Tactical Emergency Casualty Care (TECC)  
First Receiver  
Working Group  

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First Receiver Working Group

- **Mission:**
  - Create a “tool kit” for Hospital Mass Casualty planning using TECC principles.
  - Familiarize hospital systems with the TECC principles

- **Adaptability:** Hospital protocols will vary widely across the county depending on:
  - EMS Scope of practice
  - RN Scope of Practice
  - Trauma vs Non-Trauma Facility

- **Mass Casualty Focus:** First Receiver protocols are not designed to change routine trauma care. Current systems deliver great care.

- **Continuing the Discussion:** These protocols are being translated into guidelines for review, feedback and eventual approval.
Skills and Tasks

First Receiver Considerations:
- Who can do the task?
- Who should do the task?
- Standing Orders VS MD Driven orders
## Skills and Tasks Matrix

**Example:**
- **Definitive Airway**

<table>
<thead>
<tr>
<th>Skill/Task Description</th>
<th>MCHM</th>
<th>IED</th>
<th>EMT (TECC)</th>
<th>Paramedic</th>
<th>RN (ED)</th>
<th>RN (NON-ED)</th>
<th>RESP Therapy</th>
<th>NPPA (NON-ED)</th>
<th>MDTA (ED)</th>
<th>MD (ED)</th>
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<tbody>
<tr>
<td>- Definitive Airway</td>
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Reference: [1], [2], [3]

Date Updated: 11/26/2017
Phases of Care

Phases:
- Planning Phase
- Event Occurs
- Preparation Phase “Code Triage”
- Early Receiving
- Late Receiving
- Stabilization, Holding and Transfer
- Recovery
Flowsheet Protocol Format

Intent:
- Flesh out ideas
- Create a framework for hospital specific protocols
- Flowsheet serves as
  1. Protocol
  2. Training Resource
  3. Real-Time Reference in MASCAL
Pain Management

First Receiver Considerations:
- MD directed vs Standing Protocols
- Oral pain management for GREENs & maybe some YELLOWs
- Low dose Ketamine
Nursing Care

First Receiver Considerations:

- Nursing school on one page
- There are never enough nurses
- Recruit Techs, EMTs, Paramedics
Antibiotics

First Receiver Considerations:
- Standard process of ordering antibiotics is too slow
- Need menu to choose from for all ages
- Consider oral ABX for GREENs and some YELLOWs
- Local Antibiogram (Sensitivity)
Summary

• Working Group Tasks
  • Continue converting flowsheets into guidelines

• What can YOU do right now:
  • Continue hospital outreach (Plant the Seed)
    • Hemorrhage control training for all hospital staff
    • TECC Familiarization Courses
    • Sell it to the Nurses & Ancillary Staff

• Future Plans:
  • Hospital specific protocol development
  • Mass casualty exercises
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