



Emergo Train System™ Briefing



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Aim

- To allow participants to explore the Emergo Train System (ETS) through interactive discussion.

Learning Outcomes

- become familiar with resources which support the functions of ETS;
- become familiar with the preparation required for this exercise;
- understand the application of the ETS; and
- understand the application of exercise management & control;



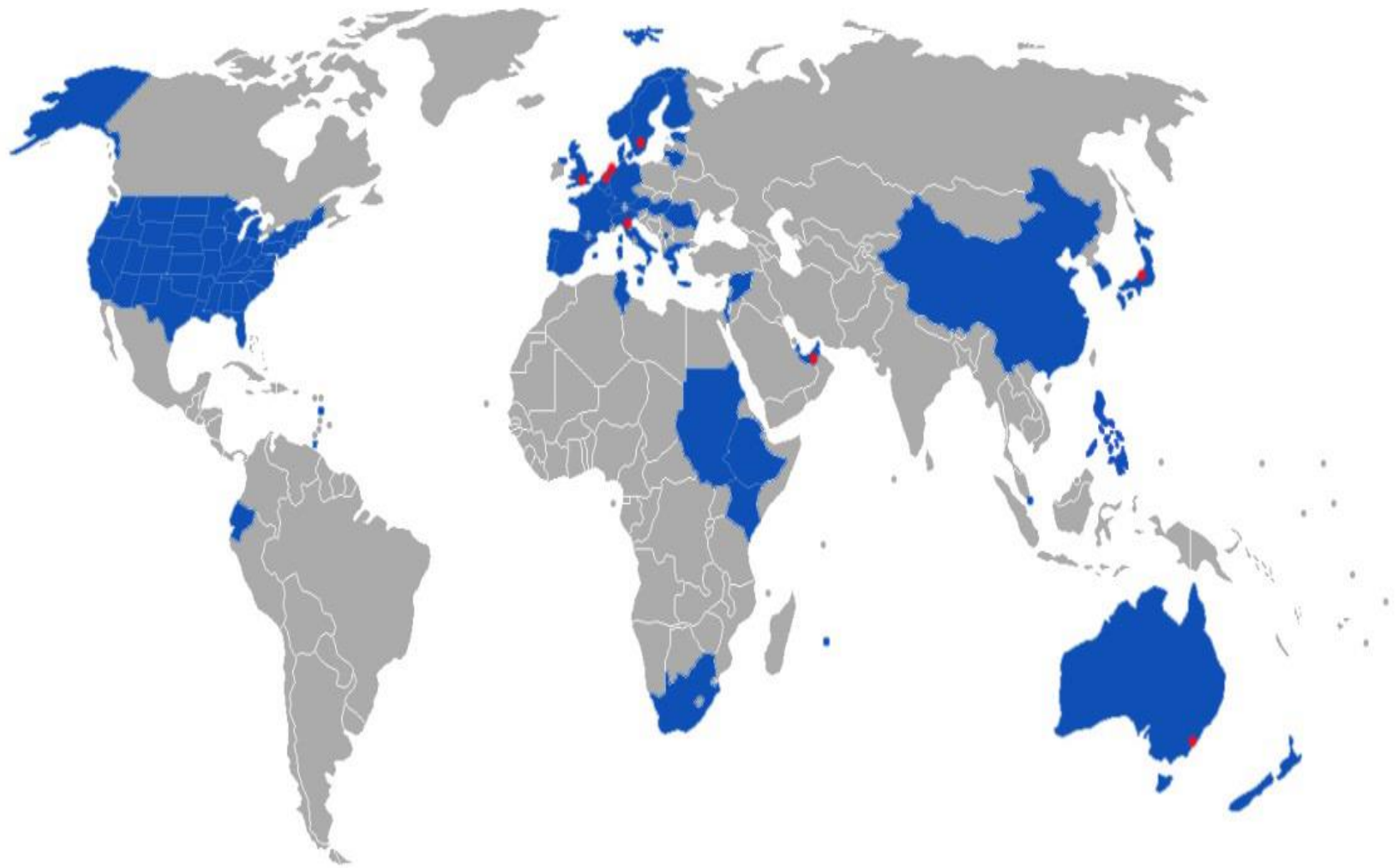
ETS Overview

- Developed in Sweden
- Functional simulation tool
- Tests Emergency Plans
- Internationally validated
- 35 countries using this tool
 - Adopted by WHO and United States Air Forces
 - Widely adopted in UK and Europe as disaster training tool



Senior Instructors

- Support exercise play
- Internationally recognised qualification
- Over 1280 certified instructors around the world
- 8 ETS Educator faculties in 7 countries
- 73 Educators



Emergo in New Zealand

- NSW - Australasian Faculty;
- St John holds ETS licence – Ministry of Health endorsed;
- used by District Health Boards across NZ;
- used for testing;
 - Incident command systems
 - Hospital preparedness
 - Surge capacity

ETS Concept

- magnetic whiteboards;
- Gubers;
- replicates work environments;
- extricated organisational census data;
- respond to a scenario;
- embraces current organisational policies;
- warrants decision making; and
- opportunity to gauge what is expected.

ETS Model

- **Design phase:**
 - Exercise documentation
 - KPIs
 - Notification
 - Command & Control
 - Resource allocation
 - Patient / Resource/ Asset Tracking
- **Conduct phase:**
 - Exercise play
 - Retrospective data
 - Actual staffing
 - Patient numbers
 - Resources
 - Other service data

ETS Model cont...

- **Evaluation:**
 - End of exercise
 - Hot debrief
 - Participant Evaluation
 - Final Report
- **Final Report:**
 - Exercise findings
 - Cold debrief
 - Work plan



THE TOOL



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What's great about this tool?

- Removes all clinical and organisational risk
- Works collaboratively – own & other services
- Play out actual / notional responses
 - Making decisions
 - Delegating tasks
 - Sharing information
 - Assigning resources
 - Assessing and treating injured

Safe and controlled learning environment

How will this work today?

- Normal organisational processes
- Triage / establish the nature of the incident
- Treatment / what is required
- Administration
- Tracking
- **Note:**
 - Will only be able to access real resources
 - Have to manage stretched capacity
 - Will need to manage resource allocation
 - Will need to make decision regarding patient / issues management

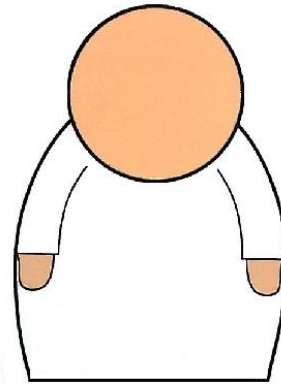


Whiteboards

- Represents organisational services areas;
- Similar layout;
- Replicates resources;
- Census data;
- Service area capacity



Gubers

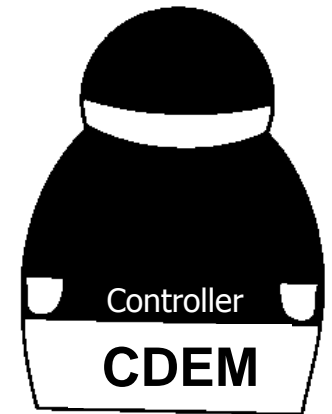


- Swedish for “Old Man” and is the trademark name of the ETS
- Magnetic plastic people
- Symbolise people involved in incident
- “Live” their lives on boards
- **Types of gubers:**
 - Emergency response personnel
 - Patients

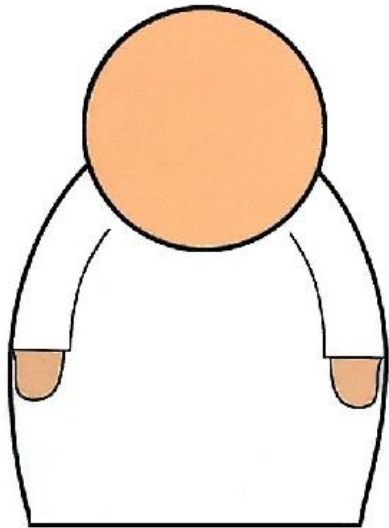


Workforce Gubers

- Professional groups
- Identified on the front of Guber
- Differing skill sets



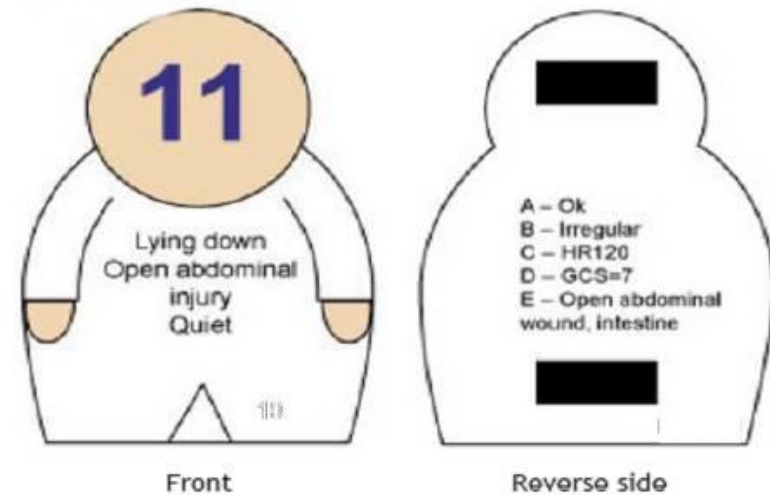
Blank Gubers



- Non-disaster patients
- Clinical info displayed on front

Patient Guber

- Numbered
- Represent disaster patients
- Shows information
- Front = info to initiate triage
- Back = key elements of primary survey
- Assigned category associated clinical outcomes

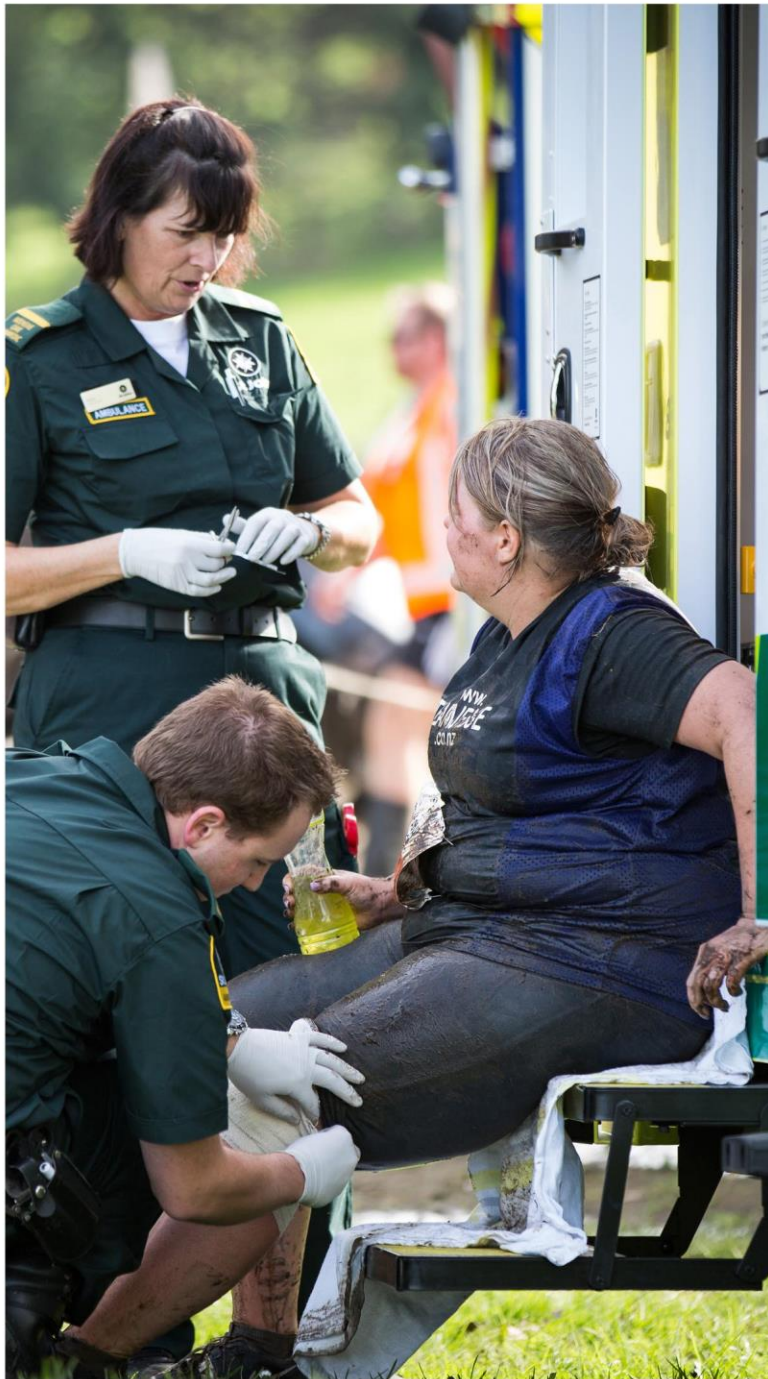


Treatment Cards

11	Man 27 years
HISTORY Healthy	
EMERGENCY DEPARTMENT	
FINDING	MEASURE
Airway:	Secure airway
Breathing:	
Circulation: Hypotension	IV fluid, To surgery
Disability: CT: Normal	
Exposure: Abdominal evisceration	
	Time 0/30





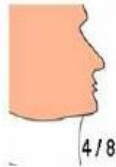



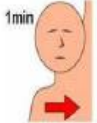





11	
SURGERY	
Intestinal resection + haemostasis + suturing of abdominal wall	
	Time 2/0
ICU	
Post-op ventilator	
	Time 4

- Outline critical aspects of interim and definitive care info
- Correspond with injured disaster Guber
- Introduced when they leave ED
- 2 sides to each card

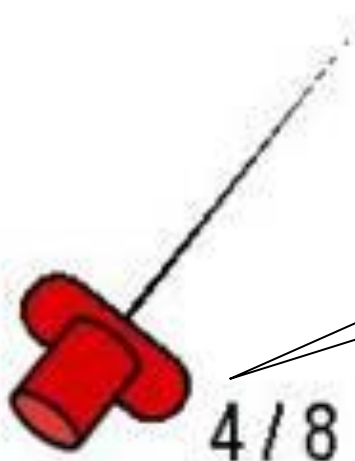


Interventions

- Reflect clinical interventions
- Time consequence
- Appropriate staff skill level

 2/3	 Con 5/10 UC 7/15	 2/3	 3/4	 4/8	 3/5 O ₂	 6/10
Analgesia 5/10	ETT/ LMA 1min	IV Fluids	Dressing	Collar	Oxygen	Fracture
 1/2	 1min	 PENTROX	 Tube 7/15 Ned 5/10	 1/2	 4/8	 3/8
Spinal Board	Left Lateral	Pentrox	Chest Drain	Airway	IV Cannula	Cricoid

There are two different times on some intervention stickers



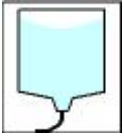
Time taken to complete intervention/treatment if experienced staff OR optimal conditions

Time taken to complete intervention/treatment if inexperienced staff OR suboptimal conditions

MINUTE



+4



+2

Initial Assessment

+5

TOTAL 11

Radiological / Nuclear Medicine Investigations	
Chest X-Ray	_____ mins
Cervical X-Ray	_____ mins
Abdo. X-Ray	_____ mins
Femur	_____ mins
Lumbar Spine	_____ mins
Thoracic Spine	_____ mins
Limb X-Ray	_____ mins
Pelvis X-Ray	_____ mins
Fast Ultrasound	_____ mins
Ultrasound	_____ mins
CT Head Scan	_____ mins
CT Head + Abdo	_____ mins
	_____ mins

ETS Real Time

Time measure associated
Element of realism

Pre-determined times:






















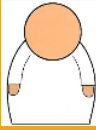
- Transport/transfer
- Clinical intervention
- Diagnostic procedures



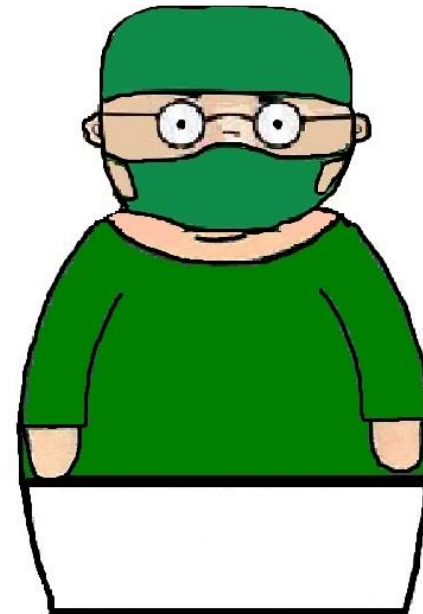
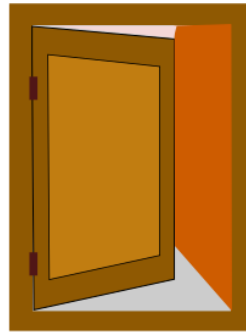
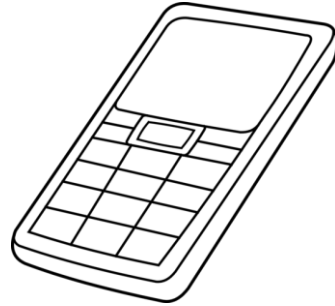
Rules of play

- Staff can only provide treatment or work to the level they are qualified.
- Time out for the Guber workforce is determined by the sum of all treatments initiated by the participants.
- Adhere to pre-calculated treatment and transport times.
- Resource release time to be noted alongside the resource. The assigned resource cannot be used again until the release time.

Delayed Board

	  	   	    	     	   
To:	Hospital	X-Ray & return	ED Interventions	Theatre	Hospital
From:	Scene	Emergency Department	Emergency Department	Emergency Department	Hospital
Time in:	13:05	13:16	13:25	13:45	14:00
Time out:	13:10	13:27	13:40	14:20	15:00

Communicating with Colleagues





“NO DUFF”



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“Time Out”



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Questions ?



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The Scenario



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