



Patient tracking

at major incidents

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Presented by Matt Dinnery, a qualified teacher with PGCE, completed MIMMS provider training in 2015 & 2019, followed by SMART D-Net CPD in 2020. Clinically awarded FREC4 in 2020, having also obtained a BSc (Hons) Biomedical Sciences in 2012.

Matt has worked in events, including crowd safety, security, event safety & medical, since 2006.

He has produced various event, crowd & medical operational/safety plans for events from 50-280,000 guests.

Training courses



- Visit www.promed999.co.uk/training for full details & dates
- QA Level 3 Certificate in First Response Emergency Care (RQF) + QA Level 3 Award in Administering Medical Gases (QCF) - £390.00
- QA Level 4 Certificate in First Response Emergency Care (RQF) - £475.00
- QA Level 4 Award in Immediate Life Support (RQF) - £150.00

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No quibble refund if the course is cancelled

No refund will be provided for cancellations made less than 24 hours in advance, or in case of no-show. A cancellation fee of £30 per person applies for cancellations made less than 7 days in advance. No cancellation fee applies for cancellations made 7 or more days in advance.

All courses near Aylesbury – can also run courses for 4+ people anywhere in the UK

FREC3: 29th August (3 weekends / 5 days) – includes copy of Ambulance Care Essentials

FREC4: 3rd October (3 weekends / 5 days) – includes copy of Ambulance Care Practice

ILS: 20th September (1 day) – includes copy of Resus Council (UK) Immediate Life Support

SALM: 26th September (2 days) – includes JRCALC pocket book £165.00+VAT

Code of conduct



- Everyone attending a ProMed training event has the right to expect a space free from bullying, intimidation and harassment.
- Everyone has the right to be treated with dignity, respect and courtesy and not to be discriminated against.
- Please read the full code of conduct at:
<https://www.promed999.co.uk/training/continuous-professional-development-cpd/code-of-conduct/>
- If you need to report inappropriate behaviour, please privately message ProMed Admin Team during the webinar, or email webinars@promed999.co.uk following the meeting

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ProMed will not tolerate any form of harassment or discrimination. Anybody attending a ProMed event are responsible for their own behaviour and must ensure they behave appropriately showing respect to others during ProMed events and social activities.

Reports of inappropriate behaviour, including behaviour which brings injury or discredit to Professional Medical Ambulance Services Limited, will be treated seriously and acted upon promptly. Any such behaviour may ultimately result in attendees being asked to leave and/or legal action being taken.

The event coordinator has complete discretion to ask individuals to leave the event.

Any persons breaching this code of conduct will be reported to ProMed's leadership team, and may be prevented from attending future opportunities.

Patient tracking



- From scene to safety - the complete patient journey
- Key roles involved in patient tracking
- The role of the police force / constabulary
- Rapidly deployable 'improvised' solutions
- Essential information gathering
- Useful information gathering
- The relevance of photographs for patient tracking
- Communication methods & routes for patient information

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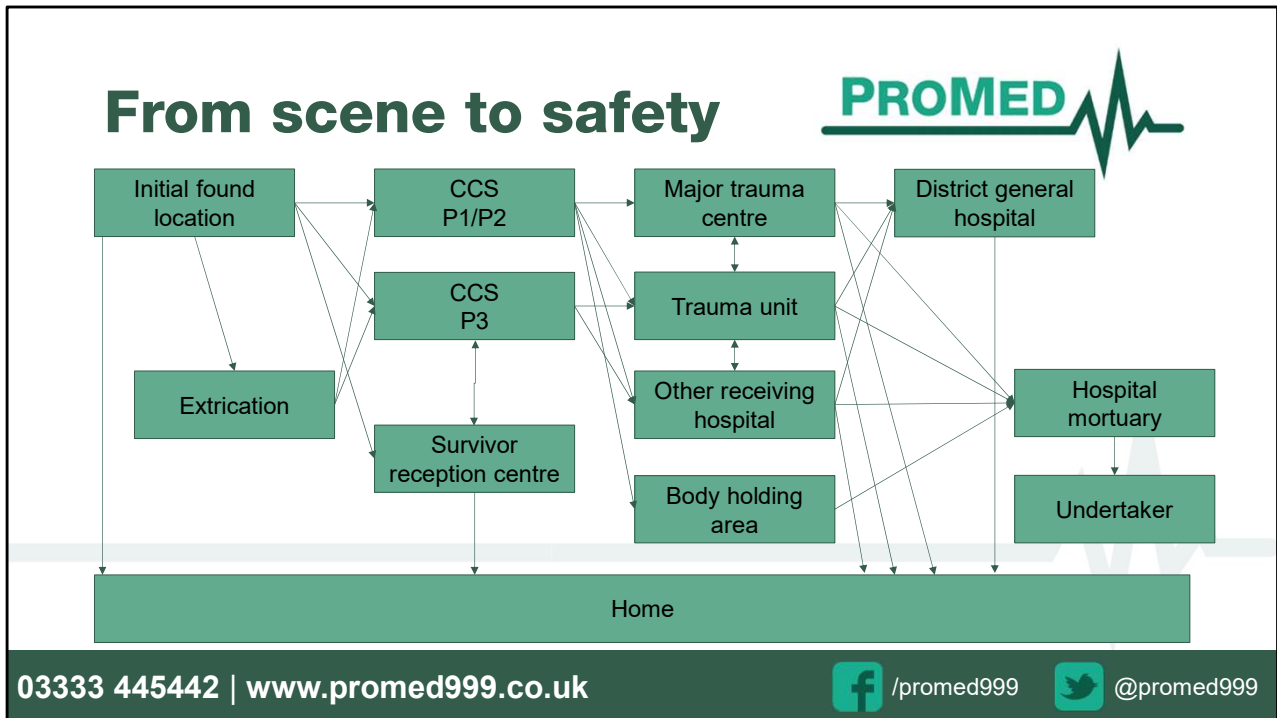


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The further along the chain you go, the more complex the routing becomes – it's easy for the documentation/tracking to go awry...

Key roles involved



- Primary triage officer
- Secondary triage officer
- Casualty clearing station officer(s)
- Ambulance loading officer(s)
- Hospital ambulance liaison officers
- Ward clerks

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PTO is the first person who is collating any kind of information

Once the aggregates have been gathered & passed on, the focus needs to shift to logging individual information

The CCS officers are responsible for co-ordinating the activity within their CCS, including ensuring that patient tracking is being managed

STO has a chance to get a system in place before they get swamped, and they should ensure that from the outset, everything is logged against individual ID numbers

The ALO needs to ensure each patient's ID is logged along with the destination & vehicle ID used

HALOs should be in constant communication with ALOs to know what to expect and in what order, they should reconcile that information with the patients who pass them, and ensure crews are handing over the administrative documents with each patient

Ward clerks continue the process of booking in patients and tracking their flow throughout the hospital system, but need to ensure they can reconcile back to the triage tag IDs

The role of the police



- Casualty bureaus
 - Collation of casualty, survivor & evacuee records for relevant parties
 - Trace & identify people involved in an incident
- Disaster victim identification (DVI)
- Family liaison team



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Family Liaison Officers attend the relatives of deceased victims to break the news
They may also be used to attend relatives of seriously injured victims

Rapidly deployable 'improvised' solutions



- Google Sheets
- WhatsApp Groups
 - WhatsApp Web
 - WhatsApp Desktop

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Initially, there needs to be a system to collate information from many sources
It needs to be able to link to patient records as/when they are found
It needs to be able to include 'normal' identifiers (ie name, etc) if they are known

The easier it is to collaborate and access remotely, the more useful it will be

Essential information gathering



- Person unique identifiers
- Status of person: Alive/Dead, Injured/Uninjured, etc
- Location of person: Scene/CCS/Ambulance/Hospital/etc
- Approximate demographics: age/height/build/ethnicity/sex

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What do we need to record, as a minimum?

Useful information gathering



- Patient's full name
- Patient's date of birth
- Current medication, conditions & allergies
- Patient's usual resident address
- Next of kin name & contact details

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What would be helpful to have a record of, if we have time?
How can we achieve this?

The relevance of photographs



- Record of where patients/bodies are found on scene
- Record of injuries before initial treatment/packaging
- Identification of survivors/victims/deceased

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Grey's Anatomy S03 E15 (08/02/2007) & E16 (15/02/2007)

The clinic is still crowded with worried families.

Alex is soon yelled at by the families for having no new information. He yells at them to be quiet. He asks for a minute so he can come up with a system.

Alex then sees the instant camera lying around. He takes it and leaves.

Alex has returned to the clinic with photos of every patient either in surgery or the ICU. There's also a separate board with people who have been transferred to other hospitals, about which Sydney has the details. Some families are relieved to find photos of their loved ones. Alex is stopped by families whose loved ones are not on the board. They realize that means they are most likely dead. Alex says there could be other explanations.

Alex and George are in the morgue to take photos.

Communication methods & routes



- Telephone
- Radio / Airwave
- Text-based messaging
 - SMS
 - WhatsApp
 - Email
- Runners
- Cloud-based solutions
- Person-to-person
- Incident ground control
- Service control rooms
- Cross-border

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