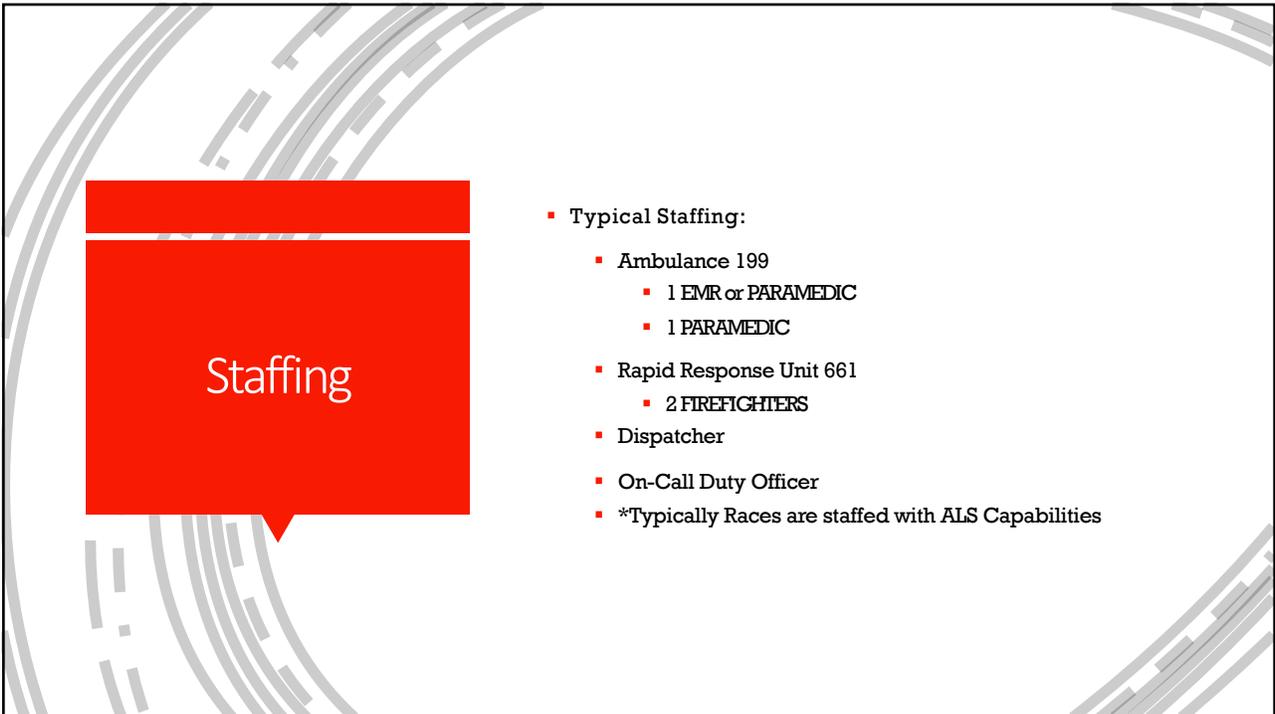




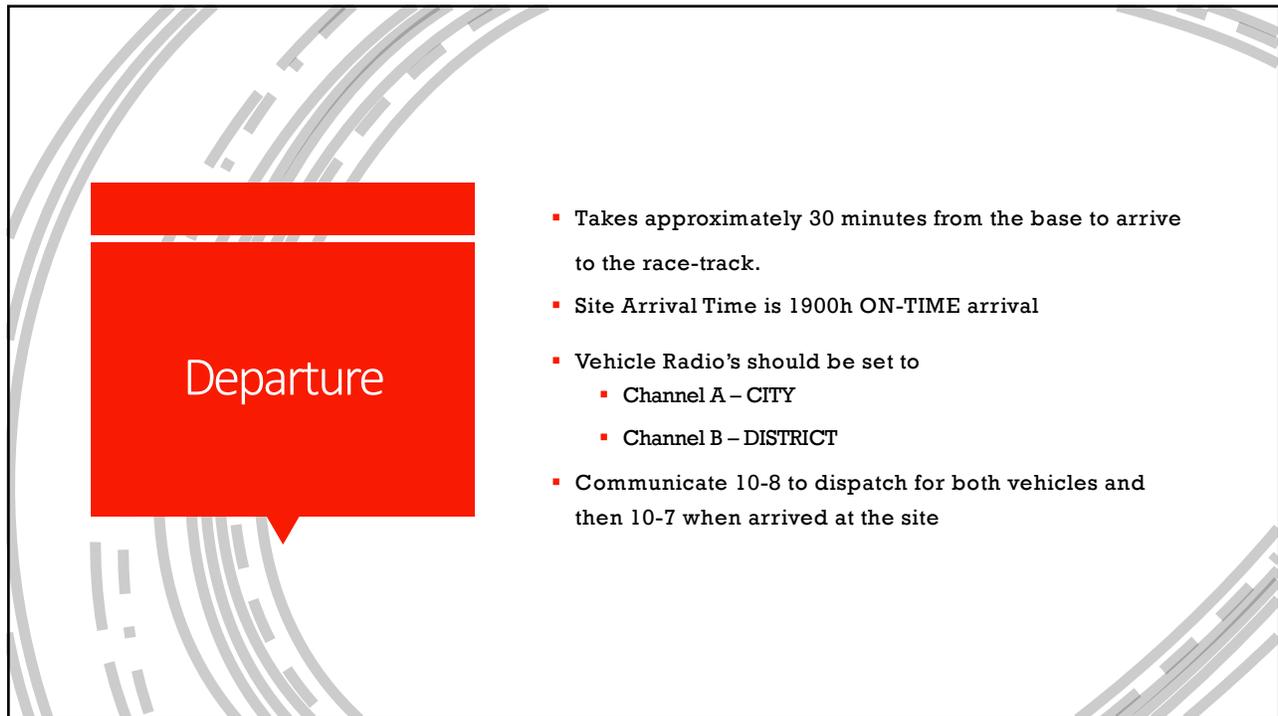
Superior International Motorplex Orientation

21 Jun 18



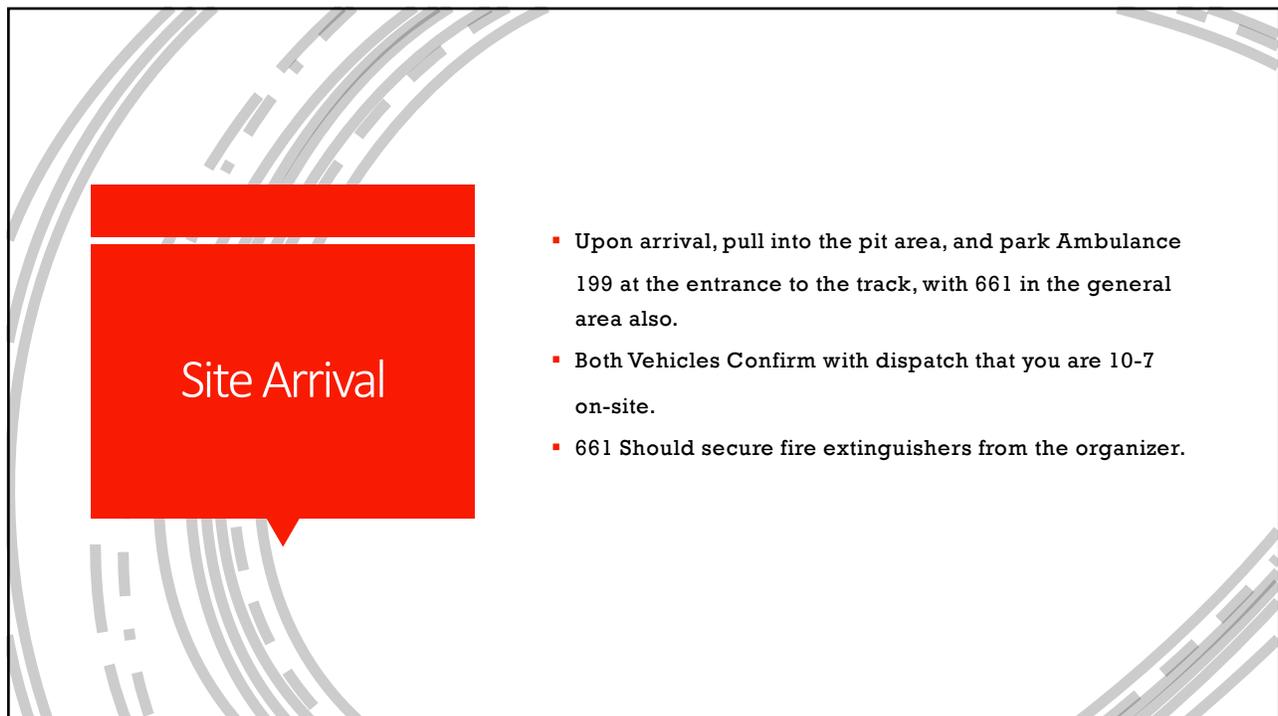
Staffing

- Typical Staffing:
 - Ambulance 199
 - 1 EMR or PARAMEDIC
 - 1 PARAMEDIC
 - Rapid Response Unit 661
 - 2 FIREFIGHTIERS
 - Dispatcher
 - On-Call Duty Officer
 - *Typically Races are staffed with ALS Capabilities

A slide with a background of a grey race track. On the left, a red speech bubble contains the word "Departure". To the right, a bulleted list provides instructions for departure.

Departure

- Takes approximately 30 minutes from the base to arrive to the race-track.
- Site Arrival Time is 1900h ON-TIME arrival
- Vehicle Radio's should be set to
 - Channel A – CITY
 - Channel B – DISTRICT
- Communicate 10-8 to dispatch for both vehicles and then 10-7 when arrived at the site

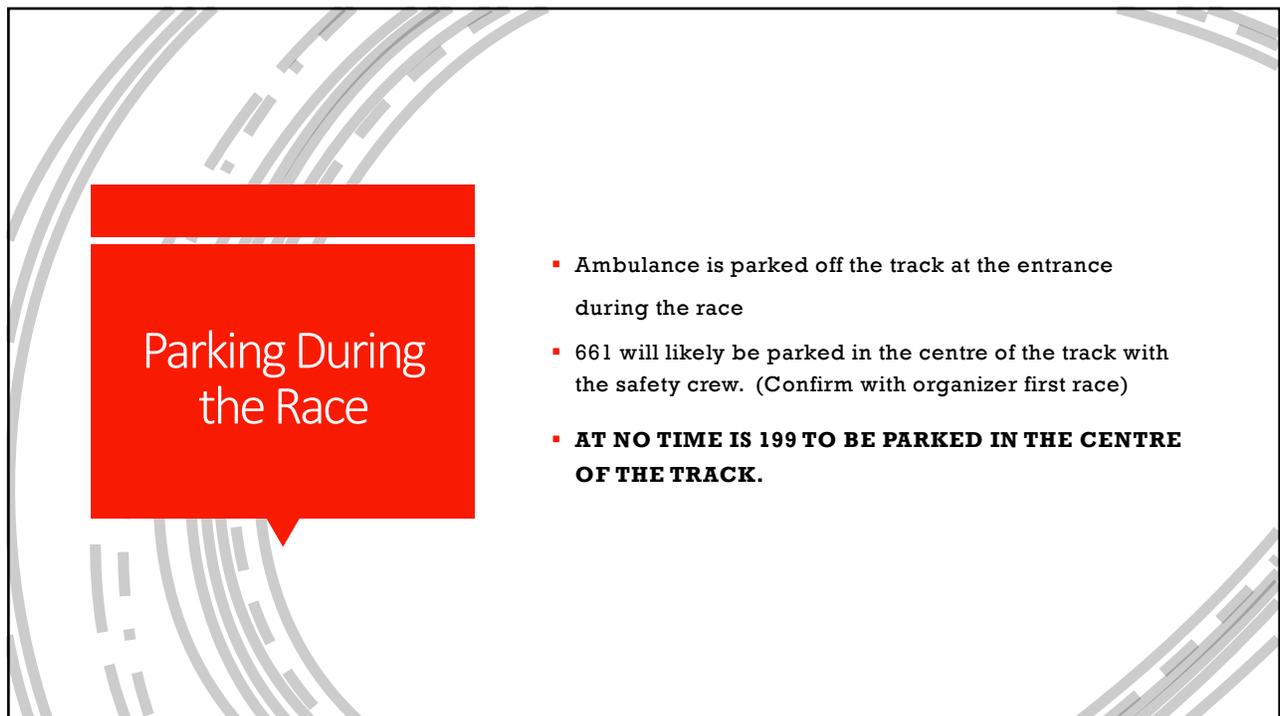
A slide with a background of a grey race track. On the left, a red speech bubble contains the words "Site Arrival". To the right, a bulleted list provides instructions for site arrival.

Site Arrival

- Upon arrival, pull into the pit area, and park Ambulance 199 at the entrance to the track, with 661 in the general area also.
- Both Vehicles Confirm with dispatch that you are 10-7 on-site.
- 661 Should secure fire extinguishers from the organizer.

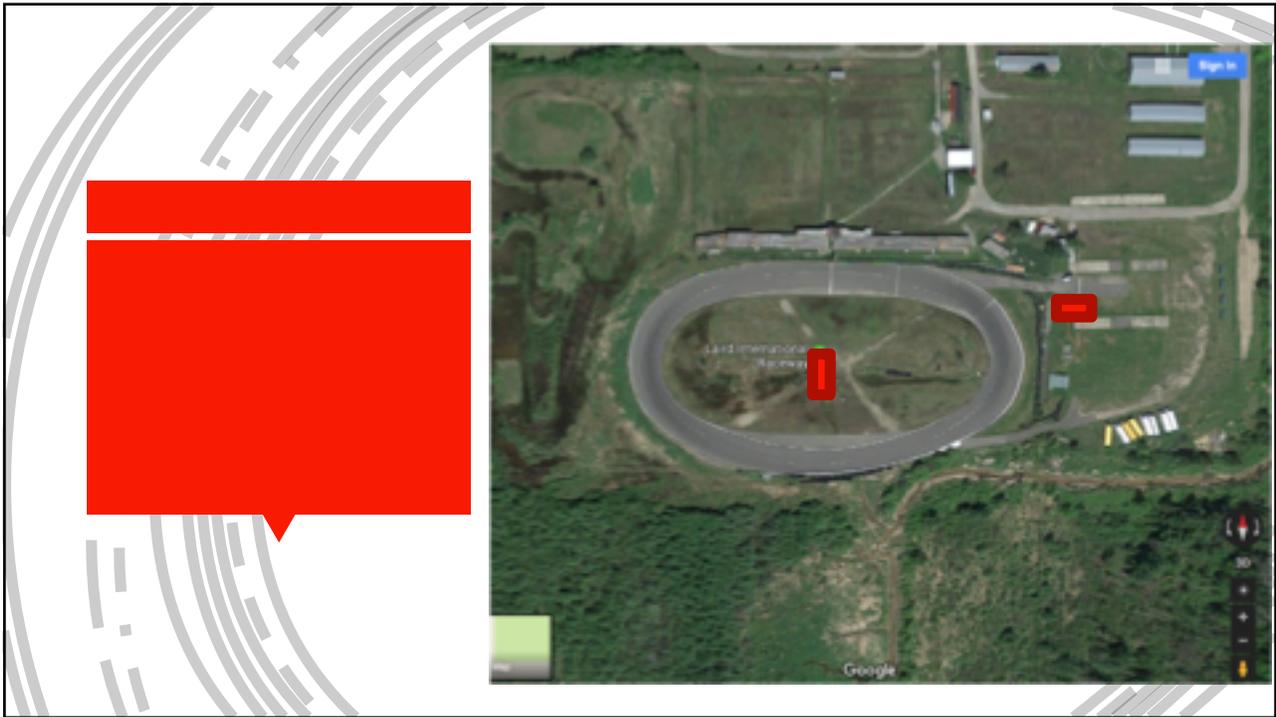


Entering the Site



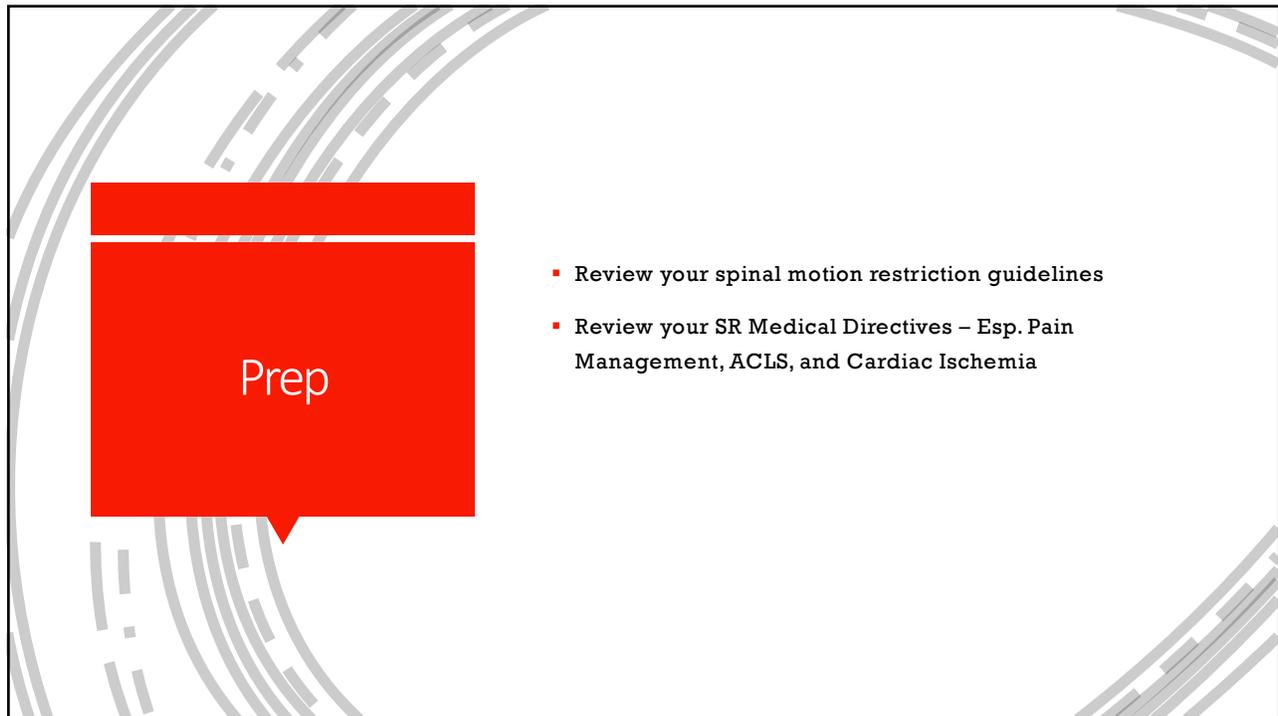
Parking During the Race

- Ambulance is parked off the track at the entrance during the race
- 661 will likely be parked in the centre of the track with the safety crew. (Confirm with organizer first race)
- **AT NO TIME IS 199 TO BE PARKED IN THE CENTRE OF THE TRACK.**



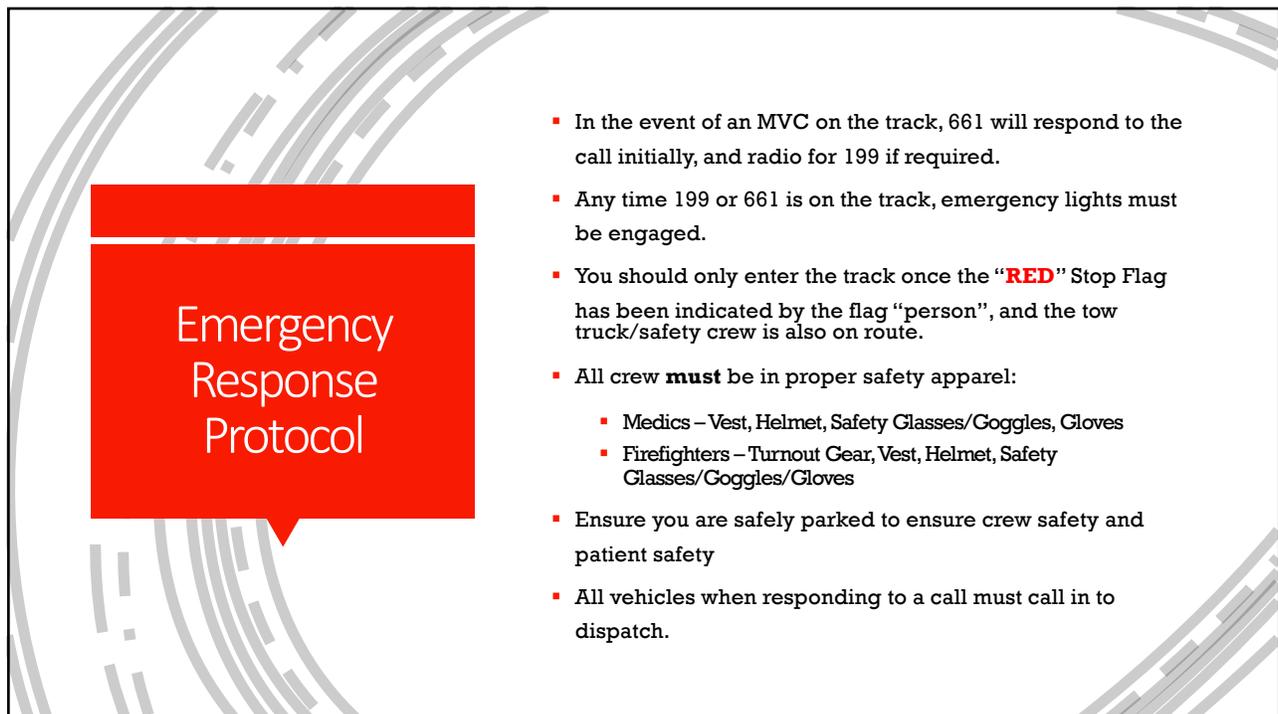
Common Emergencies

- Spinal Trauma
- Head Injury
- MI/CVA
- BURNS!
- Lacerations and other soft tissue injuries
- Minor Cuts and Scrapes
- Diabetic Emergencies and Other Common Medical Complaints



Prep

- Review your spinal motion restriction guidelines
- Review your SR Medical Directives – Esp. Pain Management, ACLS, and Cardiac Ischemia



Emergency Response Protocol

- In the event of an MVC on the track, 661 will respond to the call initially, and radio for 199 if required.
- Any time 199 or 661 is on the track, emergency lights must be engaged.
- You should only enter the track once the “**RED**” Stop Flag has been indicated by the flag “person”, and the tow truck/safety crew is also on route.
- All crew **must** be in proper safety apparel:
 - Medics – Vest, Helmet, Safety Glasses/Goggles, Gloves
 - Firefighters – Turnout Gear, Vest, Helmet, Safety Glasses/Goggles/Gloves
- Ensure you are safely parked to ensure crew safety and patient safety
- All vehicles when responding to a call must call in to dispatch.



- Sample Radio Call:
 - “SEMS CONTROL THIS IS 661”
 - “661 Go Ahead”
 - “10-8 Code 4 on the track, standby for additional info”
 - “10-4 661, 1945”



- Updating Dispatch
 - Must provide an update to dispatch within 3-5 minutes of the call.
- Additional Resources
 - If 199 is required for medical assistance, radio should be called into dispatch requesting 199 priority ___”
 - If municipal EMS is required – 10-100 to the track, and provide the required basic report.
 - If echo bay fire is required – 10-300 to the track, and provide a brief description (extrication, fire, etc.)
- **REMINDER:** Portables do not hit the repeater at the track, you must radio from a mobile radio.



- Communicating with the on-call duty officer
 - Depending on the shift, can be reached by radio
 - Shift log will specify if you reach the on-call duty officer on city, or district.



Incidents in the Stands

- In the event of a medical emergency in the stands, the crew will be notified, 199 will be the primary response for this call.
- The access points are through the gate in the pits near the entrance, or by way of a "person"-door in fence at the centre of the track.
- They will typically stop the race, and allow 199 to proceed out onto the track to get into the stands as needed.
- 661 can provide additional support as required for these calls.

Accident Control

- The Fire-Rescue team is in **full control** of any emergency scene, and does not take direction from the towing team, etc.
- In the past there has been confusion on the scene with who is in control, with tow truck drivers flagging us off, then having to respond as there was indeed an emergency situation, so ultimately ensure the scene is safe yourself, and that no additional resources are required before clearing the scene.
- Report any conflicts to the on-call duty officer immediately.

Incident Command

- In the event of a major incident, the on-site commander will assume incident command.
- If no on-site commander is available the senior staff member will assume incident command.
- Incident command may be turned over to a senior officer should they arrive, or municipal services as needed.

Radio Report Reminders

- Reminder when radioing in a 10-100 ensure you include:
 - Priority
 - CTAS Level
 - Chief Complaint
 - If the Patient is Conscious, Breathing, or Bleeding
 - Any other additional resources required

General Communication

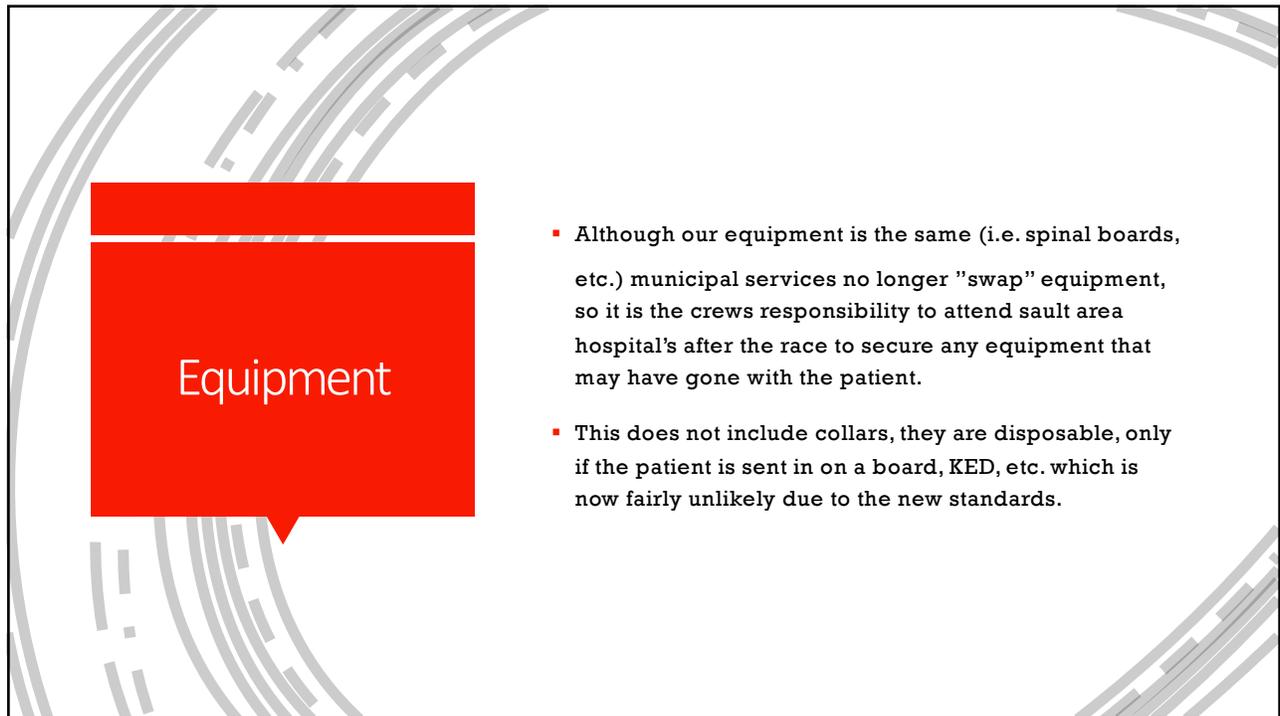
- Portable Radios retain regular settings, and you can communicate with each other using PORT-5
- Do not use CITY or DISTRICT for person to person communications.

Handover to Municipal EMS

- Municipal EMS will be dispatched through our dispatch centre to 10-100 requests, and advised to proceed to the pit entrance.
- If the patient is secured in 199, then the patient should be transported to the main pit entrance to meet municipal services to avoid traffic jams in the pits and delay transfer of care.
- Leave warning lights engaged so it is clear where you are located.
- Upon arrival, provide the municipal EMS with a verbal report, and if there is adequate data entered in the PCR, you can print a copy of the record for them for transfer of care.
- Ensure you record the municipal vehicle # (located on the back window of their vehicle) in the PCR.

Backup Plan

- Should radio communication fail, the backup is to utilize cell phone communications:
- 1: Call in the fire or EMS call to **705-256-5621** directly.
- 2: Notify the on-call duty officer of the 10-100 call by cell phone



Equipment

- Although our equipment is the same (i.e. spinal boards, etc.) municipal services no longer "swap" equipment, so it is the crews responsibility to attend sault area hospital's after the race to secure any equipment that may have gone with the patient.
- This does not include collars, they are disposable, only if the patient is sent in on a board, KED, etc. which is now fairly unlikely due to the new standards.



Most Importantly!

- SAFETY!
 - For yourself, the patrons, and the racers!