



Mass Casualty Incident: Pediatric Cold Water Drowning

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Disclosures

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Charles Barrette



Objectives

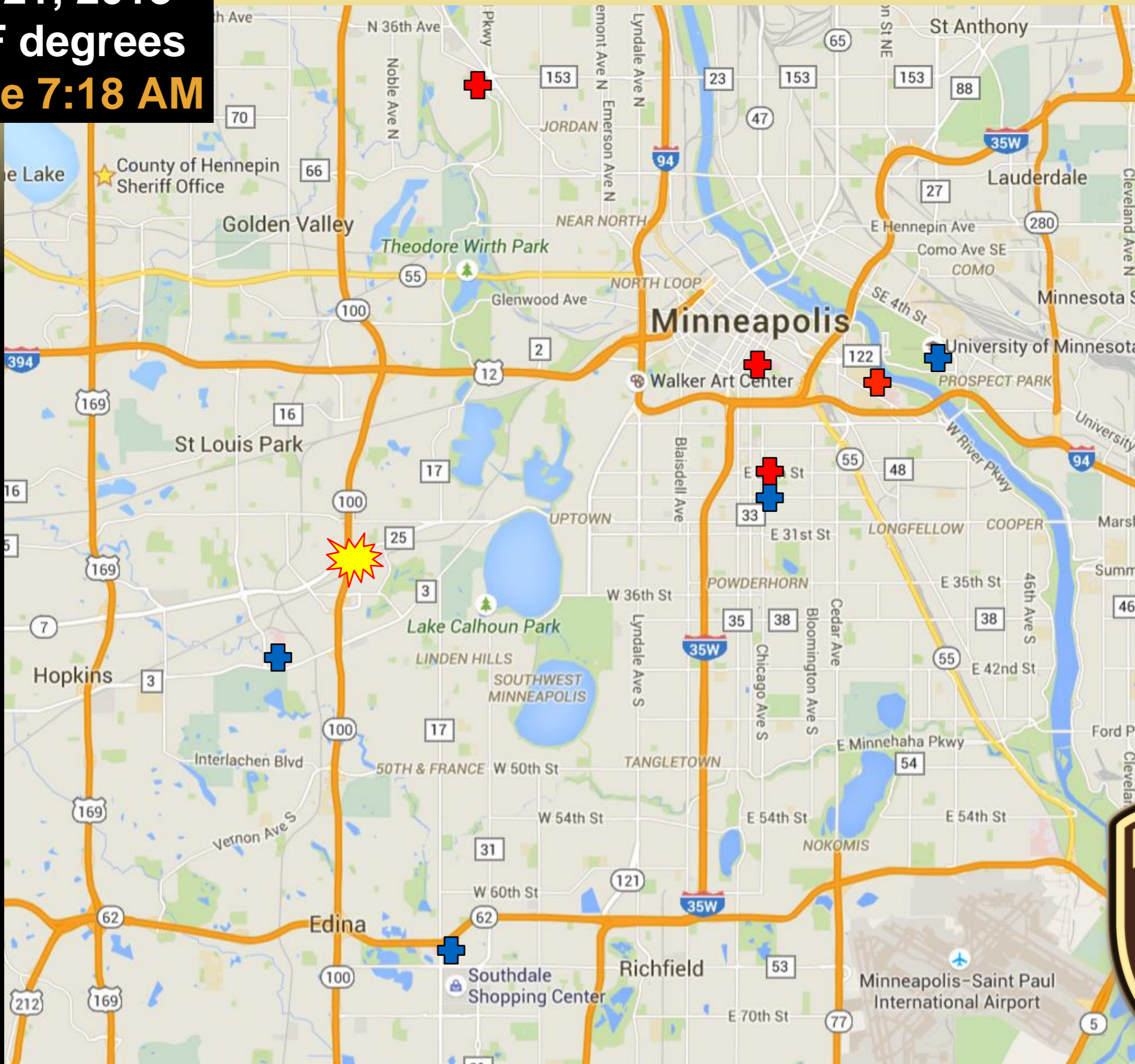
- Analyze managing of a mass casualty incident
- Discuss debriefing after a pediatric MCI
- Create awareness of job stress and responder mental health.



Initial Dispatch



Nov. 21, 2013
37.4 F degrees
Sunrise 7:18 AM



Timeline

- 0612: HEMS 416 dispatched
- 0613: Redirected to HEMS 412, closer ambulance
 - 416 added again as 2nd unit
- 0618: HEMS Duty Chief (410) notified



Timeline

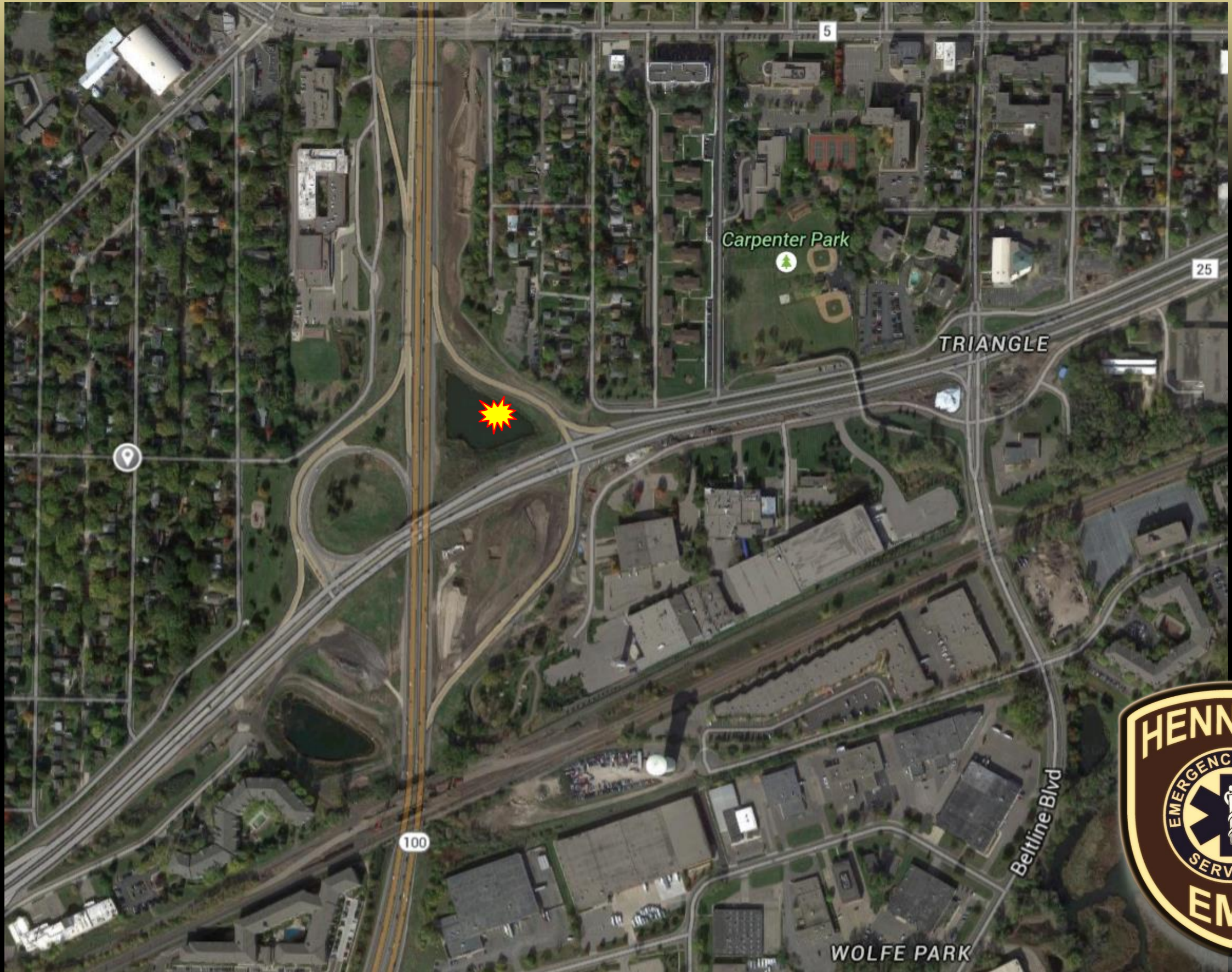
- 0620: 412 arrives, requests second unit code 3
 - 412 evaluates adult female driver & adult male bystander who entered water
- 0621: SLP requests at least 2 ambulances & duty chief
 - Lack of early Unified Command/communication
- 0622: 432 on scene



Timeline

- 0627: 1st child out (432 assigned patient)
- 0629: 410 arrives, assumes EMS Command
- 0700: Unified Command established
- 0735: Incident Command Terminated

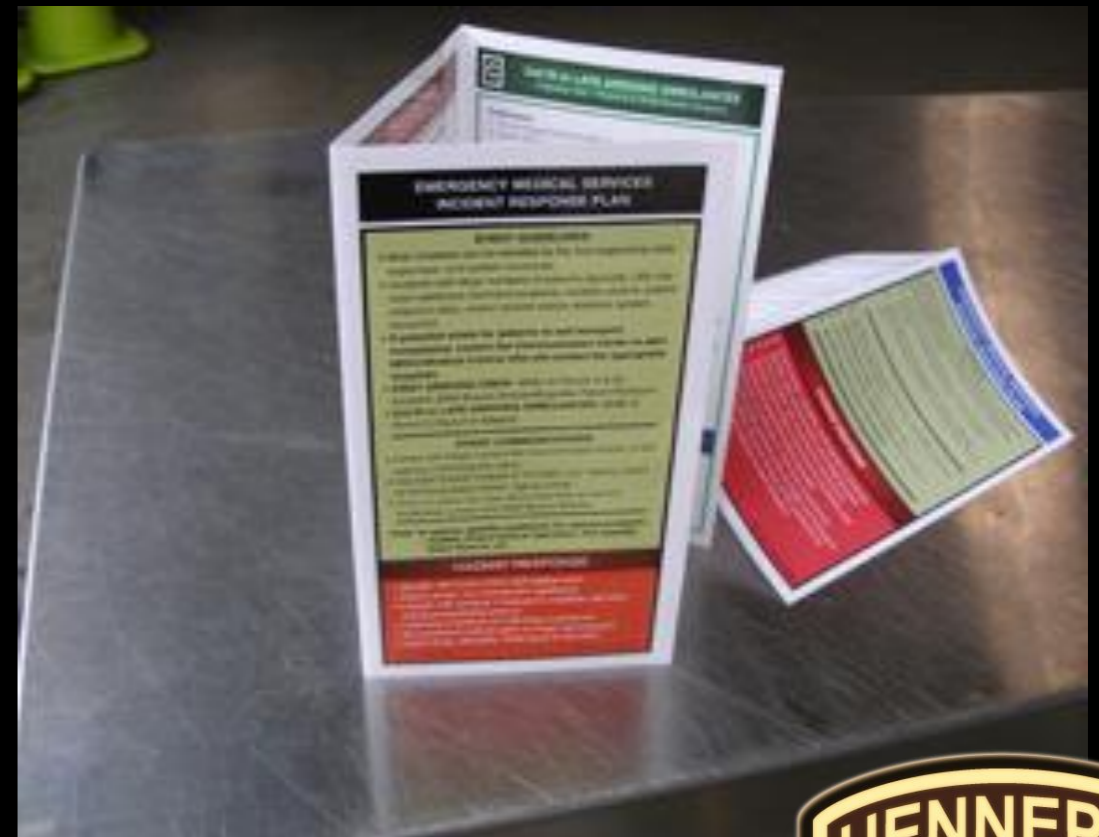


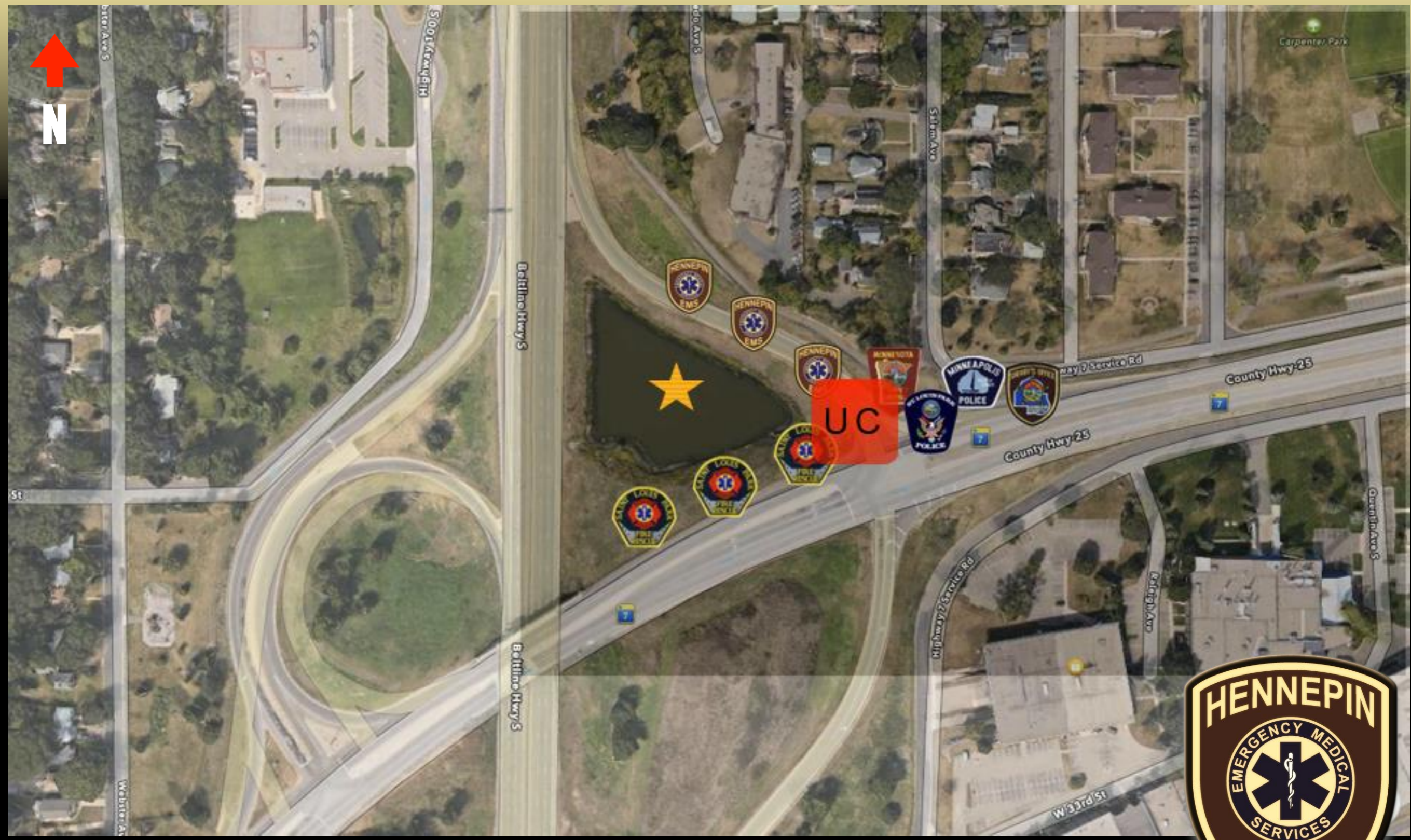




Incident Command System

- EMS Command
 - Scene Size-up
 - Command location
 - Staging location
 - Ingress/Egress
 - Additional Resources
 - Units
 - Hospital Notification
 - MNTRAC Notification
 - Command Staff Re-Call
 - On-Call MD
 - Assign command staff
 - Operations, Triage, Transport, Staging, Rehab





2013-11-21 06:34:19 AM





Star Tribune

Timeline

- 0629: Hospitals & MNTRAC notified, scene ingress/egress routes established by EMS Command
- 0630: HEMS Medical Directors notified
- 0631: 2nd child out, both in full arrest, still on scene. HCMC ED notified
- 0633: Day Duty Chief arrives at HEMS HQ
- 0635: Incoming unit advised 3rd child in arrest being pulled out
- 0637: 5th ambulance requested code 3
- 0638: 4th child out of water in full arrest
- 0639: Medical Directors enroute



Timeline

- 0635: Additional unit code 3 for report of 5th child in water
- 0647: 5th child out
- 0651: 6th unit requested code 2 for FF Rehab; Medical Director 407 arrives
- 0700: Unified Command established
- 0716: Command staff recall
- 0734: Having been under observation by EMS, adult female released to PD
- 0735: Fire & EMS Ops terminated.



EMS Summary

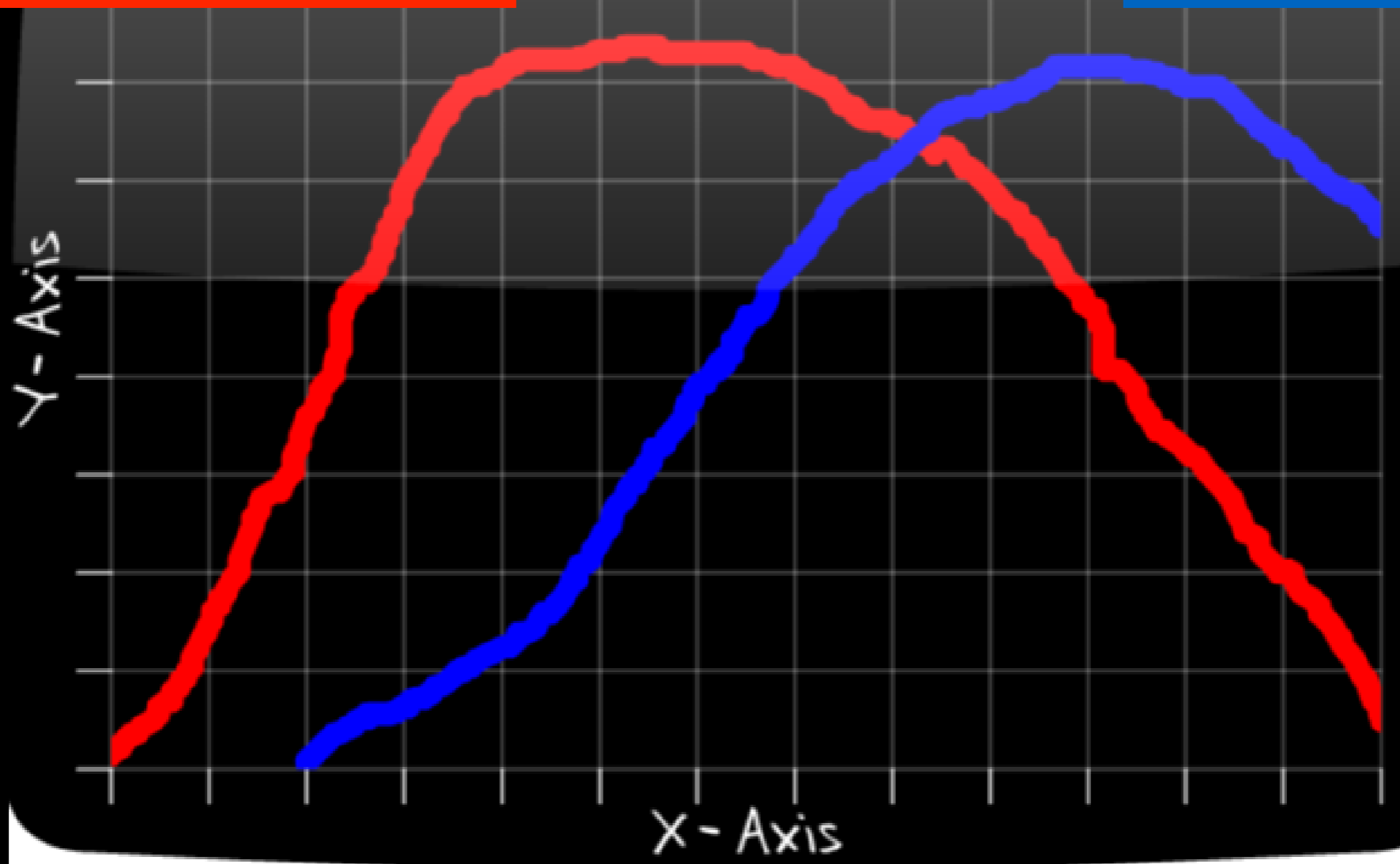
Patient Care							
Unit	Received Pt.	Depart Scene	Care on Scene	Arrive Hospital	Transport Time	Time from Dispatch to Medic	Time from Dispatch to ED
432	6:27	6:35	0:08	6:43	0:08	0:17	0:33
412	6:29	6:41	0:12	6:48	0:07	0:19	0:38
416	6:33	6:39	0:06	6:46	0:07	0:23	0:36
425	6:36	6:55	0:19	7:04	0:09	0:26	0:54
433	6:47	7:05	0:18	7:15	0:10	0:37	1:05



Incident Resource Demands

Amount of resources incident is demanding

Actual resource recruitment





Challenges

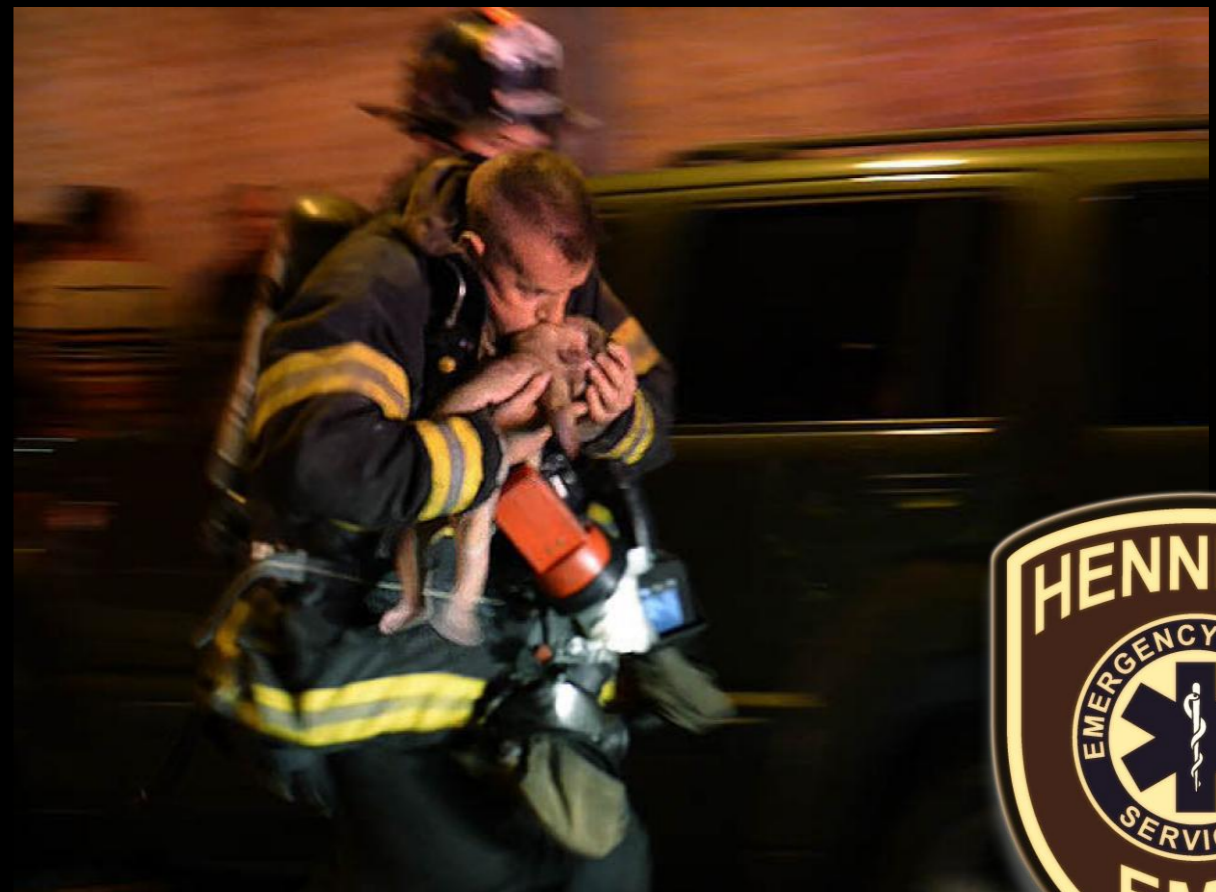
- Weather
- Timing
- Communication
- Resources
- Patient Care
 - CPR in ambulance
 - Teamwork
 - Difficult Airways
- Emotional Stress



Mental Preparedness

“Under pressure, you do not rise to the occasion;
rather you sink to the level of your training”

- Emotional Control



HEART RATE AND PERFORMANCE



CONDITION BLACK
Mental catastrophic failure
Gross motor skills at peak

CONDITION GRAY
Complex motor skills
deteriorate

CONDITION RED
Optimal survival

CONDITION YELLOW
Fine motor skills deteriorate

CONDITION WHITE



Post-Incident

- To CISD, or not to CISD...that is the question!
 - Who?
 - Why?
 - Alternatives
- Resources
- Not time limited





Hennepin County
Medical Center

Stress Response for Critical Incidents

A guide to understanding normal reactions to abnormal events

Hennepin County Medical Center offers its support to you following today's stressful event. Stress reactions are a normal part of this experience. We want you to know what to expect and what may be indications that you need additional help or support. The first page of this guide lists common reactions, and the second page has some ideas on how to cope.

Normal Stress Responses

The feelings listed below are normal; they are natural reactions to an abnormal event. They are common after a stressful event and will typically decrease in intensity over the next several weeks. If you continue to experience these difficulties for more than two or three weeks, notice your day-to-day functioning is significantly impacted, or have any of the less common signs listed on the second page, see the resources section for what to do immediately.

Emotional

- Anxious, fearful, overwhelmed
- Angry or irritable
- Guilty, even when you had no responsibility
- Too much or too little energy
- Disconnected or uncaring
- Numb, unable to feel joy or sadness
- Sad, with frequent crying

Physical

- Nightmares or flashbacks
- Stomachaches or diarrhea
- Headaches
- Physical pains for no clear reason
- Eating too much or too little
- Sweating or feeling chilled
- Feeling shaky or jumpy

Cognitive

- Intrusive or disturbing thoughts
- Can't stop thinking about event
- Trouble remembering things
- Feeling confused
- Worrying a lot
- Having difficulty thinking clearly
- Trouble talking about event

Behavioral

- Trouble falling or staying asleep
- Sleeping too much
- Difficulty relaxing
- Blaming others for problems
- Emotional outbursts
- Having difficulty accepting help
- Isolating yourself from others

Danger – Signs That You Need Help Immediately

- Feeling worthless or like you want to die or kill yourself
- Feeling like you want to harm others
- Hearing voices or seeing things that are not there
- Not able to care for yourself or your children

Please see the last section on this page for where to seek help.

Tips to Feel Better

Talk	Share this guide with your family, counselor, a member of your church or community, a coworker, or other trusted individual. Ask them to be honest with you about your behavior over time.
Eat Healthy	Eat healthy meals at regular times. Drink plenty of water.
Breathe	Take slow, deep breaths frequently. This helps your body to “slow down.”
Rest	Make sure you are taking time to get adequate rest and sleep.
Activity	Listen to music, read a book, go fishing, create art, meditate, pray, journal, exercise, stretch your body. Do activities that don’t require a lot of new learning or concentration.
Normal Routine	Resume your normal routines as soon as you can. Usual activities and structure are critical to “feeling normal.”

Behaviors to Avoid

- Using alcohol, tobacco, illegal drugs, or prescription medication in an attempt to reduce distressing feelings or to forget the event
- Isolating yourself and abandoning your usual activities, family, and routines

When and Where to Seek Professional Help

Stress responses usually decrease over time, though they can come back if you are stressed again, by a similar or totally different event. They can also come back on the anniversary of this event. If you are experiencing worsening symptoms or problems, are still having trouble after several weeks, or have any danger signs, **please seek professional support.**

- If you were at your job when the event occurred, contact your Employee Assistance Program.
- If you have a psychologist, psychiatrist, or counselor, contact them right away.
- If you have a health plan, call their toll-free nurse or support line and ask for recommendations.
- If you are not able to access resources through the above, or need emergency support, please come to or contact HCMC Acute Psychiatric Services (612-873-3161). They are available 24 hours a day/7 days a week.

Crisis Hotlines

National Suicide Prevention Lifeline 1-800-273-TALK (8255)
Crisis Connection Minnesota 1-866-379-6363

Stress Events

- Cumulative Stress Exposures
- Job Stress vs PTSD



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