#### Carbon Monoxide Overview:

This is a remote training session with three or four of your officers. The scenario requires you to be in command. Your officers will be the supervisor for one of the following groups:

EMS Group (optional)
Triage Unit
Transport Unit
Treatment Unit

The officers will need to be at a computer terminal and have a radio available. Please contact B/C Baltrosky to secure a talkgroup for the training. Included are links to documents for you to email to your officers as the training unfolds.

#### Goals:

Utilize the **task list** to evaluate the participants in the events. In addition to the benchmarks, each event has individual milestones that should be reached.

#### Task list link:

https://www.dropbox.com/s/r5vqo02tmndbfmt/Task%20List%20for%20EMS%20Incidents%20Multi%20Casuality.doc?dl=0

This document will provide you with the framework to facilitate the training. There are specific interactions that you should have with your unit officers – these interactions are included in the document. Feel free to add or remove information at your will.

#### **Event Overview**

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Hazmat/Full

#### Address:

Pick a building in your first due to add authenticity

### Dispatched units:

3 or 4 of your primary units – at least 2 paramedic engines. The units you are working with have been dispatched in an EMS task force with additional manpower piece(s). Add 5 transport units to the call – these units are available for transport and they will ghost units unless you wish to verbalize them checking on the scene on the radio.

Note: there is a multi-alarm fire in another battalion, and there are no other units available for dispatch.

#### Comments:

Command is established. These units have been added to assist with patient treatment and transport

#### Goals:

- Maintain communication between unit leaders and the EMS Group Supervisor
- Reds must be transported to hyperbaric medicine
- Yellows and greens need to be evaluated and distributed to the correct hospitals

#### Milestones:

- Establish EMS Group (by you or one of your officers)
- Designate leaders for the
  - o Triage Unit
  - o Transport Unit
  - o Treatment Unit

#### Patient information:

- Patients have been assembled in a collection point
- Total Patients: 7
  - Acuity
    - 2 Red
    - 1 Yellow

#### 4 Green

### Transport units:

Transport units in a MCI should be moving patients. There are no additional transport units available in the county. If one of the unit leaders or the EMS group supervisor dedicates a transport unit to a task other than that of transporting a patient, do not allow the unit to be used for transport without adding a significant delay to the its availability.

#### Carbon Monoxide

Send your officers emails with links to these documents or the documents in attachments. Stagger the unit arrivals as you see fit.

The unit that is the **EMS Group Supervisor** should receive this document:

https://www.dropbox.com/s/bm95w2g3ogl86ji/local command charts.pdf?dl=0

The **triage unit leader** should receive this document:

https://www.dropbox.com/s/bxfhikgi8ueliau/MC%20Triage%20Unit%20Leader%20%231.pdf?dl=0

The **transport unit leader** should receive these documents:

#### The **treatment unit leader** should receive these documents:

## Carbon Monoxide EMS Group Supervisor Interaction

The EMS group shall be established by 'command.' For this training, 'command' has dedicated a separate talkgroup where the EMS Group will operate. The EMS group may be you or one of your officers.

The EMS group will establish 3 unit leaders:

Triage Treatment Transport

The EMS Group Supervisor will manage the units until all of the patients are transported.

# Carbon Monoxide Triage Unit Leader Interaction

The triage unit leader should utilize their crew to perform the triage. The supervisor should receive this return from their crew:

- Patients have been assembled in a collection point
- Total Patients: 7 All adults
  - Acuity
    - 2 Red
    - 1 Yellow
    - 4 Green

The triage unit leader should relay this information to the EMS Group supervisor via the radio.

## Carbon Monoxide Transport Unit Leader Interaction

The transport unit leader will need to obtain hospital bed availability and track the patients as they are moved to the hospitals.

This is the bed availability:

- Baltimore Shock Trauma Hyperbaric Medicine
  - o 4 Immediate
  - o 2 Delayed
  - o 0 Minor
- Shady Grove Adventist Hospital
  - o 3 Immediate
  - 4 Delayed
  - o 0 Minor
- Suburban Hospital
  - o 1 Immediate
  - o 1 Delayed
  - o 1 Minor
- Holy Cross Silver Spring
  - o 2 Immediate
  - o 2 Delayed
  - o 0 Minor
- Washington Adventist Hospital
  - o 2 Immediate
  - o 0 Delayed
  - o 5 Minor
- Holy Cross Germantown
  - o 0 Immediate
  - o 3 Delayed
  - o 6 Minor
- Medstar Montgomery Medical Center
  - o 1 Immediate
  - 4 Delayed
  - o 3 Minor
- Germantown Emergency Center
  - o 0 Immediate
  - o 0 Delayed
  - o 4 Minor

The transport unit leader is responsible for managing the ambulance staging area. These are the 5 ambulances dispatched in the EMS task force. There are no additional transport units available.

The transport unit leader should coordinate with the treatment group supervisor and move the patients out to the appropriate hospitals as soon as the patients are ready. They should also document the amount of patients transported to each hospital and the destination for each patient.

The transport unit leader and the treatment unit leader should be communicating to each other via the radio.

The transport unit leader, or their designee, is the only person that shall communicate with the hospitals.

### Carbon Monoxide Treatment Unit Leader Interaction

The treatment unit leader will utilize the crew of their unit to treat the patients as they arrive in treatment area.

During this exercise, the EMS Group Supervisor should reassign the unit that was the triage unit to work under the treatment unit leader. The manpower will victim carriers assembling the patients in the treatment area. The treatment area should be in the cold zone, away from the casualty collection point.

The facilitator should tell the treatment unit leader when they have patients in the treatment area and when the victims are ready for transport. The immediates should be moved out first, followed by delayed, and then minor. Randomize the severity of the victims that are arriving and ready for transport so that the supervisor may execute the proper decisions.