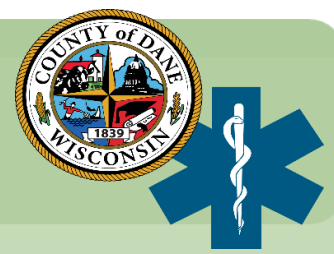


# Dane County EMS Newsletter

April, 2023



## NATIONAL TELECOMMUNICATORS APPRECIATION WEEK

April 09-15, 2023



They are always heard but rarely seen.  
They are the heroes behind the scenes.  
The calm voice in the dark.



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## Upcoming Events and Training

5/17, 6pm - UW Health Monthly Training - Adult Trauma

[Uwhealth.org/EEN23](https://uwhealth.org/EEN23)

6/30 - Deadline to Submit EMS Renewal Applications  
Applications are available in your [E-Licensing](#) account under the "Application" tab. For more information, visit the [Wisconsin 2023-2026 EMS Renewal website](#). For questions or help, contact the [Wisconsin EMS Section](#).

## April Viz Quiz

Using SALT, which of these patients would you classify as **RED** (immediate)?

- A. 38-year-old female with obvious left arm deformity, no serious hemorrhage seen, crying but ambulatory
- B. 6-year-old male, non-responsive, no peripheral pulse, no spontaneous respirations after two attempted rescue breaths
- C. 16-year-old male sitting on ground, laceration to forehead, confused but able to follow commands
- D. 64-year-old male with evidence of blunt trauma to his torso, increased work of breathing and not able to speak in complete sentences, but no hemorrhage, no other obvious trauma
- E. 15-year-old female, alert, clear speech, following commands but leg is pinned under some of the collapsed structure

Submit your answers at <https://www.surveymonkey.com/r/9C8MRP7> for the chance to win a prize!

## March Viz Quiz Follow-Up

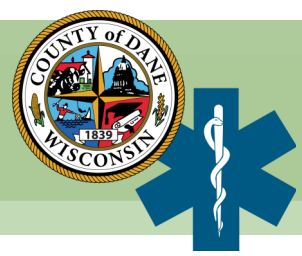
### Answer: D. Basilar Skull Fracture

- "Battle sign derives its name from Dr. William Henry Battle who initially described the sign in the late 1800s. He was an English surgeon who initially described the ecchymosis in 17 patients who had head injuries with fractures to the posterior aspect of the skull base. His description noted that to develop the sign, there was significant head trauma and may indicate significant internal injury to the brain and not just the posterior cranial vault or mastoid."
- "Basilar skull fractures are present in only 4% of patients with a severe head injury... Battle sign typically correlates with blunt head trauma; this is most commonly accidental but may also be present in non-accidental head trauma, including in child abuse."
- "Overall the majority of skull-based fractures are linear and tend to be more common in children. The temporal bone is involved in the majority of skull fractures (45%), followed by basilar skull fractures (20%). When a depressed skull fracture occurs, it is usually an open fracture, which generally necessitates surgery as soon as possible."
- "Treatment following skull fracture depends on the type of injury. Patients with linear fractures who have no neurological deficits and have a GCS or 14 or higher can be discharged home safely after a period of observation in the emergency room. However, the patient must be available for follow-up if he or she becomes symptomatic. Children with linear fractures need to be admitted overnight irrespective of the absence/presence of neurological deficits."
- "Basilar skull fractures are secondary to trauma, and thus management requires a thorough trauma evaluation. Admission for observation is usually necessary, with further management determined based on the fracture."

Congratulations to Benny from Madison Fire for winning the March Viz Quiz prize!

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## Case Vignette of the Month

**Case:** You are paged to a reported bleacher collapse at the local high school soccer game. Limited information is immediately available.

### **Discussion:**

- What are your priorities if you are first on scene?
- How do you determine what resources may be needed?
- How do you best request additional resources?

Dane County has several resources for Mass Casualty incidents. They include: Physician response vehicles, Base Hospital, MCI Trailers, and MABAS.



## MABAS

Mutual Aid Box Alarm System (MABAS) is not just for fires! MABAS is a mutual aid measure that may be used for deploying fire, rescue and emergency medical services personnel in multi-jurisdictional and/or multi-agency response. In the setting of an MCI, consideration of utilizing your agency MABAS cards could be beneficial to support a more straightforward response (and more streamlined for the communication center) than specifically requesting individual resources. Contact Andrew Jensen at [mabas.div.115@gmail.com](mailto:mabas.div.115@gmail.com) with any questions or if you need assistance with your MABAS cards.



## Physician Response

In Dane County, we are fortunate to have EMS Physicians staffed on both BADGER-1/BADGER-2 (UW Health) and MEP-1/MEP-2 (SSM Health). The goal of the EMS Physician is NOT to assume control at a scene or replace ALS, rather to augment the well-established EMS response and integrate with responders. There are, however, rare occasions when the advanced skills, authority or access to hospital resources may be warranted. Some examples where an EMS trained Physician who is knowledgeable about the County capabilities, community resources, and hospital abilities may be beneficial could include but are not limited to:

- Scene management of a high volume of low acuity patients or authorization for alternate destination transport during a mass casualty incident (MCI)
- Prolonged/complicated extrication requiring on-scene medical care outside the field provider skill set (i.e. field amputation lateral canthotomy, finger/tube thoracostomy, etc.)
- Expanding events with unclear patient involvement or community threats.



## Base Hospital

A well-coordinated response effort allows responders to properly and efficiently use limited resources while still doing the most good for the greatest numbers of patients. Base Hospital supports that goal by outlining the tools, processes, procedures, and other references and its partners to utilize when responding to an incident. Base Hospital functions as a centralized coordinating body, gathering real-time information about available resources, and sharing that information with incident command on the scene of an incident to enable them to allocate those resources as efficiently as possible in the chaotic setting of an emergency. Base Hospital also assists in mitigating the disruption to healthcare system operations that a patient surge event can cause, by coordinating with incident command in the field to avoid disproportionately overwhelming any single healthcare facility, such as the one closest to the incident. By coordinating patient surge to the healthcare system based on the capabilities shared by individual facilities, the healthcare system can maximize resiliency while providing the best possible care to the greatest number of patients and return to normal operations sooner.

- Consider utilization if you anticipate 5 or more patients are expected to be transported or in the setting of an anticipated MCI with unknown number of patients.
- DCEMS staff are available to assist with or lead trainings on MCI/Base Hospital and SALT Triage. These can be agency-wide training or a tabletop with on-duty crews. Contact us to get something scheduled!

## MCI Trailers

Dane County has 4 Mass Casualty Incident trailers that can be requested for pre-planned events and deployed to mass casualty events. They are located at the airport, Fitchburg, Madison Fire station 12, and at Emergency Management and can be deployed for emergencies by requesting through the 911 center. For preplanned events and trainings you can email the DCEMS office. Supplies in the trailers include SALT Triage kits, bandages, tourniquets, PPE, and other medical supplies.

Thank you for reading! For questions, comments, or feedback you can contact the DCEMS office at [dcems@countyofdane.com](mailto:dcems@countyofdane.com) or by calling 608-335-8228. All other staff contact information can be found at [em.countyofdane.com/EMS/contactus](http://em.countyofdane.com/EMS/contactus).