



## Illinois Medical Emergency Response Team

### Illinois Nurse Team

#### Upcoming Training Sessions:

There is still time to sign up for each session!

2/19/2016

Deployment Operations Course  
ILEAS Training Center  
Urbana, IL

2/20/2016

Deployment Operations Course  
ILEAS Training Center  
Urbana, IL

3/18/2016

Deployment Operations Course  
ILEAS Training Center  
Urbana, IL

3/19/2016

Deployment Operations Course  
ILEAS Training Center  
Urbana, IL

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Winter, 2015-2016

Dear IMERT Members:

A couple of articles have come to my attention recently on treating patients with Vfib that I wanted to share with you. One appeared in EMS World (October 10, 2010) and one in the American College of Emergency Physicians (November 15, 2015).

The article from EMS World discusses the use of double sequential defibrillation, which involves "using two AEDs to deliver a final blast of energy before writing off a victim." This practice is in use in the New Orleans EMS and Wake County EMS in North Carolina systems. They have had some success and one case in New Orleans resulted in a neurologically intact survivor to hospital discharge.

The ACEP (American College of Emergency Physician) article has a similar discussion. The case discussed is a patient in electrical storm, a "rapidly clustering ventricular fibrillation that necessitates multiple cardioversions in which conventional antidysrhythmic drug therapy....fails to convert the patient to a life-sustaining rhythm." The authors express the frustration felt on the ED receiving end when pre-hospital has done everything as recommended by ACLS protocol with high quality CPR and intubation and there are no subsequent steps available. They propose the use of esmolol (a  $\beta$ -blocker) to counteract the catecholamine surge (both internal and external epinephrine) AND applying double sequential external shocks.

These are very interesting, brief articles and worthy of discussion among your EMS and ED colleagues. I had a conversation with an electrophysiologist (a sub-specialty of cardiology) who confirms that having more than one vector for defibrillation will have utility. I hope you find these helpful.

Thank you.

Dr. Moses Lee (IMERT Medical Director)

EMS World (October 10, 2010):

<http://www.emsworld.com/article/10318805/double-sequential-defibrillation>;

ACEPnow (November 15, 2015):

<http://www.acepnow.com/article/emergency-interventions-for-treating-cardiac-electrical-storms/>



MOULAGE CLASSES ARE A GREAT SUCCESS

Including mouled victims as an element of a multi-casualty exercise substantially adds to realism and provides responders with opportunities to react to patient injuries. While many agree that moulage is a great enhancement for training, there are very few resources for exercise planners to learn moulage techniques. Realizing this was a gap we could address, IMERT developed a moulage team and training program. The program was developed by Marge Luczak, RN, MSN and John Luczak, who is on our Mission Support Team.

In the past year we have conducted multiple classes around the state which were attended by individuals from multiple disciplines including: hospital health care providers, public health, emergency management, EMS, fire service and law enforcement. Likewise, we have developed a moulage team that has participated in exercises at various venues around the state. Scenarios varied from community focused mass casualty incidents to active shooter drills. Some partners we have collaborated with include fire departments, hospitals, local emergency management, CERT, and the National Guard.

The moulage team has done great work. If you are interested in joining the team please let us know by contacting us at [info@imert.org](mailto:info@imert.org).



John Luczak demonstrating moulage skills to course attendees  
Photo of a penetrating wound and gunshot wound moulage



New App Coming!!

A communication tool for deployment: I AM RESPONDING App

In the coming weeks we will be setting up accounts for all team members in a new app, I AM RESPONDING. We trialed it during a multi-day exercise in Massac County in the fall where it worked very well and proved especially useful for real-time two way messaging. This will not replace the current call out procedure but will be an additional tool for more precise instantaneous communication. The application works with mobile devices, tablets and PC platforms.

In order to get started you will be sent an email from I AM RESPONDING. When you receive it, please read through the entire email as it provides instructions on how to setup your profile. Look for this email to start enrollment around March 1st.

If you are interested in learning more about the app, you can visit the I Am Responding website at: <http://www.iamresponding.com>.



IMERT team members attending a Deployment Operations Course session at ILEAS where members can view and gain experience with IMERT's equipment package and warehouse space.



Training Updates

As you know, in order to be eligible for deployment you need to attend a face to face training at least once every two years. Our ability to provide these sessions is often limited by our budget and availability of funding. We are working hard to find a way through these challenges. Currently we have four sessions scheduled at our office in Urbana. You can find information at our website [www.imert.org](http://www.imert.org). We are working on additional sessions in May and June in other areas of the state and will announce them as soon as they are confirmed.

We are also in the process of updating our website. Once the update is complete we will be posting relevant webinars and other subject matter related to disaster response and recovery.



IMERT attendees from a 2015 session of the Deployment Operations Course. We hope to see you all at a session soon!



## Simulation Training Project Abstract Gains Recognition

A number of you participated in the IMERT Simulation Project that took place at John H. Stroger Jr. Hospital of Cook County from 2012 - 2015 in the Department of Emergency Medicine's Simulation Center. Part of the session included an IMERT deployment training but the primary purpose was to participate in the study. The study looked at the difference of didactic training versus simulation training and the identification of team leadership. Due to the efforts of IMERT staff, our generous members who took time to participate, and the Stroger ED Simulation Team, a number of Stroger ED Emergency Medicine Residents (several of them are or have been IMERT members), and a research consultant, the study has been completed.

An abstract was submitted to several conferences and it has been accepted at two prestigious national emergency preparedness conferences for a poster presentation. The title of the abstract is: "High Fidelity Simulation Training Improves Team Performance in a Disaster Scenario". One conference is the March 2016 Preparedness, Emergency Response and Recovery Consortium (PERRC) in Orlando, Florida and the other will be April 2016 Preparedness Summit in Dallas, Texas. At these forums, IMERT will have national exposure. If you have an opportunity to attend one of these conferences, please do stop by the poster session.

**IMERT members participating in various sessions of the SimTraining project.**



You can read the full abstract on our website at [www.imert.org/Simprojectabstract.pdf](http://www.imert.org/Simprojectabstract.pdf)