



**ABCMRC**

**WORKING IN THE FIELD**

# What does your community need?

- 1. Care for the first responders
- 2. A secondary staging area
- 3. A secondary hospital/ER
- 4. Persons who understand battlefield triage
- 5. A group to be in charge of all of the above.

# A TABLE TOP EXERCISE

A tabletop exercise is designed to allow people to make mistakes. It presents them with real problems, and allows them to decide how they are going to act. You can steer them in one direction as you present additional problems along the way.

# CRISIS RULES

- 1. Determine who is in charge utilizing the incident command system.
- 2. Secure your perimeter- No ID tag, no admittance to the facility. Bar codes and a hand held scanner are handy for this. Ask for security to patrol your command site on a regular basis.
- 3. Order food and water. Order ONLY from a source you know is not contaminated and order only items that are sealed, including water.
- 4. Secure your power and communication sources. If you have power surge sources, be sure you use them. If there is a secondary generator on site, be sure it has fuel. Check all phone lines both into and out of the site. Utilize radios when able. Cell phones and regular phone lines will be jammed. Leave FAX lines free.
- 5. Pray.

# INCIDENT COMMAND SYSTEM

- 1. Most important class
- 2. Get every group on the same page.
- 3. Know who the incident commander is.
- 4. Work together.

# Our tabletop exercise

- 1. What disease do you want to use?
  - 2. What do you want them to know about the disease?
  - 3. What new do you want them to learn?
  - 4. How do you want them to interact?
- 1. Pick something they have heard of.
  - 2. Pick something they have previously discussed.
  - 3. Show them how quickly it can get out of hand.
  - 4. Show them how much they need each other to survive.

# Our problems

- 1. Bird flu can go undetected for several days.
- 2. People can be exposed and be contagious without knowing it.
- 3. By the time the first case presents in the ER, it's all over the place.
- 1. Smallpox in a child can be mistaken for chicken pox.
- 2. The child may present with pneumonia and a high fever and no rash.
- 3. Rashes in children can be caused by heat.
- 4. This child may be moved all over the hospital before a diagnosis is made.

# DETERMINE WHERE YOUR STRENGTHS ARE

- 1. Observation in the hospital: train the registration personnel to recognize different diseases.
- 2. Caution in the nursing staff. It's better to be over cautious than to spread a deadly disease.
- 3. Communication with the outside hospital medical community: ER calls the Health department, and HD begins chain calls to epidemiologist and other doctors' offices.
- 4. Contact the Public Health Officer.
- 5. Quarantine suspected cases.
- 6. Follow all CDC protocols.



# ACTIVATION OF THE EOC

- 1. Call the county Emergency Management office and request activation of the Emergency Operations Center (EOC).
- 2. Activate the MRC.
- 3. Have your epidemiologist go to work.
- 4. Notify your Supervisors and have them call their teams. 15 minute call back statue.

# IF YOU LOSE THE HOSPITAL DUE TO QURANTINE:

- 1. Put your logistics plan into action.
- 2. Have your Public Information Officer (PIO) report to the EOC and prepare a media briefing.
- 3. Secure our secondary medical facility
- 4. Have your PIO make a joint statement to the media with the EOC's PIO. Include what to and what not to do.
- 5. Remember that at the beginning, the press is your friend.
- 6. Do not vary from what you are given to say.

# IF YOU DO YOUR OWN BRIEFING:

- 1. Tell the people the truth. Say “I don’t know”.
- 2. Don’t embellish on what is written in front of you.
- 3. Tell them only the facts that are known at that time.
- 4. Tell them when the next briefing will be.
- 5. Don’t speculate if asked questions.
- 6. Don’t be afraid to walk off after you’ve said all you need to say.
- 7. Spell medical terms and people’s names.
- 8. Remember what Mayor Gulliani said when asked how many people had died on 9/11, “Too many”.

# SECURITY'S JOB WITH THE MEDIA:

- 1. Limit the amount of exposure the media has to the persons involved in the emergency.
- 2. Do not let the media into the Family Information Center.
- 3. Remember that the media has no scruples.

# MRC MEMBERS AND THE MEDIA

- The media works on “sound bites”. They will turn on you like piranhas. Nothing is ever “Off the record”, or “Just between you and me”. The only thing you should ever say to the media is “You need to talk to the PIO”. Turn your back and walk away from them to protect yourself and the others around you.

# CDC INVOLVEMENT

- 1. The CDC will bring their own lab technicians and supplies. Assist them if asked, and then get out of their way.
- 2. Continue monitoring as needed in the EOC and continue issuing press briefings on an hourly basis as needed.
- 3. The CDC may request that they issue the statements, but allow your PIO to be seen standing with them.

# CALL FOR PSYCHOLOGICAL SUPPORT

- In Kentucky, we have a community Crisis Response Board (KCCRB). This group will be on scene within 2 hours or less to assist deal with the psychological impact of the crisis. Most states have similar programs. Utilize them. They can help families survive the crisis, direct them to additional support services. They work closely with Red Cross and other community assistance agencies. They will also conduct the decompression sessions for the 1<sup>st</sup> responders and MRC members.

# NOTIFY THE RED CROSS

- The Red Cross will set up the Family Information Center if you need them to.



# NOTIFY THE SALVATION ARMY AND OTHER COMMUNITY ASSISTANCE GROUPS

- The Salvation Army and others can assist by providing clothing, additional food and water, and limited housing for family members from outside the area.

# CHEM AD NUKE EXPOSURE CRISIS

- Most MRC's are not equipped to deal with chem and nuke exposure. However, we must be aware of what the 1<sup>st</sup> responders are facing, and realize that it is a possibility that due to a secondary explosion or exposure, we may lose them.

# MAKE FRIENDS WITH ALL 1<sup>ST</sup> RESPONDERS

- Most local fire departments have and are properly trained to utilize tyvec suits. They know how to use Army issue MOPP suits.

# DURING A CRISIS:

- 1. Work your shift ONLY.
- 2. REST when you're told to.
- 3. EAT when you're told to.
- 4. SLEEP when you're told to.
- 5. All emergency workers will be in one area, so do whatever you need to do to reduce stress.
- 6. Decompress with other emergency workers after the crisis is over.

# BATTLEFIELD TRIAGE

- 1. Sadly, there are rules to battlefield triage. These are universal among all countries.
- 2. There are four sections/colors on a triage tag. Red, Yellow, Green. And black.
- 3. All these are subjective and are time based. At the time, they do not seem fair. Remember, if there are 200 victims at the site, and 16 responders, you cannot save them all. You do the best you can with what you have.

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REMOVE THIS SECTION  
IF GREEN STATUS

# GREEN TAGS

- This person is usually classified as “walking wounded”.

# YELLOW TAGS

- This person does not have life threatening injuries, but possibly has compound fractures, compound wounds, 3<sup>rd</sup> degree burns, but is not in immediate danger of dying.



# RED TAGS

- This person is breathing on his own. He has a pulse. He has massive injuries that he will die from if he does not receive surgical care within 1 hour.

# BLACK TAGS

- The worst thing you will ever have to do in a field is to black tag someone. Here's the rules:
- 1. If there's a pulse and no respirations, intubate the person.
- 2. If he is bleeding from an artery.
- 3. If he has multiple wounds in his chest, abdomen and back.
- 4. If he has severe head trauma and his pupils are blown.
- 5. If you cannot assist him to breathe.
- 6. If he has no pulse, DO NOT BEGIN CPR.
- 7. Give this person as much pain medication as you legally can. Transport him away from to other wounded.

# SUBJECTIVE TRIAGE

- Remember that triage is subjective, and a victim's status can change quickly. Reassess as needed and don't be afraid to change the status.

# TAKE CARE OF YOURSELF POST EMERGENCY

- 1. Plan on spending the first 24-48 hours after the end of a crisis with your fellow responders.
- 2. Meet your other emergency workers together once a week for the next month to discuss the event.

# Why decompress?

- 1. Everyone that is exposed to triage will need to be decompressed.
- 2. Keep all appointments.

# Can you self decompress?

- 1. It is not easy to self decompress.
- 2. This is not a weakness in you.
- 3. If prescribed medication, take it only as prescribed.

# WHAT HAPPENS TO THOSE WHO DON'T DECOMPRESS?

- 1. The young man that went head first into the well in Texas to save Baby Jessica committed suicide within 2 years of the rescue.
- 2. The fireman that carried the head injury child from the Murrow building in Oklahoma City committed suicide 18 months later.

# WHERE DO WE FIT INTO THE PLAN?

- 1. As long as the 1<sup>st</sup> Responders are ok, we stay in the background and provide surge capacity to the hospital if needed.
- 2. If the hospital's swamped, open a tertiary care facility and staff it.
- 3. If we lose the 1<sup>st</sup> Responders and the hospital, we are the only medical people left in the community.
- 4. We need to know who is in charge, whose orders we're following, and do our jobs.



# WE CAN CARE FOR OUR OWN

- 1. This is the motto of the ABCMRC. We are prepared to stand on our own for the first 72 hours after any disaster, man-made or natural. Your MRC can be just as prepared. Everything you need is already there, just locate it.
- 2. Make a plan and exercise it to see how long it takes you to gather what you need. Know where you're going to put it.
- 3. If we can care for our own, so can you.