

June 9, 2026

Prehospital
Committee
Meeting
Baytown, Tx



Agenda

- Welcome
- Review and approve minutes from 3/10/26
- Hotwash Valero Incident
- Prehospital Whole Blood PI Process- Kelly Sears
- Summary Pearland Fire MCI Drill- Willie Godfrey
- Texas Wristbands 157.11 effective 9/1/26- Alyson Nickum-Smith
- FIFA Update- Alyson Nickum-Smith and Kelly Sears
- Networking
 - Provide example where lesson learned or instituted new process

Approval Minutes 3/10/26

Pre Hospital/Air Medical Committee		Date: 3/10/26
		Time: 0900
		Location: Baytown
Facilitator:	Alyson Nickum-Smith	Note taker: Dustin Lowe
Attendance:	See Microsoft forms sign-in sheet	
Agenda		
Agenda Item	Lead	Info/Open/Closed
Speaker "Project Hope"	Audrey Lopez	
Review and Approve minutes 12/9/25	Alyson	
Prehospital Triage Guidelines	Kelly and William	
Air Medical Guidelines	Alyson	
Prehospital Whole Blood	Kelly	
FIFA Preparation	Alyson	
Registry Data	Alyson	
FY26 EMS County Funds	Alyson	

Meeting called to order by Alyson Smith at 0910

1. Project Hope Presentation: Jessica Yeager UT Health from Project Hope delivered a presentation on overdose mitigation, treatment, and recovery.
2. Meeting minutes approval: Meeting minutes from 12/9/2025 approved. Motion by Daniel Diaz and second by Kelly Sears. Motion passes
3. Prehospital Triage Guidelines: A review of prehospital triage guidelines with committee by Kelly Sears and William Godfrey. The new guidelines will need to be signed by agency administrator and medical director for next year.
4. Air Medical guidelines: Alyson Smith reviewed Air Medical Guidelines.
5. Prehospital Whole Blood: Kelly Sears spoke about regional blood bank agreements SETRAC and RAC-R.
6. FIFA preparation: Kelly Sears updated committee on goals for repositioning and response from HAZMAT crews and medical crews.
7. Registry Data: Alyson Smith advised the committee that each agency would need to register with the state for data sharing.
8. County Funds: Alyson Smith spoke about allotment of funds. Dianna Grimm-Mapp spoke about Ready Heat Blanket and thermometer disbursement.
9. Motion to adjourn made by Kelly Sears and second by Dustin Lowe

Meeting Adjourned at 0940|

Hotwash Valero Incident

Summary of Incident

Lessons Learned

After Action Report

Opportunities for Improvement

PHWB PI Process

Completed by EMS agency transporting patients 18 y/o and older who received prehospital transfusion

Physiologic hypoperfusion and VS

Indication for transfusion

Complications

Patient disposition

Was Blood Bank notified if female patient under 55 y/o

Pearland Fire Department MCI Drill Review



Why We Planned an Exercise

Objectives and Focus Areas for our MCI Simulation



REALISTIC MCI EXERCISE

Conducted a comprehensive simulation to test response protocols under high-pressure conditions. (fire, hazmat, extrication)



DIGITAL INTEGRATION

First time Incorporating the Pulsara platform alongside physical wristband-based tracking to ensure continuity of care.



CORE FOCUS AREAS

Prioritized triage efficiency, accurate patient tracking, and hospital coordination/communication.



ALSO, FIFA....



END-TO-END VALIDATION

Evaluated the entire chain of custody from the initial scene to hospital arrival and a full testing of systems. Pulsara, MCI policies and procedures.

Drill Overview

Operational Assessment & Workflow Validation



- **SCOPE OF OPERATIONS**

- Drill was conducted twice a day, for all three shifts. Total of 6 drills.
- 4 of these drills had a simulated "lite" activation at 2 Memorial Hermann campus'
- Thursday session featured a full-scale activation of Memorial Hermann Pearland. Twice in one day.

- **PATIENT MANAGEMENT**

Successfully managed and processed 20–25 patients per drill session. this ranged from adult and pediatric patients to patients with traumatic injuries and medical complaints. Each session featured 8-16 live victims and 7-15 simulated patients. This also included one patient as a live extrication for each drill.

- **WORKFLOW VALIDATION**

Evaluated the end-to-end patient flow, spanning triage, wristbanding, Pulsara platform entry, transport coordination, and hospital reception integration.

SIMULATION OVERVIEW

Realistic Scenario

- **DYNAMIC INCIDENT SCOPE: SCENARIOS FEATURED COMPLEX MULTI-VEHICLE ACCIDENTS, INCLUDING SCHOOL BUSES AND PASSENGER VEHICLES. THIS ALSO INCLUDED SEVERAL HAZARDS SUCH A FUEL LEAK, VEHICLE FIRE AND PROLONGED EXTRICATION.**
- **DIVERSE CASUALTY MIX: MANAGED A COMPREHENSIVE PATIENT POPULATION ACROSS ALL ACUITY CATEGORIES (RED, YELLOW, GREEN).**
- **SPECIALIZED PATIENT PROFILES: INCLUDED PEDIATRIC, PREGNANT, TRAUMA-RELATED, AND COMPLEX MEDICAL CASES TO TEST SPECIALIZED CARE REQUIREMENTS.**



Field Triage and Initial Operations

Standardized MCI Response Protocols

• EXECUTION OF START TRIAGE PRINCIPLES

We gave crews the START triage color. We wanted this to be more about process and less patient care.

• COMMAND AND CONTROL

Emphasis on a unified command structure and defined role assignments for all personnel to ensure scene stability. We gave them a scenario and resource availability. Each scenario had between 22-26 PFD responders, along with 4-6 Fort Bend responders that would assist 10-15 minutes into the exercise.

OB SCENARIO

Ruby Red, 16 y/o, African American, 38 weeks, G1P0. Riding the bus to the store when the bus was involved in a collision. Taken to the ER for abdominal pain and possible leaking fluid. PMH: prescribed Labetalol 100 mg two weeks ago for elevated BP and obesity. Reports a bad headache. States she has not filled the prescription due to lack of transportation.

Social factor: has not filled her prescription due to lack of transportation.

Hospital course	Guided actions
<ul style="list-style-type: none">• Arrives with abdominal pain and leaking fluid; no obvious major injuries• Initial vitals 170/98, HR 89, RR 22, SpO2 100%• Repeat vitals 210/99, HR 85, RR 20, SpO2 95%; RN notifies MD• MD assesses patient, FAST exam, labs, IV, vaginal exam; patient is 7 cm; transfer initiated• Contractions stronger and closer together• 20 mg Labetalol IV• BP 199/100; MD orders additional Labetalol 40 mg• BP 150/85; patient begins screaming that the baby is coming	<ul style="list-style-type: none">• Infant delivered, pale, limp, grimacing• Interventions: warm/dry/stimulate, suction, follow NRP steps• After 1 to 2 minutes infant crying, pink, good tone; obtain vitals• Skin to skin; provide warmth to mom and baby• Placenta delivers; fundal massage and assess bleeding• Orders: Pitocin bolus and Magnesium Sulfate; continue transfer process• Neonatologist contacted for infant transfer• Continue Q15 min vitals on infant and mom until transport team arrives

RED

Incident Details

Archive Restart Edit

Incident # —
 Name Bus Crash - Fire Field
 Type —
 Require Patient Condition? Yes
 Allow Others to Join by Proximity? Yes
 Start Patient Type As Trauma
 Configurable ID Type ① US | Statewide Wristband
 Other ID —
 Notes CCP - Water Mapping Prop
 Staging - Front of Fire Admin

Incident Location

Change Location

29.557793, -95.287704



Incident Summary

Export Patients Command View

	None	White	Green	Yellow	Red	Black	Total
Total	0	0	11	5	10	3	29
On Scene	0	0	1	1	0	2	4
En Route	0	0	1	2	1	0	4
At Destination	0	0	9	2	9	1	21

Expand All

	None	White	Green	Yellow	Red	Black	Total
No Destination	0	0	1	0	0	2	3
▶ Mem. Hermann- Pearland HOSPITAL	0	0	10	5	10	1	26

Pulsara was utilized for all drills.

This included wrist banding, and transfer of patient through the system.

- INITIAL CONTACT --> TRIAGE -> TRANSPORT/AMBUS -- ARRIVAL AT ED

Utilizing Pulsara



INCREASED VISIBILITY

Enabled real-time tracking of patient volume and destination status across the network.



FASTER HOSPITAL NOTIFICATION

Streamlined alerting processes resulting in significantly reduced critical response times.



SHARED DIGITAL OPERATING PICTURE

Provided a unified communication platform that serves as a single source of truth for both EMS and hospital partners. AKA lots of patients headed your way.



OPERATIONAL OVERSITE

Officers on location could have a overall picture of the incident, instead of notes, CAD notes, and attempting to keep up with patient transports.

Fort Bend County EMS AMBUS Support

- PARTNERING WITH FORT BEND COUNTY EMS TO OPTIMIZE AMBUS LOGISTICS AND DEPLOYMENT PROTOCOLS. CREWS WERE ABLE TO LEARN THEY ARE OUR CLOSEST RESOURCE FOR AN AMBUS, AND ALSO ITS CAPABILITY TO HANDLE OTHER ITEMS THAN "JUST MCI'S" (REHAB, LARGE EVENTS)
- NOT ONLY WERE OUR CREWS EXCITED FOR THE EDUCATIONAL OPPORTUNITY, FBEMS STAFF GAVE US GREAT FEEDBACK AND THEY WERE ABLE TO USE IT AS A TRAINING EXERCISE AND ONBOARDING FOR THIER STAFF.



SETRAC Regional Coordination

- **STRATEGIC SUPPORT**

We invited our friends from SETRAC to give us some real time feedback on our drill and to participate in our hotwash debriefings.

- **REGIONAL INTEGRATION**

We picked up on information about adding CMOC to any MCI, nuances with pulsara, and other operational tips.

- **LONG-TERM READINESS**

Building a sustainable, scalable framework to ensure regional resilience against future emergencies. We wanted to begin these relationships prior to an incident occurring.

Memorial Hermann Pearland Integration



- **MCI PROCESS ACTIVATION - THURSDAY DRILL**

Pearland Fire and MH Emergency management activated MCI procedures at MH-P. This involved Womens services, Cath lab, OR and decompression of the ER. Crews from the ED set up a ready area on the ER loading dock.

- **PATIENT TRIAGE & HANDOFF OCCURED.**

- **COMMUNICATION VALIDATION**

Pulsara was utilized to communicate patient load and all "transports" were taken to the same hospital to simulate an ER surge.

Key Takeaways

Essential components for successful MCI management

- **FREQUENT, ACTIVE PRACTICE**

Crews praised the drill and this was the first large scale drill we have had since COVID. Prior to that it was noted to only be ALERT training. We now had a benchmark to train at. We surveyed our crews and received mostly positive feedback, but also areas where they noted they could use improvement.

- **SIMPLICITY IN TRACKING**

Pulsara's dashboard assisted command in understanding call, its patient load and where patients were being transported. Without having to take handwritten notes or reviewing CAD data.

- **REGIONAL RESILIENCE**

We are striving to build a service to understand the complexities of an MCI and how our outside resources work in Brazoria County and surrounding areas. A simple drill is not realistic to our fire department.

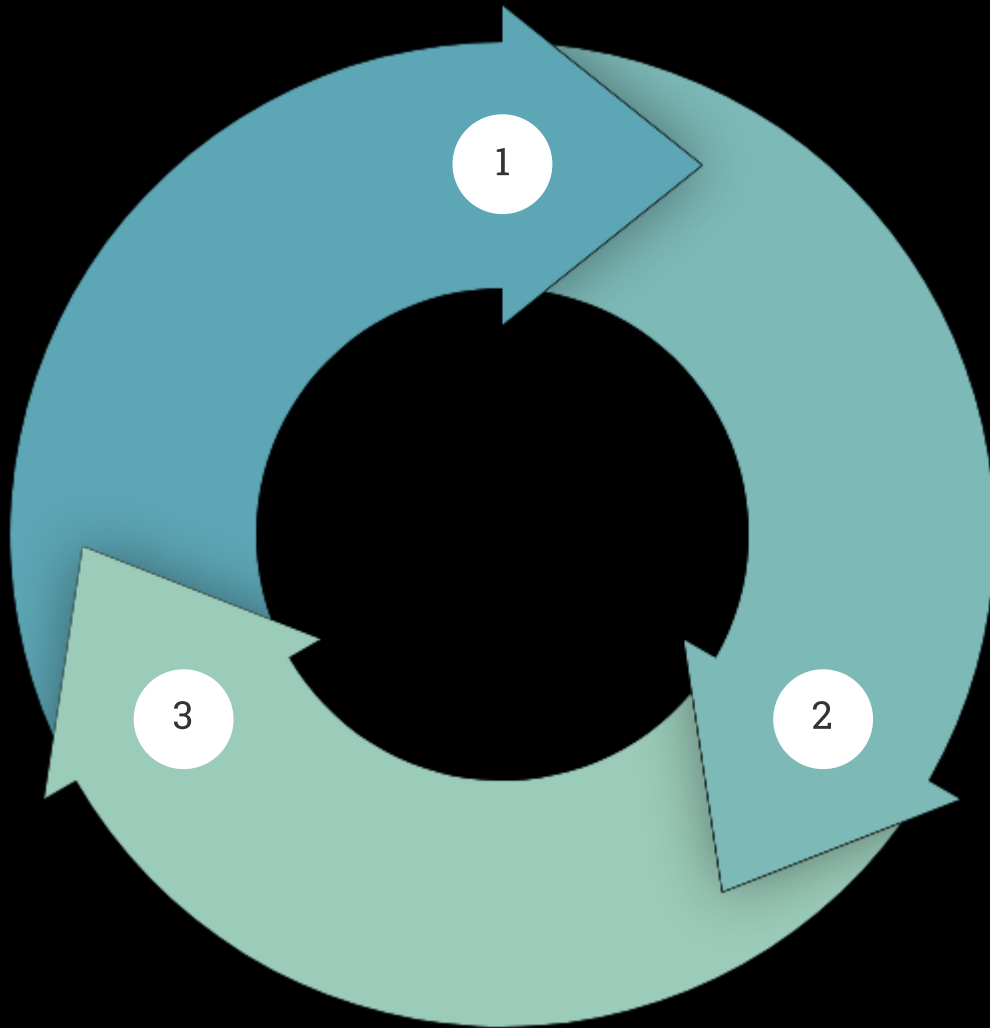
- **PARTNERSHIP AS FOUNDATION**

Starting these scenarios gave us a better understanding of what is needed when calling for an AMBUS, adding CMOC, and activating hospitals.



Areas for Continued Improvement

Strategic focus areas for enhancing incident response and operational efficiency



1

REFINE MCI COMMAND ROLES

Clarify expectations and responsibilities for all command positions during Mass Casualty Incidents. We did **not** have specific positions built into our response models (triage, transport, medical command and so on)

2

PULSARA PROFICIENCY

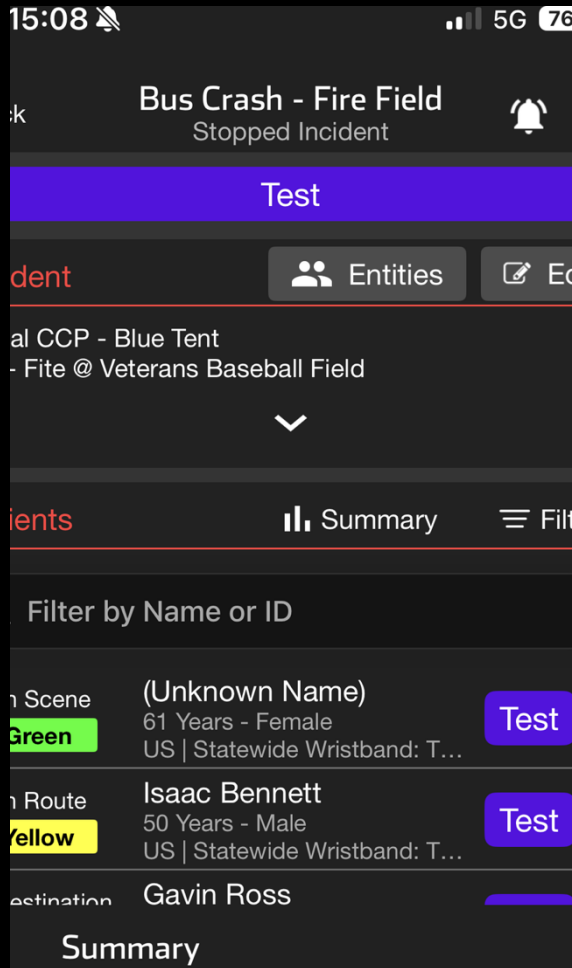
Increase frequency of training repetitions to master MCI-specific digital functions. We have starting using incidents for all events in Pearland. Naturally occurring or planned.

3

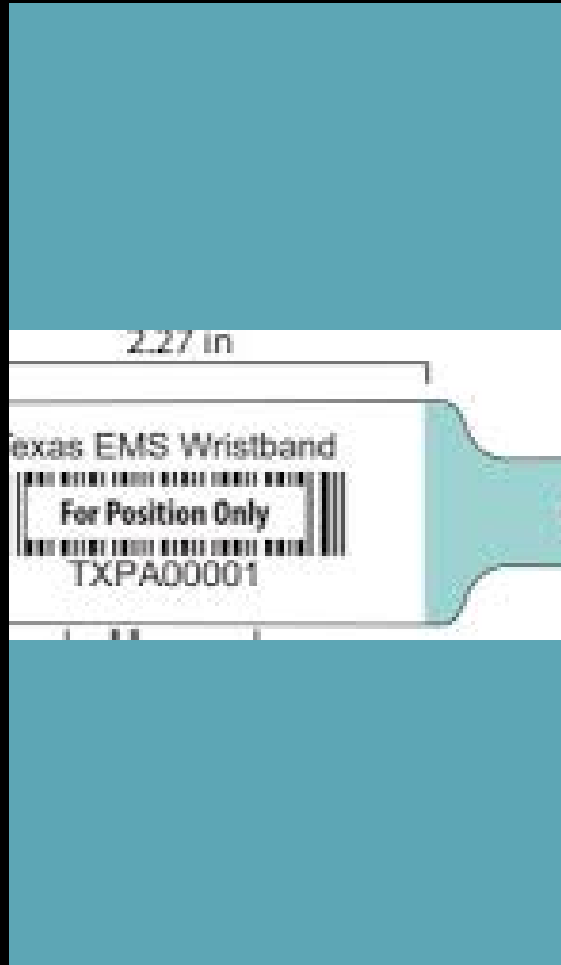
EXPANDED COLLABORATION

Broaden the scope of future drills to include additional agency partners and hospital stakeholders. We can only improve with knowing our areas limitations, capabilities, and roles on larger events.

Drill Photos and Screenshots



PULSARA INTEGRATION



PATIENT IDENTIFICATION



RESOURCE DEPLOYMENT



SCENE COORDINATION

Closing Thoughts

Strategic Summary and Next Steps



- **OPERATIONAL READINESS**

I highly encourage you to perform a large-scale exercise with your neighboring agencies. Consider it not being an active shooter for more complexities(HAZMAT, extrication, fire)

- **STRATEGIC PARTNERSHIPS**

Know your resources. Flight, hospital partners, AMBUS. If you call for something over the radio, what does that mean.

- **FUTURE COMMITMENT**

We set a standard, and will be performing a table top or hands on exercise every year.

QUESTIONS AND DISCUSSION

MCI Full-Scale Exercise

› Interagency partnership

- › Pearland Fire Dept
- › Fort Bend EMS (Ambus)
- › Pearland ISD
- › Memorial Hermann Pearland:
 - ED, Inpatient, Business Office
 - Trauma, Chest Pain, & Stroke Programs

› Buses vs POVs

› 30 patients

- › Live actors & cardboard cutouts
- › Medical (CVA & STEMI), Trauma, OB



MCI Full-Scale Exercise

› MCI Workgroup Planning

- › Trauma, ED, Physicians
- › Inpatient, EM, Executives

› Triage & Tracking: Integrated Approach

- › **ED:** START/JumpSTART Triage
- › **Business Office:** Pulsara patient tracking
- › **ED & BO:** EPIC Disaster Mode Playground practice (second known in USA)
- › MCI patients → ED, Cath Lab, OR

› Inpatient:

- › Decompressed ED – balloon “patients”



Lessons Learned:

› MCI Triage

- › Triage: Outside, away from ED is best
- › Israeli-style triage ribbons ➤ Triage Tags
- › Color-coded Triage Tarps = increased efficiency

› Pulsara:

- › Integrated Tracking & Triage practice wins! No substitute for integrated practice (BO & ED)

› ED Decompression:

- › Requires preplanning w/ ED, IP, Legal, EM, Execs

› EHR: *Quick Pick Disaster Guideline Order Set* needed

Advancing health. Personalizing care.



Texas Wristbands- 157.11

FIFA Update



Networking

Provide
example where
lesson learned

What new
process have
you instituted

EMS Committee Sign in 6/9/26



Did you sign in?

