APPLICATIONS OF TECC IN THE HOSPITAL SETTING

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CLINICAL MANAGER – EMERGENCY DEPARTMENT
OBJECTIVES

- Outline our plan for implementing TECC training for first receivers and first responders
- Discuss the impact TECC guidelines have had on our emergency management response plan to an MCI
- Describe community outreach and hospital support
VIRGINIA HOSPITAL CENTER
ARLINGTON, VA

- County population 230,000ish
- 36 rooms + hall space, 394 inpatient beds
- ~200 patients/day through the ED
- Private, not-for-profit
- Not a designated trauma center
- Known threats by terrorist organizations
- Home to:
  - The Pentagon
  - Arlington National Cemetery
  - Washington–Reagan National Airport
  - Three letter agencies
  - Notable people who live here and utilize our hospital
TECC FOR FIRST RECEIVERS

- All ED RNs and providers
- Teaches TECC principles and equipment
- Expectations of prehospital care and how to reevaluate field interventions
- Focus on damage control resuscitation, TXA, pain control
- Incorporated into new RN orientation
- VHC and ACFD collaboration on First Receiver training video
- Considering branching out to ICU/OR RNs/providers to enhance continuity of care
TECC FOR FIRST PROVIDERS

- Geared toward non-ED clinical staff to be able to respond in the event of an in-hospital MCI
- Awareness of potential threats
- Hospital approval/funding for TECC kits on each unit
- House-wide education admins are on board


EMERGENCY MANAGEMENT

- Triage teams – 1 doc, 1 nurse, 1 tech out front and in ambulance bay
- First 30 minute plan
  - Departmental decompression
  - Obtaining additional resources (blood, staff, beds)
  - Clinical charge RN and operational charge RN
  - Automatic set-up of decon tent
- EMS liaison stationed in ED during MCI
- Unidentified patient tracking pre-programmed in Epic
- Increased involvement in regional patient tracking exercises & family reunification plans
- Security posturing/response
- Triage pushed to driveway/street
TRAFFIC FLOW
PHYSICIAN PROTOCOLS

- FAST, CXR
- Automatic chest tube for penetrating trauma
- Pain control
- TDaP and antibiotics
COMMUNITY OUTREACH AND HOSPITAL SUPPORT

- Be the Help Until Help Arrives
- Regular meetings with ACFD liaisons, presence at monthly CMEs
- Continued support by hospital administration