



2026 ANNUAL MEETING

Specialty Workshops, Scientific Assembly & Trade Show



January 26-31, 2026

Tampa, FL

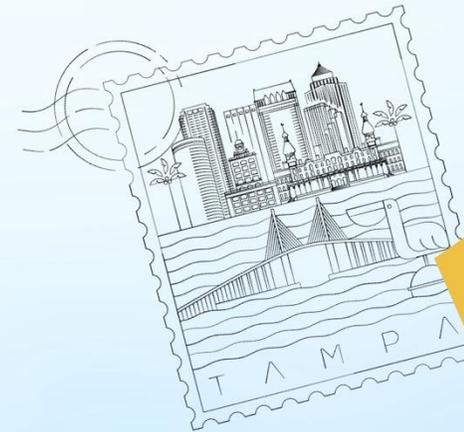
JW Marriott Tampa Water Street

DISCLOSURE SLIDE

SPEAKER DISCLOSURE / COI STATEMENT

NAEMSP asks all individuals involved in the development and presentation of Continuing Medical Education (CME) activities to disclose all relationships with ineligible companies within the past 24 months. This information is disclosed to CME activity participants. NAEMSP has procedures in place to resolve any apparent conflicts of interest.

I, Kevin Mackey, have no commercial relationships to disclose.





**Wound patterns and
survivability:
A “new” perspective on
triage**

“You take the blue pill, the story ends. You wake up in your bed and believe whatever you want to believe. You take the red pill, you stay in Wonderland. And I show you how deep the rabbit hole goes.”



TO DO LiST

1. **FIRST**
2. **THINGS**
3. **FIRST**



Disclaimers

1. No conflicts
2. We WILL NOT be discussing ballistics
3. We WILL challenge your thinking (hopefully)

Speaking of
disclaimers

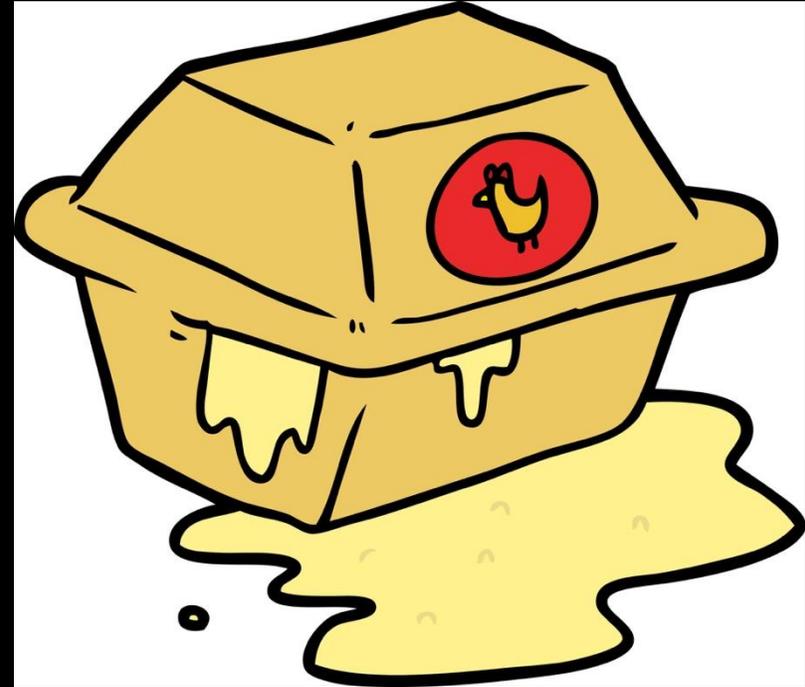


Take Home Lesson #1



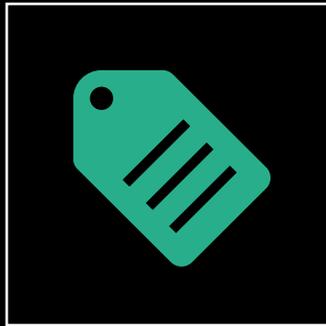
Victim sorting in active assailant incidents is **SIMPLE** and involves **NO triage tags** (ACE)

Take Home Lesson #2

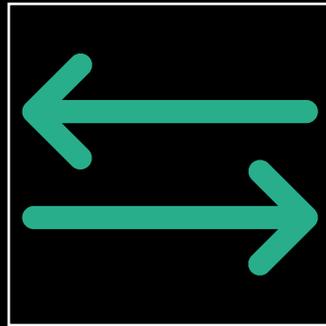


Rapid Strike Team is **built for speed, rapid extraction** of victims, and **maximizes lives saved**

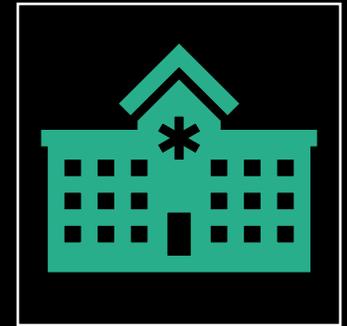
When the \$%*# hits the fan



What is the role of triage tags?



How are you going to efficiently move the victims?



Who goes to the hospital first?

EMS MCI systems were designed to organize a large, static incident, but the world of EMS we now live and work in is less than ideal and consequently so are the tools





Combat in our Communities

45 *Minutes*

Time from injury to surgery

- **Vietnam Wound Study**
- **The Hartford Consensus**

This is Combat in our Communities



This is not EMS

Redefine “MCI”

Slow? Simple ?

Fast? Complex?



“4 S” Test

- Stability – **Is the situation/scene safe?**
- Severity – **Are the majority victims immediate or critical?**
- Speed – **How fast can we get to the appropriate hospital?**
- Space – **Is there sufficient room to operate?**

NO to 3 of 4 = Triage Tags unlikely helpful

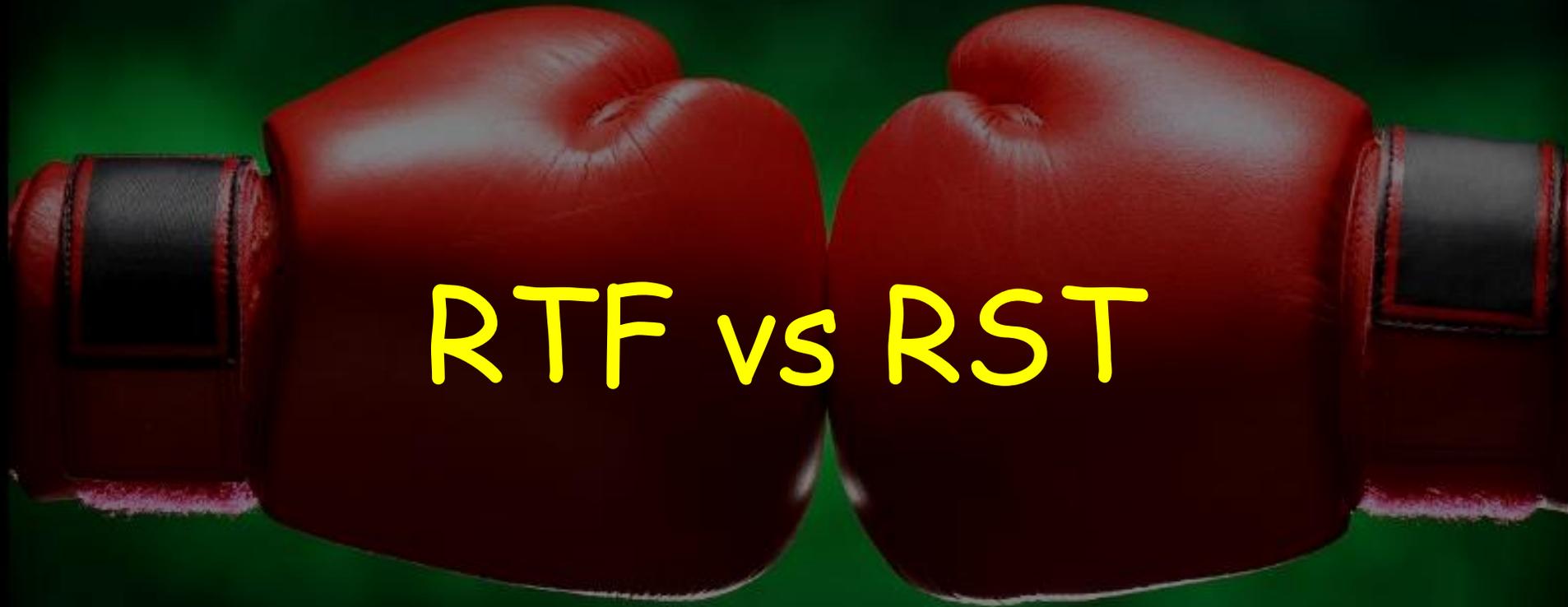
Victims are "on the clock"

Very common, now, to have widespread and chaotic events.

- **What is really happening?**
- **When can we go into the scene?**
- **Where are the victims?**
- **How many victims are there?**
- **Who do I tell once I find them?**
- **How do I best say what I found?**

Victims can easily expire from treatable wounds if they are not located quickly, extricated aggressively, treated appropriately and transported in priority.

- **No waiting for special formation**
- **No ALS gear**
- **No more than tourniquets**
- **No multi rescue carries**



Rescue Task Force and Rescue Strike Team

Rescue Task Force (RTF)

- **Built for dignitary protection**
- Challenges:
 - Tends to be slow moving
 - Resource heavy
 - High risk of “blue on blue”



Rescue Strike Team (RST)

- **Built for speed and direct threat suppression**

- Advantages
 - Fast forming, fast moving
 - Resource light
 - Adaptable to terrain
 - Supports rapid rescue



Rescue Corridor to the office

Inkblot
Maneuver
into a
Secure
Corridor



Police stop
the Killing



Fire stops
the Dying



Backs
Not
Barrels



- "...mistakes were part of my tuition and a necessary bridge to learning how to do things right..."

- General Mattis





RAPID EVACUATION

Foxtrot Sked



POW Kit

Point of Wound

- Simple to sling
- Multiple Tourniquets
- Central Supply on scene
- Cost effective
- Basic Wound care for later in the incident





VICTIM STABILIZATION



+/-





Victim Extraction



**"...Trust is
the coin of
the Realm..."**



**- General
Mattis**



Victim Sorting

A C E



Abdomen



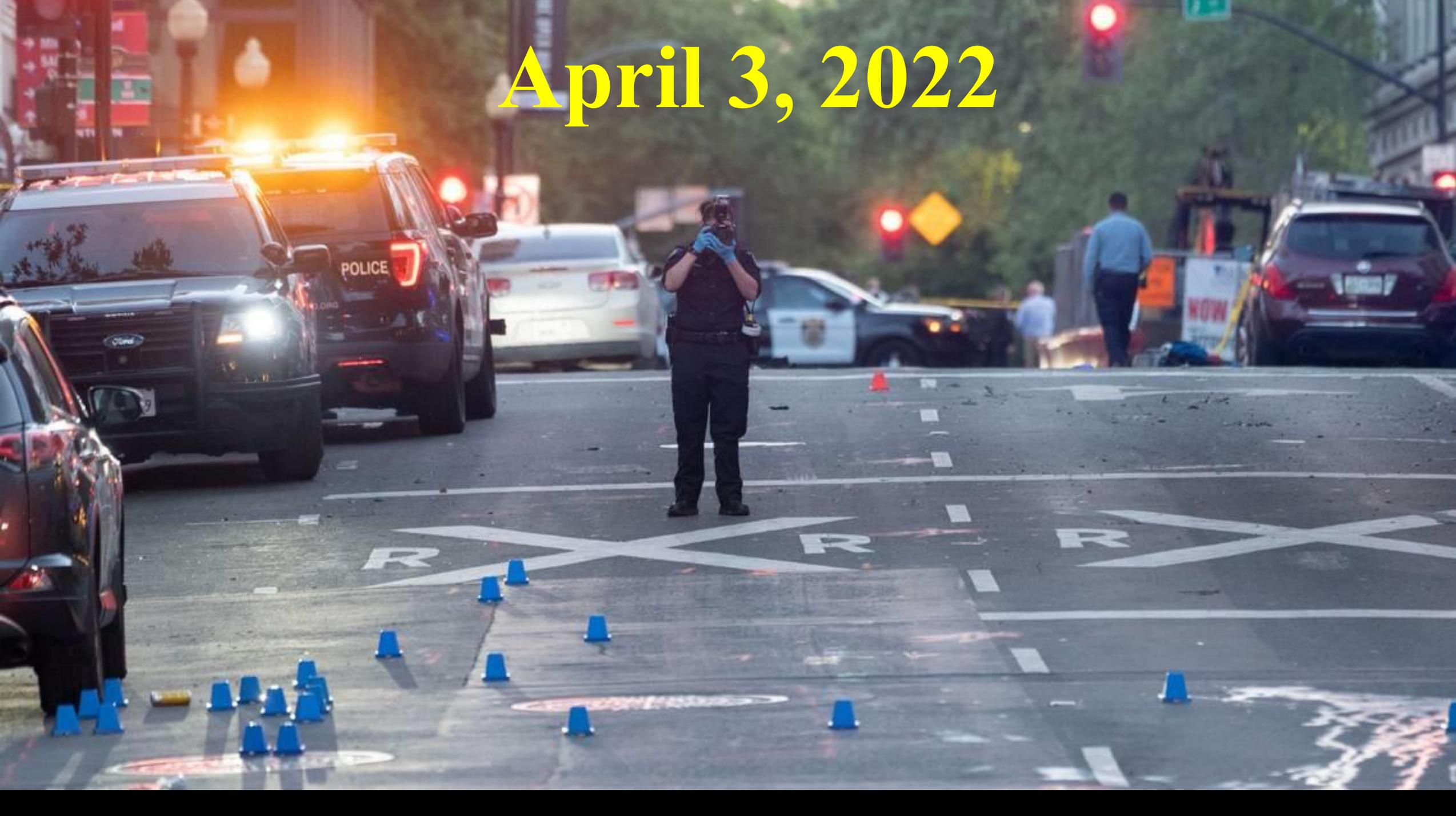
Chest



Extremity

Does all this stuff really work?

April 3, 2022



Real life application

K street Shooting

- 19 victims
- Spread over 5 blocks
- All transported victims survived
- Scene secured at 02:07 by CHP
- First victim transported at 02:19 (12 minutes)
- Last Victim transported at 02:41 (34 minutes)

Thank You



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