Safe Extrication & Timely Referral of the Trapped Patient

4th September 2026

SP. Dr. Mukasa Pius Mulumba

(Regional Police Surgeon: Kyoga, Karamoja)

Scenario

- 26yr/M police detective asleep in a single room with steel burglar-proof window, hard wood door, locked
- Improvised electrical wiring indoors

What is the worst that could possibly happen?

SCENARIO

- Extra locks added outside his and his neighbors' doors
- Petrol poured at his doorway and window
- House set ablaze

What are the escape options?

SCENARIO

- Woke up in **panic**
- Assumed fire was of electric origin
- Attempted to cut improvised electric wiring
- Electric shock threw him unconscious into the fire

How would you respond? (trained professional vs community member)

Response

- Neighbors alarmed for help
- **Mass panic**
- Forceful entry and fire fighting using home tools
- Patient evacuated unconscious from house to ground outside
- No trained first aider on ground
- Police called

Response

- Patrol vehicle evacuated patient to nearby health center IV
- Emergency resuscitated, quickly restores consciousness
- Face and airway mostly spared

1st & 2nd degree burns to almost 90% body surface area

Response

- Patient referred to nearest Referral hospital - (about 100km)
- Delays with ambulance
- Eventual evacuation and admission to Referral hospital ICU
- Referral to National Referral Hospital burns unit after 2days
- Admitted in National Referral Hospital burns HDU
- 8days after incident, patient deteriorated and succumbed



What could have been done better, safer, faster?

THE REPUBLIC OF UGANDA MINISTRY OF HEALTH

Seed GLOBAL HEALTH

Project ECHO

Effective Communication and Coordination in Emergencies

- **Fact:** Panic is a natural response in any overwhelming situation
- **Fact:** Communication failure can quickly escalate any situation into a catastrophe

Effective Communication and Coordination in Emergencies

- Knowing this, how can we improve communication efficiency during patient extrication and evacuation?

Objectives of Effective Communication in Emergencies

Individual

- Quell chaos
- Minimize Injuries and damage
- Preserve calm and order

Institutional

- Maintain institutional trust
- Safeguard reputations
- Protect stakeholders

Layers of Effective Communication in Emergencies

- Operational Communication

- On-the-ground exchanges between Response teams, victims for extrication and evacuation, and immediate community
- The foundation of the entire operation

Layers of Effective Communication in Emergencies

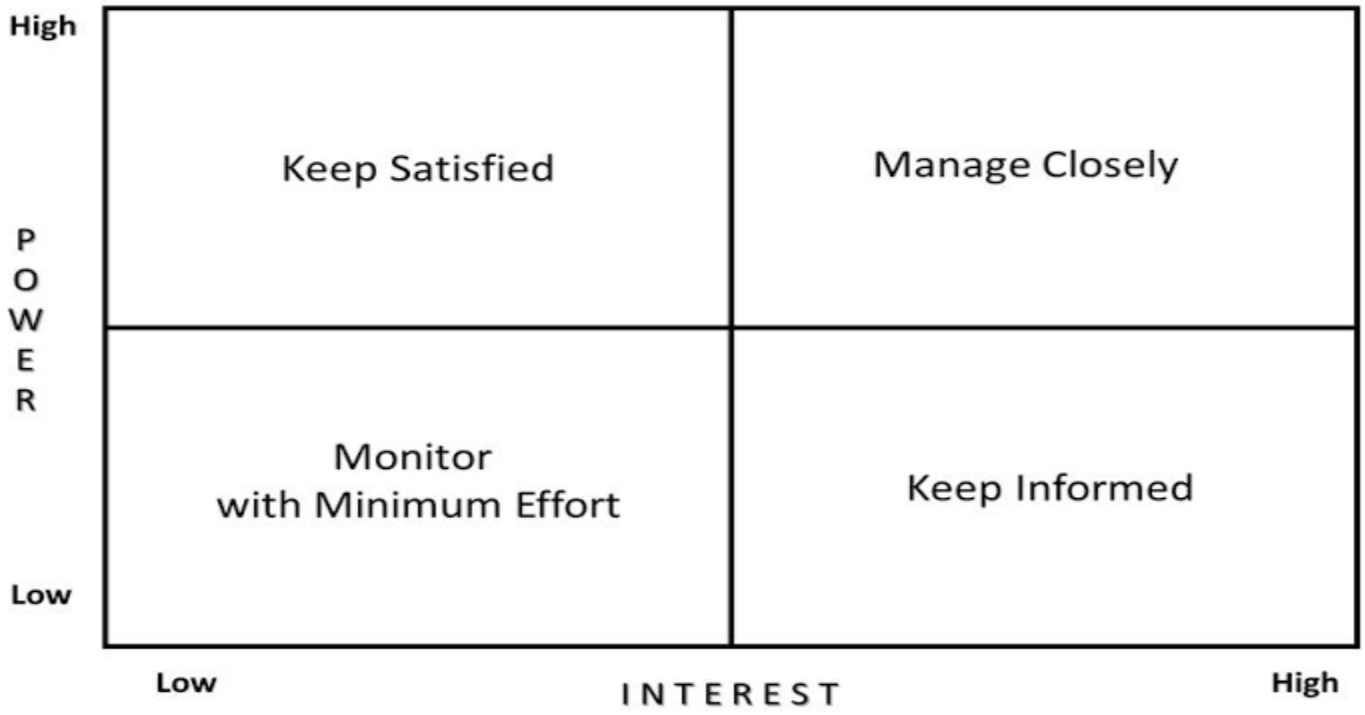
- Tactical communication

- Navigating Internal Bureaucracies
- Mobilizing Local Leaders And Community For Positive Actionable Response And Intervention
- Contains The Situation

Layers of Effective Communication in Emergencies

- Strategic Communication
  - Multiple stakeholder coordination
  - Scaled up damage control
  - Lobbying on national and international level
  - Who needs to know what, when, and how??

Stakeholder Communication Matrix (Power-interest Matrix)



Pillars of Effective Communication in Emergencies

- Clarity
  - Speak Plainly And Precisely Without Jargon
- Accuracy
  - State Verified Facts Without Exaggeration
- Consistency
  - All Stakeholders On The Same Page

Pillars of Effective Communication in Emergencies

- Transparency
  - Communicate Honestly What Is Known; Acknowledge The Unknown
- Timeliness **(15-20-60-90 Rule)**
  - **15mins:** Acknowledge crisis, alert leadership, activate response teams
  - **20mins:** Share preliminary facts appropriately
  - **60mins:**- Provide updates, and plan layout
  - **90mins:**- Ready for full media engagement

Best Practices in Effective Communication in Emergencies

- Designate official spokesperson
- Establish clear command structure
- Set up clear chain of flow of information
- Use closed loop communication
- Set up and communicate casualty collection points(ccp's) – **ATLS** protocols still stand
- teamwork

When *communicating* to a trapped patient(s), what are your priorities?

Priorities of Effective Communication in Emergencies

- *Are you heard clearly?*
- *Are you understood precisely?*
- *Are you believed and trusted?*
- If yes to all, cooperation is very likely

Evacuation

- ***How do you manage the evacuation of patients in a crisis?***

Evacuation

- Most major incidents will generate multiple multiply injured patients
- Available resources will most likely be overwhelmed
- Need for higher levels of treatment
- **Evacuation triage** will do greatest good for biggest number

Evacuation Triage

- How many patients need evacuation?
- What level of facility do they need?
- Who needs to move first?
- Wow quickly do they need to move?
- What means is most appropriate and available?
- Which equipment are needed en-route?

Evacuation Triage

- Unique circumstances need multiple **CCP'S**, patient exchange points, and multiple vehicles (or boats, or helicopters) moving back-and-forth to successfully evacuate patients in a timely manner

Patient Handover and Continuity of Care

- First responders evacuating patients from the scene of trauma to the **CCP** can use the **ATMIST** report for hand over

- **A**ge
- **T**ime of incident
- **M**echanism of injury
- **I**njuries suspected
- **S**igns (vitals)
- **T**reatment given so far

Patient Handover and Continuity of Care

- In crisis response, **ISBAR** report effectively summarizes handover information for the receiving hospital teams

- **I:**- Introduction
- **S:**- Situation
- **B:**- Background
- **A:**- Assessment
- **R:**- Recommendation

ISBAR

Clinical conversations should be clear, focussed and the information relevant.

Poor communication risks patient safety and contributes to adverse outcomes.

I – Introduction

"I am…….. (name and role)"
"I am calling from ……."
"I am calling because……."

S – Situation

"I have a patient (age and gender) who is
a) stable but I have concerns
b) unstable with rapid/slow deterioration"
"The presenting symptoms are……."

B – Background

"This is on a background of……."
(give pertinent information which may include:
Date of admission/ presenting symptoms/ medications/ recent vital signs/test results/status changes)

A – Assessment

"On the basis of the above:
- The patients' condition is …….
- And they are at risk of …….
- And in need of ……."

R – Recommendation

Be clear about what you are requesting.
e.g. "This patient needs transfer to/revi
Under the care of…..
In the following timeframe ……."

A	AGE OF THE CASUALTY	D.O.B / GENDER
T	TIME OF INJURY	24HR
M	MECHANISM OF INJURY	WHAT HAPPENED
I	INJURIES	FOUND AND SUSPECTED
S	SIGNS & SYMPTOMS	RR
		SPO2%
		ETCO2
		HR
		BP
		BM
		TEMP
		GCS
	PRIMARY SURVEY	
	MAJOR HAEMORRHAGE	
	AIRWAY	
	RESPIRATORY	
	CIRCULATION	
	HEAD / OTHER	
	LATEST PATIENT OBSERVATIONS TIME: _____	
T	TREATMENT GIVEN	
	INTERVENTIONS	

THE REPUBLIC OF UGANDA MINISTRY OF HEALTH

Seed GLOBAL HEALTH

Project ECHO

Patient Handover Rules

- **Initial “hands-off, eyes-on” pause:-** receiving team pays attention and doesn’t touch anything as **ISBAR** report is being given
- **Triage tag integration:-** receive initial triage tag and integrate it with the new triage information
- **Documentation chain of custody:-** handover all patient monitoring and treatment documents

Common Challenges in Crisis Response

- Communication breakdown
- Infrastructure:- impassible roads, broken bridges, floods
- Fleet:- mechanical breakdowns
- Logistics:- ambulance equipment failures
- Security:- hostility of bereaved communities
- Systemic:- resource limited hospitals

Thank you