

CATEGORY RED: LANDFALL

A 20-minute hurricane mass-casualty drill for Miami-Dade Fire Rescue crews, in any browser. Twelve patients, one crew, sixty seconds each — every ribbon backed by recorded findings, every RED and YELLOW off the scene.

NO INSTALL · ANY BROWSER

MDFR PROCEDURES 34 & 35

START · JUMPSTART · MCI LEVELS

STAGING & TRANSPORT

DEBRIEF BUILT IN

WHAT IT IS

Category Red: Landfall is a computer-based triage drill built for Miami-Dade Fire Rescue. It is not a generic triage tutorial: it follows MDFR's Medical Operations Manual — Procedure 34 (Multiple Casualty Incidents) and Procedure 35 (START Triage) — step by step, and scores what those procedures ask for: the first-arriving unit's radio sequence, MCI levels, staging, ribbons rather than tags, 60 sec per patient, tourniquets and airways during triage and nothing else, REDs loaded first.

The player is the officer on the first Rescue to reach a residential block the morning after a Category 4 hurricane: a house has lost its second floor, neighbors have dragged people into a flooded street, a generator ran all night in a closed garage, and a live service line is down at the east end. The player walks the scene, checks each patient, treats what protocol allows and ties a ribbon. The clock does not stop.

OBJECTIVE

Run the first-arriving unit as procedure says, triage twelve patients at protocol tempo with zero under-triage and recorded findings behind every ribbon, then run transport RED-first until every RED and YELLOW has departed. The traps are the classic ones: the loudest patient who is not the sickest, the quiet diabetic who is, the apneic child who lives only under JumpSTART, the GREEN who collapses later.

RULES OF ENGAGEMENT

1 · Size-up

Command, MCI level, hazards, then staging and the collection point placed on the map, clear of hazards. In order, inside 90 sec.

2 · Assess & ribbon

Findings are checked, never volunteered. Tourniquets, airways, adjuncts only. 60 sec per patient. First RED finding ends the assessment.

3 · Adapt

Garage opens at T+4. A GREEN goes down between T+8 and T+10 and must be re-triaged. Positions, findings and timing change every run.

4 · Transport

A RED takes a whole rescue, YELLOWS ride in pairs, never ahead of a waiting RED. The run ends only when every RED and YELLOW has left.

RED

Immediate

YELLOW

Delayed

GREEN

Walking

BLACK

Deceased

One hard fail: approach the live line before it is secured and the run ends with a responder down.

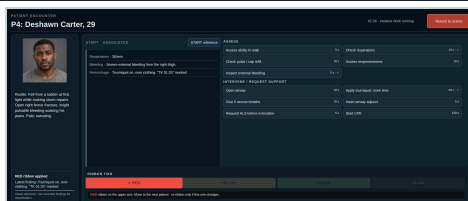
WHO IT IS FOR

MDFR training and the station level first. Beyond that: other fire rescue and EMS training divisions, emergency-management offices preparing for hurricane season, and paramedic and nursing programs that teach START/JumpSTART. Department licenses and custom scenarios on request.

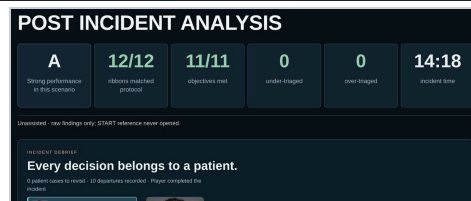
ON SCREEN



The scene: collapse, garage, flooded street, live line, staging — and the patient tracker as the transport queue.



Patient encounter: findings recorded, RR 35 ends the assessment, tourniquet time-marked, RED ribbon tied.



Post Incident Analysis: grade, ribbons matched to protocol, objectives met, over-/under-triage, incident time.

WHAT A RIBBON MUST SHOW NEW

A ribbon is credited only when the findings that justify it are on record for that patient; the debrief names the gap when they are not.

GREEN Ability to walk assessed, or seen walking to the collection point.

YELLOW Respirations, perfusion and mental status all recorded first.

RED A decisive RED finding on record: RR over 30, failed perfusion, cannot follow commands, or breathing only after the airway is opened.

BLACK Respirations checked; still absent after the airway is opened.

CHILD JumpSTART: pulse checked before the five rescue breaths; the order is scored.

Extra checks after a RED finding, CPR during triage, interventions with no indication, and a missed tourniquet, adjunct or ALS request are all logged against the patient. Unsupported ribbons cap the grade at C.

WHAT IT MEASURES

- ✓ First-unit sequence & timing
- ✓ JumpSTART, incl. 5 ventilations
- ✓ Stop at first RED finding
- ✓ Tourniquet: high, tight, timed
- ✓ Transport priority: RED-first loading
- ✓ Assessment process: evidence per ribbon **NEW**
- ✓ START accuracy (adults)
- ✓ Tempo per patient
- ✓ Scene safety: staging & collection point placement
- ✓ Deterioration & re-ribbon
- ✓ Over- / under-triage rates

Every run ends in a **Post Incident Analysis**: a grade from A to D (D: under-triage or an uncontrolled bleed; C: a missed critical classification or unsupported ribbons; B: protocol held, tempo or sequence slipped), eleven pass/fail objectives, a case review per patient — ribbon against protocol, recorded findings, every action with its timestamp, the teaching point — and the radio log. Any case can be re-practiced from the debrief.

WHY IT IS USEFUL

- **Practice without the set-up.** A full-scale MCI drill takes a day, a parking lot and dozens of volunteers. This runs on any computer, any time, and no two runs place the patients the same way.
- **The medic makes the call.** Nothing is volunteered: a respiratory rate appears only when the medic checks for it, and the ribbon is theirs to justify. A guided mode that flags RED findings is available for orientation and non-clinical staff.
- **Built on MDFR procedure.** Procedures 34 and 35 as written: ribbons not tags, 60 sec per patient, tourniquets during triage, no CPR, MCI level thresholds, REDs straight to transport.
- **Custom versions can be produced.** Another department's protocol, a different disaster, local hospitals and unit numbers — patients and rules are easy to change.
- **Nothing to install.** One file or one link. No accounts, no IT tickets. Runs on the training-room laptop as it is.



Simulation games for emergency-response training

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Playable build, trailer and 14-minute evaluator walkthrough available on request.

Aligned with Miami-Dade Fire Rescue Procedures 34 & 35 (rev. 07/2019). Not endorsed by or affiliated with Miami-Dade Fire Rescue.

A training aid, not a clinical reference — your agency's protocol and medical director govern.