

Dempsey Challenge Major Incident Briefing

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Purpose

- The purpose of this briefing is to familiarize volunteers and establish procedure for responding to a major incident during the Dempsey Challenge
- Major Incident can be defined as
 - Weather Phenomenon
 - Terrorist act
 - Active shooter
 - Other incident that results in multiple injured patients

Threats











- What factors make the Dempsey Challenge a potential risk for a major incident?
 - What are the potential threats?
- What is the preferred weapon of Choice?

Situational Awareness

- **Situational Awareness** is the key to early prevention
 - “If you see something --- Say Something”
- **Potential Indicators Include**
 - Back packs or other containers left unattended
 - Someone who is observed leaving a back pack and walking away or trying to hide the back pack
 - Individuals who look out of place for the surroundings or environment
 - Someone who is wearing heavy bulky clothes

Situational Awareness

- Vehicle Borne IED (VBIED)
 - Heavy sagging rear end of vehicles
 - Illegally parked vehicles or parked near entrances or crowded access points
 - Covered or tinted windows
 - Large containers, boxes, bags, barrels or tanks on the seats in the vehicle cargo area
 - Altered license plates
 - Strange odors
 - Visible wires, switches, antennae inside or on the vehicle

ATF TSWG NGIC	IED Image	Threat Description	Maximum Explosive Capacity	Lethal Air Blast Range	Building Evacuation Distance	Falling Glass Hazard and Outdoor Evacuation Distance
P B I E D		Galvanized or PVC Pipe Bomb	5 pounds	23 feet*	70 feet	850 feet*
		Suicide Belt Bomb	10 pounds	28 feet*	90 feet	1,080 feet*
		Suicide Vest Bomb	20 pounds	36 feet*	110 feet	1,360 feet*
		Briefcase or Suitcase Bomb	50 pounds	48 feet*	150 feet	1,850 feet*
V B I E D		Compact Sedan	500 pounds	100 feet	320 feet	1,500 feet**
		Full Size Sedan	1,000 pounds	125 feet	400 feet	1,750 feet
		Passenger Van or Cargo Van	4,000 pounds	200 feet	640 feet	2,750 feet
		Small Box Van (14 ft Box)	10,000 pounds	300 feet	860 feet	3,750 feet
		Box Van or Water/Fuel Truck	30,000 pounds	450 feet	1,240 feet	6,500 feet
		Semi - Trailer	60,000 Pounds	600 feet	1,570 feet	7,000 feet

Discussion

- If someone was planning on attacking the Dempsey Challenge where do you think is the most likely place they would leave an IED?



Lewiston/Auburn, Maine

Initial Response / Activation

- Immediately return to the pre-defined rally point
 - Do not attempt to render aid or evacuate victims
 - Shelter in place if you cannot return to the rally point
 - Attempt to notify your group leader via cell or radio if you cannot return to the rally point
- Accountability of all volunteers is essential
 - Check in with your group leader
- Group Leader reports accountability
- Remain at the rally point until given further instructions
- Location of Casualty Collection Point (CCP), Treatment Areas, and Evacuation points will be finalized

Scene Safety

- Do not enter the scene until deemed safe by FD or PD
- Be aware of multiple devices or perpetrators' posing as patients
- Watch where you step
 - Evidence and body parts
- Minimize the amount of time spent in the hot zone
- Disrupt the scene only as much as necessary
- Avoid kneeling on the ground
- Exit as you entered

Patient Evacuation

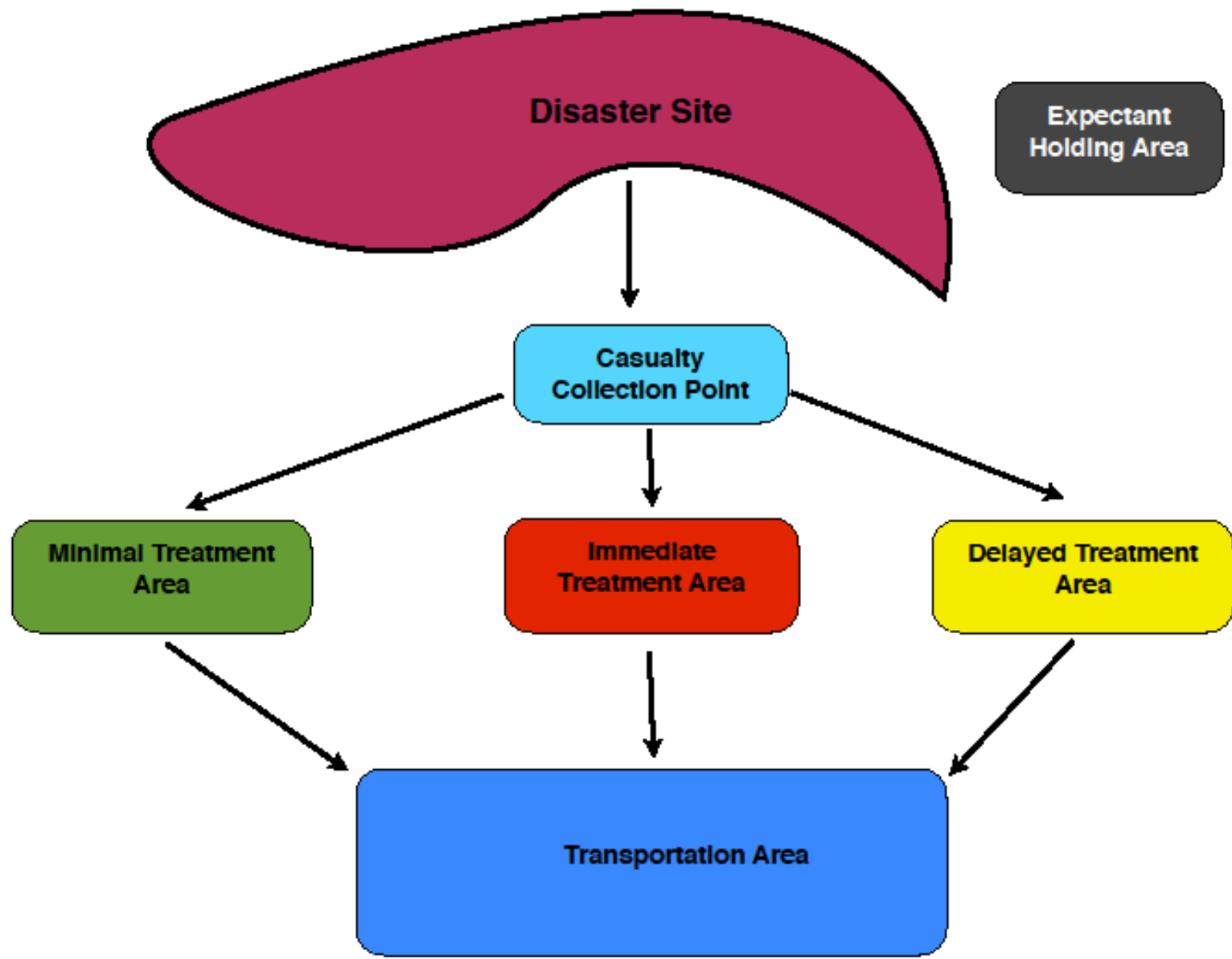
- Clear the scene of all ambulatory patients
 - If you can hear my voice come to my voice
 - Blast victims may have hearing loss
- Only enough rescuers to evacuate the victims will be sent into the hot zone
- Minimize the amount of time spent in the hot zone
 - Resist the urge to initiate treatment
 - Get in and get out!!

Patient Evacuation

- Often the FD will assist with evacuation
- Important for you to be familiar with several ways to evacuate patients
 - Self evacuation
 - Patient carries
 - Clothes drag
 - Sked
 - Backboards
 - Patient must be strapped
 - Gurneys
 - Difficult to roll over soft or uneven terrain

Triage

- All victims are triaged as they are brought through the CCP
 - Single triage point intended to prevent overloading of treatment area
 - Triaged as Immediate / Delayed / Minimal
 - Victims are not triaged prior to movement
 - You can move the victims you perceive as having the most serious injuries first
 - Deviation from START
- Once triaged all victims are moved to the their appropriate treatment area
- Victims triaged as dead or expectant are re-triaged after all viable patients have been evacuated

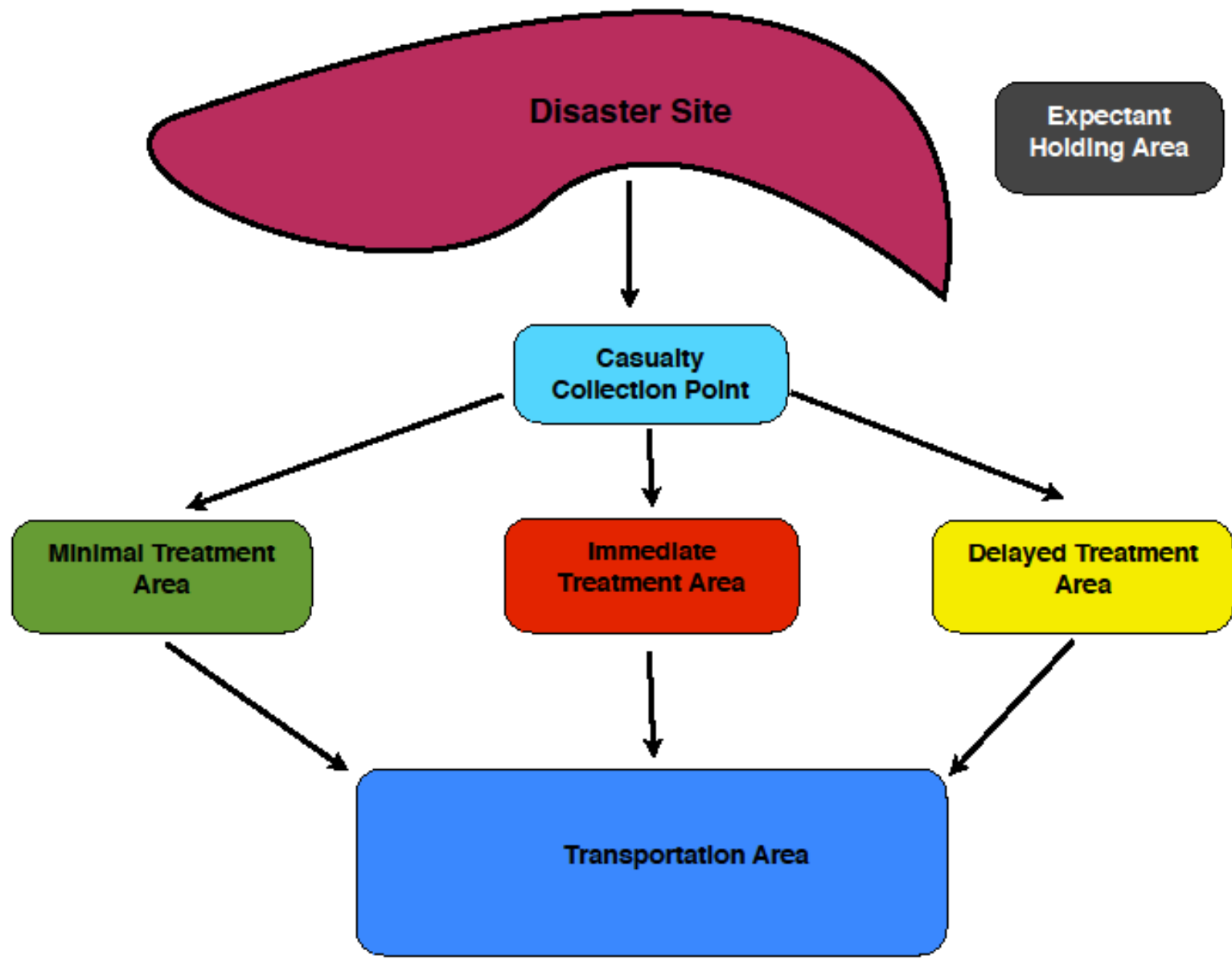


Blast Triage

- Conventional triage algorithms may not be adequate to fully identify those injuries sustained in a blast incident
- The following criteria should also be used
 - Type of injuries – Penetrating torso injuries
 - Traumatic amputations
 - Open v. Closed space
 - Proximity to point of detonation
 - Extremes of age
 - Co-morbidities
 - Physiologic Parameters (Vital signs)

Treatment

- 3 Treatment Areas will be established
 - **Immediate (RED)**
 - **Delayed (Yellow)**
 - **Minimal (Green)**
- All victim's will be directed to the Treatment area based on their triage category
- Depending on the circumstances, the majority of volunteers will be helping with patient treatment



Treatment

- Majority of injuries (if not all) will be from penetrating trauma
 - Deviation from usual type trauma seen in the urban environment
- Small majority of victims will sustain injuries not compatible with life
 - Massive head, chest, and abdominal trauma
- Hemorrhage and airway compromise are the predominate injuries and if not corrected can result in death in 6 minutes

Penetrating Trauma

- Penetrating trauma will result in extensive soft tissue injuries and massive bleeding
- The key to improving the victims survivability is to quickly stop the bleeding
- Stopping the bleeding and controlling the airway within the first few minutes of the patient sustaining a penetrating injury will improve the patients chances of survival by 70%

Direct Pressure

- Still and effective means to control bleeding
- Firm direct pressure with both hands or a knee for 10 minutes will stop the bleeding
- Be aware of protruding bone fragments before applying direct pressure
 - Blood sweep
- Once bleeding is controlled apply a pressure dressing to the wound

Tourniquet Use

- Tourniquets stop the bleeding by compressing the artery against the bone of the arm or leg
- All tourniquets should be placed on either the upper arm (humerus) or upper leg (femur)
 - One bone to compress the artery against
- Tighten until bleeding stops
- Consider using 2 tourniquets if bleeding does not stop
- Never cover or conceal
- Frequent reassessment

Correct Placement

Lower Extremity

- Apply as high on the thigh as possible
- Femoral artery runs close to skin at the inguinal crease
- Avoid placing the tourniquet on
 - Big muscles of the mid thigh which can cause the tourniquet to slip
 - Behind the knee because the tendons will prevent or limit complete compression of the artery

Correct Placement Upper Extremity

- Any place on the upper arm is acceptable

Pain Management

- Tourniquets are painful
- Initially experience pinching and crushing of the tissue as the tourniquet is applied
- After about 20 minutes patient will begin to experience ischemic type pain
- Ensure provisions are in place to manage the patients pain

Wound Packing

- Used to stop major torso bleeding
- Initially control bleeding with direct pressure
- Pack with roller gauze or Hemostatic gauze if available
- Be sure to remove as much blood from the cavity before packing with the hemostatic gauze
- Once wound is packed and bleeding has been controlled, hold compression for 10 minutes

Airway Management

- Like massive bleeding, airway issues, if not corrected can lead to significant mortality
 - 70% survivability if corrected within first 6 minutes
- Mortality is due to choking, displaced facial tissue, and / or airway swelling
- Insertion of a NPA can help control the airway until additional resources are available

IV Fluids

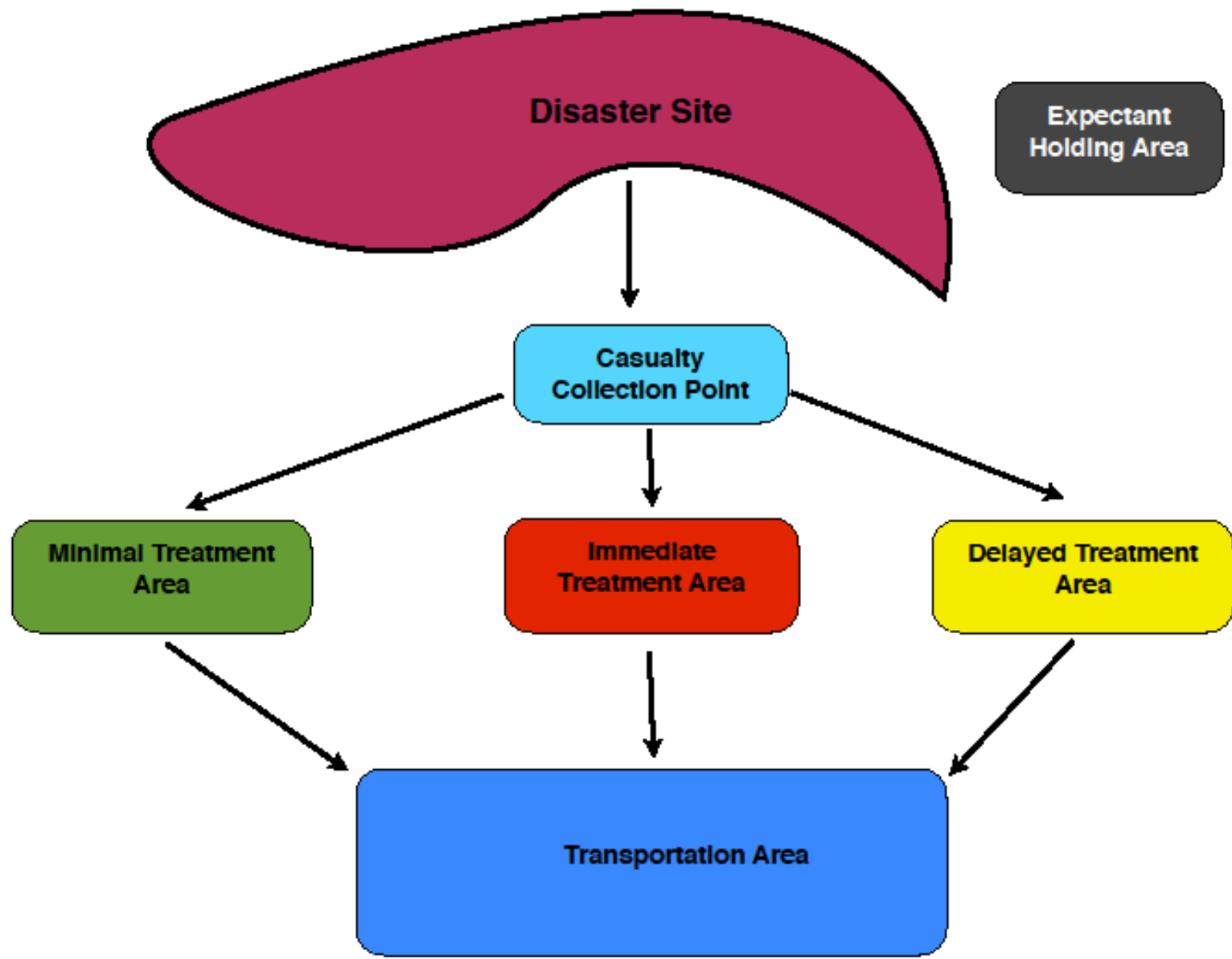
- Current trends of aggressive fluid resuscitation have shown to be detrimental in patients with penetrating trauma
 - No O₂ carrying capabilities
 - Hemodilution
 - Raising the BP can dislodge any clots that may have already formed
 - Dilution of clotting factors
 - Hypothermia which can also disrupt the clotting factors

Me TF1 MCI Supplies

- Nothing fancy
- Black Duffel Bags that contain
 - Tourniquets
 - SWAT T Tourniquets
 - Roller gauze for wound packing
 - Hemostatic gauze
 - Abdominal Pads
 - Ace Wraps
 - Chest Decompression needles
 - Nasopharyngeal airways
- Team members carry IFAKS

Evacuation

- An Transport Officer will designated and responsible for:
 - Determining each hospitals surge capacity
 - Coordinating ambulances with Staging manager
 - Ensuring patients are equally evacuated to each receiving hospital
 - Coordinating the release of patients from the treatment area





Questions, Comments,
Parting Shots