENTION

POLITIS
-EMERGENCY SERVICES EDUCATION-

SALT - Global Sort

SALT Triage
First Step

Walk
P-3
Assess LAST

Wave
Assess SECOND

Still
P-1
Assess FIRST

IMMEDIATE
- Respiratory Distress!
- Bleeding Uncontrolled (major) - NO Peripheral Pulses
- Does not obey command - Non purposeful movements
- *Likely to survive given current resources*

DELAYED
- NOT in Respiratory distress
- Bleeding Controlled - Has Peripheral Pulses
- Obeys command-Purposeful Movements
- Non-Ambulatory

MINIMAL
- NOT in Respiratory Distress
- Bleeding Controlled - Has Peripheral Pulses
- Obeys Command - Purposeful Movement
- Ambulatory and Minor Injuries

EXPECTANT
Not likely to survive given current resources

DEAD
Not breathing after 2 ventilations

LSI*:

SALT Triage - Global SORT FIRST !
Walk - Wave - Still
Perform Lifesaving Interventions as you go!

IMMEDIATE
- Respiratory Distress!
- Bleeding Uncontrolled (major) - NO Peripheral Pulses
- Does not obey command - Non purposeful movements
- *Likely to survive given current resources*

DELAYED
- NOT in Respiratory distress
- Bleeding Controlled - Has Peripheral Pulses
- Obeys command-Purposeful Movements
- Non-Ambulatory

MINIMAL
- NOT in Respiratory Distress
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- Obeys Command - Purposeful Movement
- Ambulatory and Minor Injuries

EXPECTANT
Not likely to survive given current resources

DEAD
Not breathing after 2 ventilations

IMMEDIATE
- Respiratory Distress!
- Bleeding Uncontrolled (major) - NO Peripheral Pulses
- Does not obey command - Non purposeful movements
- *Likely to survive given current resources*

MINIMAL
- NOT in Respiratory Distress
- Bleeding Controlled - Has Peripheral Pulses
- Obeys Command - Purposeful Movement
- Ambulatory and Minor Injuries

EXPECTANT
Not likely to survive given current resources

DEAD
Not breathing after 2 ventilations

- NOT in Respiratory Distress
- Bleeding Controlled - Has Peripheral Pulses
- Obeys Command - Purposeful Movement
- Ambulatory and Minor Injuries

EXPECTANT

DELAYED
- **NOT In Respiratory distress**
- **Bleeding Controlled - Has Peripheral Pulses**
- **Obeys command-Purposeful Movements**
- **Non-Ambulatory**

MINIMAL
- **NOT in Respiratory Distress**
- **Bleeding Controlled - Has Peripheral Pulses**
- **Obeys Command - Purposeful Movement**
- **Ambulatory and MINOR Injuries**

EXPECTANT
Not likely to survive given current resources

DEAD

IMMEDIATE
- Respiratory Distress!
- Bleeding Uncontrolled (major) - NO Peripheral Pulses
- Does not obey command - Non purposeful movements
- *Likely to survive given current resources*

DELAYED
- NOT In Respiratory distress
- Bleeding Controlled - Has Peripheral Pulses
- Obeys command-Purposeful Movements
- Non-Ambulatory

MINIMAL
- NOT in Respiratory Distress
- Bleeding Controlled - Has Peripheral Pulses
- Obeys Command - Purposeful Movement
- Ambulatory and MINOR Injuries

EXPECTANT
Not likely to survive given current resources

DEAD
Open Airway, No Breathing after 2 ventilations

SALT Triage - Global SORT FIRST !
Walk - Wave - Still
Perform Lifesaving Interventions as you go!

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Life **S**aving **I**nterventions during **Triage**

LSI*:
- Control Major Hemorrhage
- Open Airway (*if Child, Consider 2 Rescue Breaths*)
- Chest Decompression
- Auto Injector Antidotes

POLITIS

Tally Card Carried During TRIAGE

T-3 TRIAGE TALLY CARD

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	18	19	20	

IMMEDIATE

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	18	19	20	

DELAYED

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	18	19	20	

MINIMAL

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	18	19	20	

EXPECTANT

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	18	19	20	

DEAD

POLITIS

You MUST Keep a Master Triage Tally

TRIAGE Transport Guideline	1-RED One/Ambulance	2- YELLOW Two/Ambulance	3 -GREEN Four/Ambulance	E-EXPECTANT Transport PRN	0- BLACK NO TRANSPORT
TOTALS					
# of Amb Needed			Consider BUS		0

This helps determine resources!

Amb	Clifton Park	Saratoga Fire	Gansevoort Schuyler	Ballston Lake	Moreau	Waterford
# Requested	4	2	1	2	1	1
In staging						

Amb	Empire	Colonie	Hoosic Valley	Easton Greenwich	NYSP Lifeguard	Lifenet	Mohawk
# Requested	2	6	1	1	1	2	
In staging							

Saratoga County MCI Tactical Worksheet — Tac Channel _____

- ____ Establish Command/Create a SAFE ZONE
- ____ Confirm Tac Channel Assignment
- ____ Transmit an Arrival Report
- ____ Do a 360 Size-Up and Mitigate Hazards
- ____ Triage and Tally the Casualties
- ____ Request/Assign Resources
- ____ Place Units in SAFE Zone- In Sequence or Back In
- ____ Transfer Command ASAP/ Assume Medical Branch Ops

TRIAGE TALLY XPT Guide	1-IMMEDIATE 1 Per Amb	2-DELAYED 2 Per Amb	3-MINIMAL 4 Per Amb	E-EXPECTANT Transport PRN	0-DEAD NO Transport	Total Pts/Amb Needed
TOTAL						Pts
# Amb Needed						Amb

AMBULANCES

Mutual Aid	Clifton Park	Community	Malta	Ballston Lake	Saratoga Fire	Wilton
Requested						
Available	4	2	3	1		2
Mutual Aid	Moreau	Galway	Waterford	Colonie	Gen Schuyler	Corinth
Requested						
Available		1	1	6		1
Mutual Aid	Hoosic Valley	Easton	Empire	Mohawk	NYSP	Lifenet
Requested						
Available	1	1	2	1	1	1

HOSPITAL Roll Call

HOSP Roll Call	Saratoga	Ellis	Albany Med	St Peters	Memorial	Samaritan
Can Take						
# Pts Sent						
	St Mary's Troy	Glens Falls	St Mary's Amsterdam			
Can Take						
# Pts Sent						

Assign Triage-Transport-Treatment Units PRN

TRIAGE Unit
Unit Leader _____
- Get Patients Tagged
- ID cars, rooms, etc with paint/crayon etc
- Triage Tally
- Get Pts Moved to Collection Point or Transport

GET THE RED OUT!

TREATMENT/COLLECTION Unit
Unit Leader _____
- Set up collection point/Tarps
- Collect patients by Triage Level
- Handle patients
- Re-Triage PRN
- Work with Transport to move patients out

GET THE RED OUT

TRANSPORT Unit
Unit Leader _____
- Sequence or back in ambulances
- Assign amb to patients
- Route patients based Hospital Roll Call
- Take Triage Tracking Tag
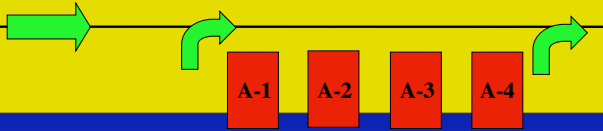- Log all patients/ambulances disembarking

GET THE RED OUT !

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5. Request and Assign Resources
Pass Command !

Why were they parked this way ?
Why so few EMS fatalities ?

Positioning units

In sequence toward egress

| A-1 | A-2 | A-3 | A- 4 |

Positioning units

Backed in with clear egress

A-1   A-2   A-3   A-4

MCI - No Collection Point Needed

MEDICAL Branch

TRIAGE Unit

TRANSPORT Unit

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Casualty Collection Point or Treatment Area Is the "Bus Stop" of the Medical Branch

BUS STOP

POLITIS

MCI - When a Collection Point IS Needed

MEDICAL Branch

TRIAGE Unit

TREATMENT Unit

TRANSPORT Unit

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TREATMENT/Casualty Collection Unit

TREATMENT/CASUALTY COLLECTION- OBJECTIVES

1. COLLECT PATIENTS ON TARPS BY CATEGORY

IMMEDIATE (ALS and needs stretcher)	
Expectant-Not likely to survive	**ASSURE PTS ARE TAGGED !**
DELAYED (BLS and needs stretcher)	**PROVIDE LIFESAVING CARE WHILE**
MINIMAL (Minor inj/ambulatory)	**WAITING FOR TRANSPORT**

2. Primary Tactical Objective is to GET the RED OUT !
1. Primary objective is to Get the RED off the scene FIRST
2. All injured rescuers are tagged RED
3. Work with EMS Branch and TRANSPORT to move RED patients ASAP

3. COMMUNICATE WITH TRANSPORT
A - Assign transport resources to high priority patients
B- Re-Triage patients as necessary

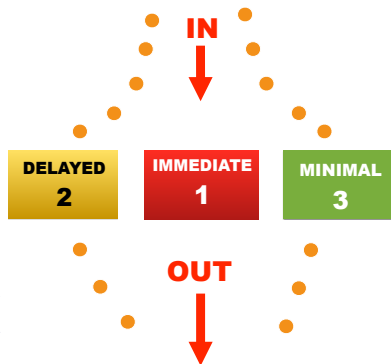**4. GET PATIENTS MOVED from TREATMENT to TRANSPORT**
A-Get patients handed off to TRANSPORT
B-Assure all patients have a Triage Tag and are being Tracked by TRANSPORT

5. Set up Color Coded Tarps and Cone Chute

POLITIS
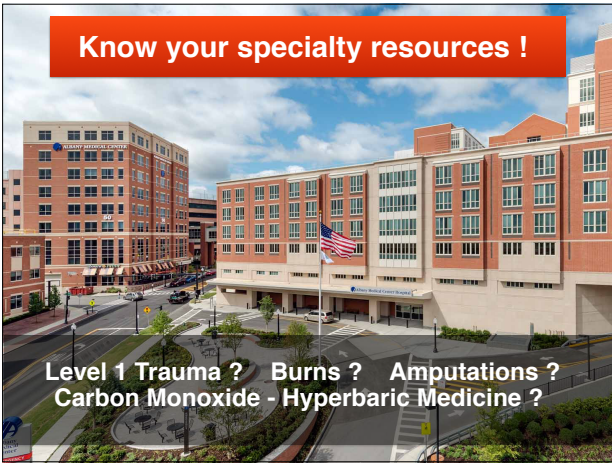

The "Classic" Collection Point

IN

IMMEDIATE 1

DELAYED 2

IMMEDIATE 1

DELAYED 2

IMMEDIATE 1

MINIMAL 3

EXPECTANT

MINIMAL 3

EXPECTANT

MINIMAL 3

EXPEC

DEAD

DEAD

DEAD

Get the RED Out FIRST !

In sequence toward egress

| A-1 | A-2 | A-3 | A- 4 |

IMMEDIATE 1 · DELAYED 2 · IMMEDIATE 1 · MINIMAL 3 · EXPECTANT · MINIMAL 3 · EXPECTANT · DEAD · DEAD · DEAD

TRANSPORT Unit

TRANSPORTATION - OBJECTIVES

1. LINE UP OR BACK IN ALL AMBULANCES
A. Request TRANSPORT Resources (RED=1/amb, YELLOW=2/amb, GREEN=3 or 4/Amb)
B. "Roll Call" hospitals to determine capacity
B. Meet crews as they arrive and give them an assignment
C. You must manage the flow of patients being transported
D. Assign crews to meet with TREATMENT for patient assignment

IMMEDIATE-Assign Ambulances to RED FIRST
RED patients = 1 Ambulance: 1 Patient

DELAYED (BLS and needs stretcher)
YELLOW patients = 1 Ambulance: 2 Patients

MINIMAL (Minor inj/ambulatory)
GREEN patients= 1 Amb: 3 or 4 Patients or Use a BUS

2. TRACK All Patients being transported
A - Nobody leaves without tracking NAME, PRIORITY, DESTINATION, UNIT TRANSPORTING
B- Use tracking feature from triage tage and keep a LOG

3. Communicate with hospitals/dispatch
A-Report only Unit Transporting, Triage Category
B-Distribute patients based on hospital capacity

POLITIS

Use Air Medical Resources Wisely !

Know your specialty resources !

Level 1 Trauma ?   Burns ?   Amputations ?
Carbon Monoxide - Hyperbaric Medicine ?

Five Tasks... Five Minutes

1. **Establish Command and Create a Safe Zone**
2. **Give an arrival report**
3. **Size Up and Scene Safety**
4. **Triage and tally**
5. **Request/Assign Resources/Transfer Command !**

Questions ?

That's all Folks!

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