

# Medic Control Branch

## Section 1

### Branch Director

Lieutenant T. Crowe, Fire Medic 1

On July 14, 2006 at 0651 hours Fire/Medic 1 (FM 1) was called to 325 Campus Lane along with Medic 802. Upon my arrival, I received a report of one patient located on the third floor with a near syncope episode and one on the second floor with nausea and vomiting. As I was assisting with the patient on the second floor a third person spoke up and said she was having chest pain and asked for my help. At 0708 I radioed for a third transport unit and also requested Engine 1 to respond and perform a gas reading in the building. At this time I also requested Salem Rescue Squad tones be set off to man the crew hall since all Fire Department units were out. I helped remove all three patients and then met with Capt. R. Bristow and told him of our situation. He established Campus Command and I assumed the role of EMS Control. At 0722 I radioed to have Engine 2 and Medic 804, which had marked up as a reserve medic unit, to come in route to Campus Lane for stand by.

As the building was being evacuated I received a report that several other people were having headaches and nausea. I assigned Part Time Medic P.J. Nagel to the triage sector. At 0749 these patients were transported by Medic 804.

I notified Battalion Chief 1 and Battalion Chief 2 by cell phone and advised them of our situation. BC 1 advised that he would report to the scene; however, BC 2 was not available. I spoke with a college official and she estimated that there was about 20 people staying in the building, but this number could not be confirmed. I contacted LGH and told them that we may be sending up to 20 people to them with Carbon Monoxide Poisoning.

At 0750 I spoke to Ken Cook at Salem Rescue Squad and advised him to respond the squad truck with the mass casualty resources' on it and to also help with rehab. At 0755 I spoke with Paramedic Charles Wilkins who was on M803 at LGH, he told me the ER had received the blood work results on the first patient that was taken to the hospital and they showed a Hemoglobin Carbon Monoxide Concentration of 24 (3 is a normal reading). At that time I misunderstood the exact numbers but did understand that the Doctor said it was a significant exposure, eight times the normal levels. He advised me that LGH ER Administrator Candi Carroll was going to contact me and discuss the possibility of all exposures being sent to the Emergency Room, not only the ones that were displaying signs and symptoms. At this time I relayed to Paramedic Wilkins that as soon as the units gave an adequate report to the ER staff they were to clear and respond back to Campus Lane for further assignments. The Pre Hospital Patient Care Reports would be completed and forwarded to the ER at a later time. As per Mass Casualty Protocol, I contacted Roanoke Memorial Medcom and advised them of the situation.

At approximately 0815, I met with Campus Command Capt. R. Bristow, Chief P. Counts, and two college officials and told them we may have to transport all the people that were

in the dorms overnight. At that time I was told that we were probably looking at an updated number of approximately 100 people or more. A Roanoke College official offered us the use of nine, 10-passenger vans and nine drivers to transport the people to the hospitals. I accepted his offer and told him I would let him know as soon as I got the final confirmation from the hospital. Chief Counts requested that I assist with relaying this information to the people located in the Roanoke College Auditorium at 0830.

At 0820 Candi Carroll called and said per Dr. Pruess everyone that was exposed should be transported to the ER and evaluated. She was told to update her numbers to a possible 100 patients. Roanoke College was then told to bring their vans to High Street. Chief Counts and Campus Command were notified of the upcoming transports.

At 0825 EMS Control was turned over to Paramedic Wilkins to allow me to make the transportation announcement to the people in the college auditorium.

As I was entering the building two people suffering from nausea, vomiting, and headaches stopped me and I assisted them until a golf cart was available to transport them to the triage area.

From 0845 to 0900 I made the announcement to everyone in the auditorium that they needed to be evaluated in the ER and our plan to transport them.

I checked the triage area and confirmed that all was well. I then helped coordinate the moving of Green Patients (walking, no airway problems and no immediate, life threatening injuries) to the vans and coordinated with Medcom for hospital assignments.

At 0942 I reassumed Command.

After leaving the triage area I returned to the Command Post. As I arrived I was told of two patients being brought out of room 510, one was a possible respiratory arrest. Extra paramedics on the scene assisted the patients. I radioed for two additional units to come to the scene. M804 transported the most critical and Roanoke County 101 transported the other, both were taken to LGH. I spoke to Medcom and Paramedic Wilkins spoke with LGH before both units transported and they both agreed that LGH would handle these patients.

At 1014 I was notified that there was a possible code blue outside room 511. I assigned Paramedic P.J. Nagel and M803 to handle, they advised DOA at 1016.

The only other transport was the DOA to the morgue by M801.

I cleared at 1259.

This narrative is submitted by Lieutenant Teddy D. Crowe, Fire Medic 1A