

**Department of Emergency Medicine**

2013 Grand Prix Race

After Action Report &

Improvement Plan

September 16, 2013

The observations that follow are specific to the medical portion of the Grand Prix incident action plan (IAP). Suggestions were complied via feedback from medical personnel at the University of Maryland Medical Center and the Department of Emergency Medicine.

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***Medical supplies***

**STRENGTH**
Baltimore City Fire Department (BCFD) personnel provided the necessary infrastructure and supplies for a large spectator aid station. In addition, the BCFD coordinated with the Maryland Task Force-2 USAR team to establish and maintain a functional race hospital.

**AREA FOR IMPROVEMENT**
USAR supplies require regular surveillance in order to maintain equipment and medications in proper working order. The creation of a comprehensive checklist that would detail the items needed for physician-staffed aid tents. This supply list would be updated on an as-needed basis and reviewed prior to any major events.

**RECOMMENDATION**

* EMS supply coordinators and medical directors will create a detailed “checklist” of required medications and supplies
* Avoid reliance on USAR cache for supply. Most medications can be purchased / procured in advance of any mass gathering event
* Alternatively, collaboration with the UMMC department of pharmacy could ensure availability of over the counter and prescription medications

***Aid station infrastructure***

**STRENGTH**

Positioning of the aid stations inside the convention center permitted adequate shelter and climate control. The proximity of restrooms and water fountains further augmented the environment of care. Neighboring aid stations permitted easy movement of supplies and personnel. Infrastructure concerns were immediately and adequately addressed by BCFD logistic and supply personnel.

**AREA FOR IMPROVEMENT**

Egress pathways for the spectator aid station were blocked by race-related equipment and personnel. Lighting inside the convention center was sub-optimal for patient care delivery.

**RECOMMENDATION**

* Position the race hospital inside the convention center
* Coordinate with race management and ensure that sharp street is cleared of obstacles, personnel, and vehicles

***Personal protective equipment***

**STRENGTH**
Hearing protection was available for BCFD members at during the daily briefing.

**AREA FOR IMPROVEMENT**

University of Maryland medical staff members and other public safety personnel did not have access to widely distributed hearing protection

**RECOMMENDATION**

* Stock all aid stations with hearing protection
* Reinforce need for hearing protection with other first response/public safety agencies

***Patient transport***

**STRENGTH**
All terrain vehicles and modified golf carts conveyed ill and injured patients to centralized casualty collection points. Ambulances were pre-positioned at high traffic locations (race hospital) and at the staging area. The ASAP units were especially helpful in transporting patients to aid stations and ambulances

**AREA FOR IMPROVEMENT**
Some vehicles were not properly equipped to transport a patient in the supine position. These vehicles are not ideally suited for transporting injured patients to aid stations or waiting ambulances

**RECOMMENDATION**

* Coordinate with all first response agencies to ensure availability of ASAP-type transports or specially equipped golf-carts that allow for transport of a supine patient

***Medical control function***

**STRENGTH**
The EMS fellow was available throughout the race operational period to address questions specific to patient treatment and transport. BCFD providers had immediate access (via bravo 5 communication channel) to an EMS physician familiar with on-site resources and Maryland Medical Protocols

**AREA FOR IMPROVEMENT**
N/A

**RECOMMENDATION**

* Encourage availability of on-site and on-line medical direction for mass gathering events supported by the BCFD