

# Preparation for Mass Casualty

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# Overview

What is Mass Casualty?

Why do we care?      Unlike split enz's song – History does repeat.

Command Structure overview

Planning – Hospital and ED

Response – What would it look like and what would happen?

Going forward, future possibilities.

# DEFN : What is a Mass Casualty Incident?

A **mass casualty incident** (often short **MCI**) is any incident in which Emergency medical services, such as personnel and equipment, are overwhelmed by the number and severity of casualties.

Factors influencing a services ability to cope

- Location resources – Human and Physical, including time of day.
- Nature of the event – slow evolving or acute
- And preparedness.

# Why my interest?





# NZ Mass Casualty Events



# Planning

# Mass Casualty Event – Hospital Plan and CIMS

Each hospital and each DHB should have a Mass Casualty plan.

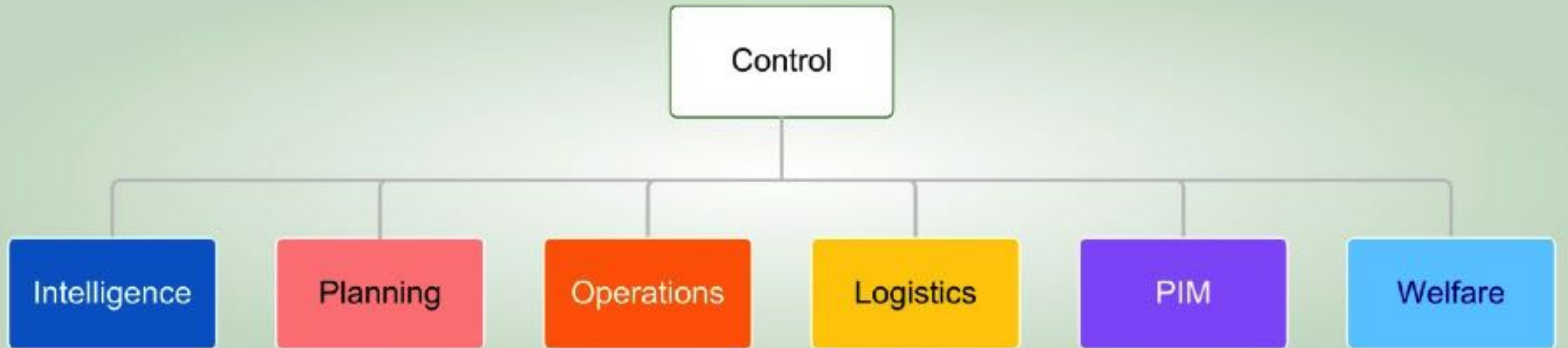
Plans based around CIMS structure - (CIMS – Coordinated Incident Management System).

Created in 1998, based on similar systems used in North America (NIMS) and Australia (AIIMS). CIMS framework guides coordination, command, and control incident response of any scale event.

CIMS structure used by all pre-hospital MCI agencies

Police, Fire, Ambulance, CD, Hospital Emergency Management

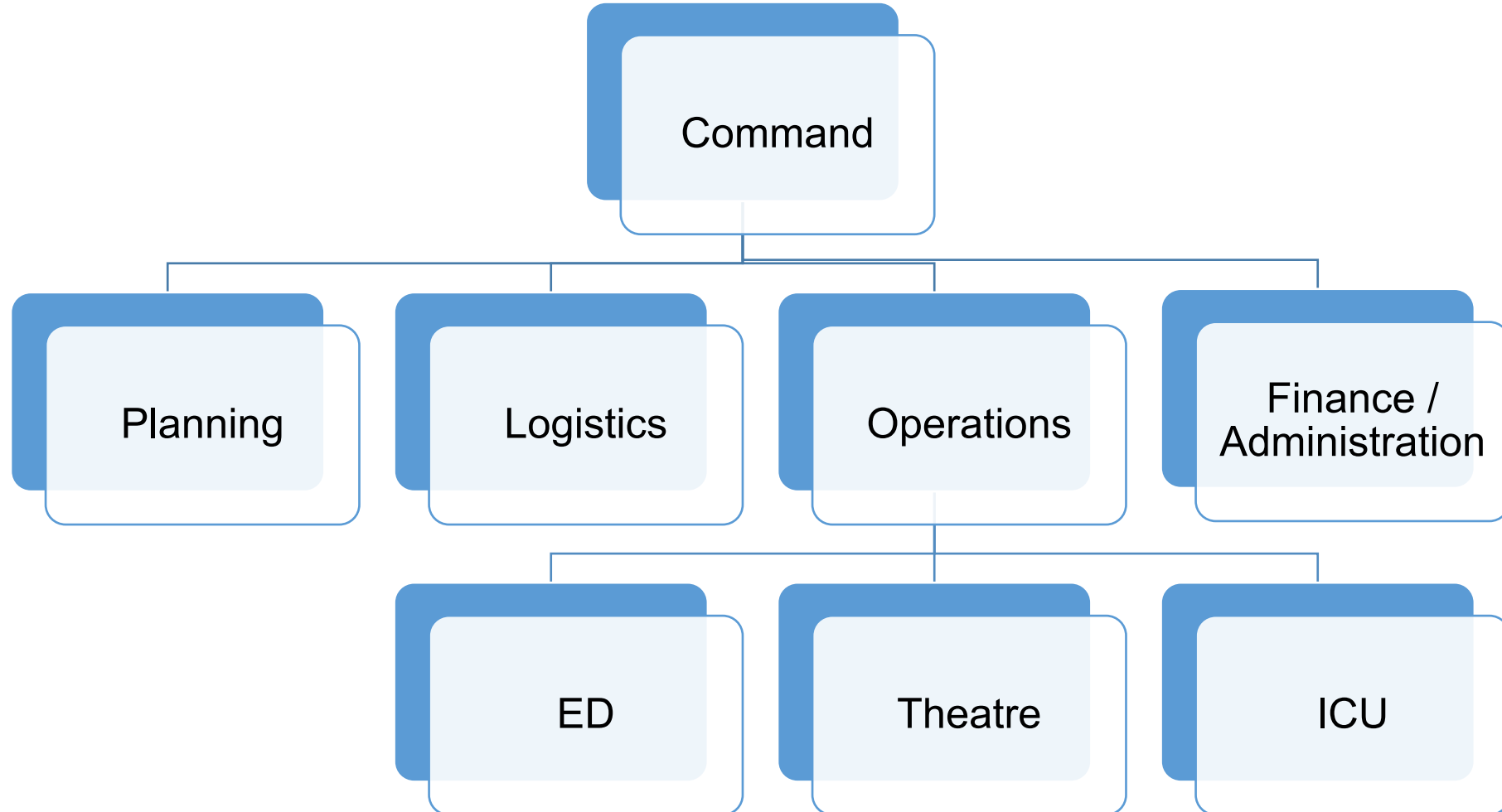
# NZ CIMS



PIM. Public Information Management



# WHO Framework



# Hospital Command and Control

Command run by from the Emergency Operations Centre (EOC)

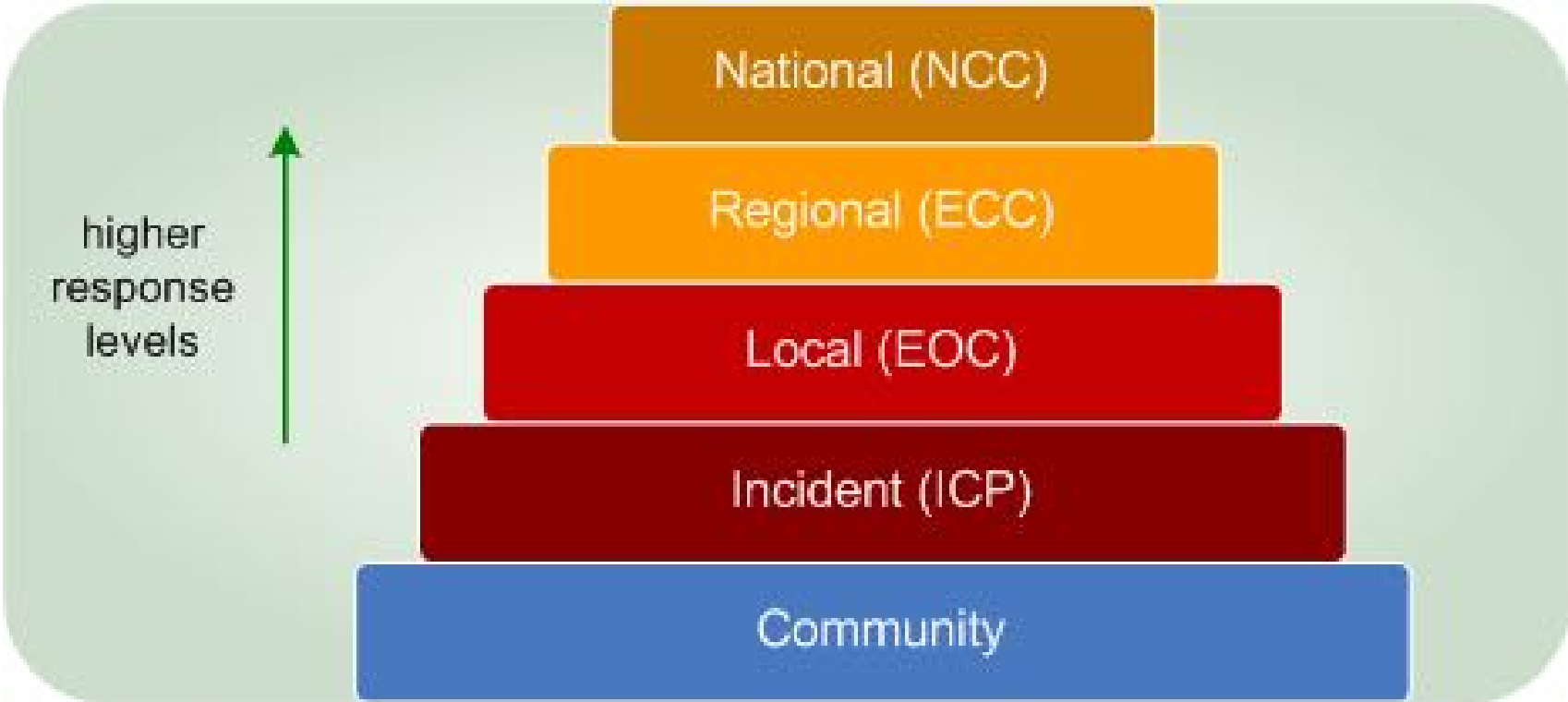
- Wellington EOC run by Emergency Management staff
- CMO based here
- Liaison from all key services
  - Ambulance, Bed Management, ED, ICU, theatre, patient reconciliation center etc etc

# Why is that important ?

1. EOC receive notification, and activate the Mass casualty plan.
2. Practical aspect – Resource allocation – staff and physical resources.  
E.g. Need more staff – ask, need more ventilators – ask ...
3. EOC gather information to gain the oversight of the event to provide command and control.



CIMS - Scalable response depending on the incident.



# PREPAREDNESS

## Departmental Mass Casualty plans

- ED / Surgical / ICU
- Theatre
- Blood bank
- Pharmacy
- Stores

Plans interconnect and provide a multifaceted response to a MCI

Response



ED – One coal face but a multidisciplinary response.



# ED RESPONSE – KEY ACTIONS (1)

## 1) ESTABLISH KEY ROLES

- ED Dr and Nurse in Charge
  - ROLE - (Overview of Department, patients currently in ED, and patients to arrive).
  - Identifiable by RED vests
- Triage Team
- Zone management – ED Dr (SMO) in charge GOLD, BLUE and GREEN zones
  - Yellow vests

# ED RESPONSE – KEY ACTIONS (2)

## 2) BRIEF THE TEAM

Incident

Likely number of Casualties

Timing

Key actions staff need to do.

Create space / brief clinical note to allow admission / transfer

If time eat something and go to the toilet

# ED RESPONSE – KEY ACTIONS (3)

## 3) CREATE SPACE

Absolutely essential to allow space to receive casualties.

- Discharge of patients
- Transfer of those needing inpatient care.

## 4) GET HELP

Text notification – ED to ED staff, EOC to Hospital iPhone holders / Key roles.

Create Trauma teams from staff notified by the EOC

If more additional staff needed notify EOC

# STAFF RESPONDING TO ED

Security – ID essential

Registration Desk by ED Radiology – Allocation of roles

Create Trauma Teams:

	R1	R2	A1	A2
ICU Dr	Jack			
Anesthetics Dr	Jill	Mark		
ICU Nurse	Bob			
Surgical Reg / SMO	Sam	Sarah		

# STAFF RESPONDING TO ED (If available)

## Pharmacist

- Brings additional medication – analgesia, Meds for RSI, antibiotics
- Able to dispense rapidly, frees nursing staff from double check.

## Lab Staff

- Able to process VBGs, and will receive blood results

## Blood Bank Staff

- With blood products



# WELLINGTON SYSTEMS (1)

Systems become PAPER BASED – COMPUTER FREE

Clinical notes

Radiology (Down time forms)

Patient registration and patient transfer (location) forms

LABS – Require as many physical details as possible – gender, name and DOB if known.

# WELLINGTON SYSTEMS (2)

## KEY ROLES IF AVAILABLE

- SURGICAL SMO / Senior Reg to guide theatre prioritization and book theatre.
- RADIOLOGY SMO / Senior Reg for triaging of requests for plain X-rays and CT, and may provide urgent on site reporting of images

# WELLINGTON SYSTEMS (3)

ADDITIONAL RESOURCES AUTOMATICALLY DELIVERED TO ED

Major trays

Linen

Food

# NEED MORE SPACE?

Physical areas included in the plan for possible use.... MORE SPACE NEEDED?

PACU



MAIN OUTPATIENTS



FRACTURE CLINIC



MARQUES / TENTS



# RECOVERY

Return to BAU

Debriefing staff

Gather lessons learnt

Test systems and evolve.

# Current and Future possibilities

7 day resilience planning

Additional temporary facilities

Increased planning and utilization of Main outpatients

CCDHB Interest in a Disaster committee?

Ongoing training and exercises

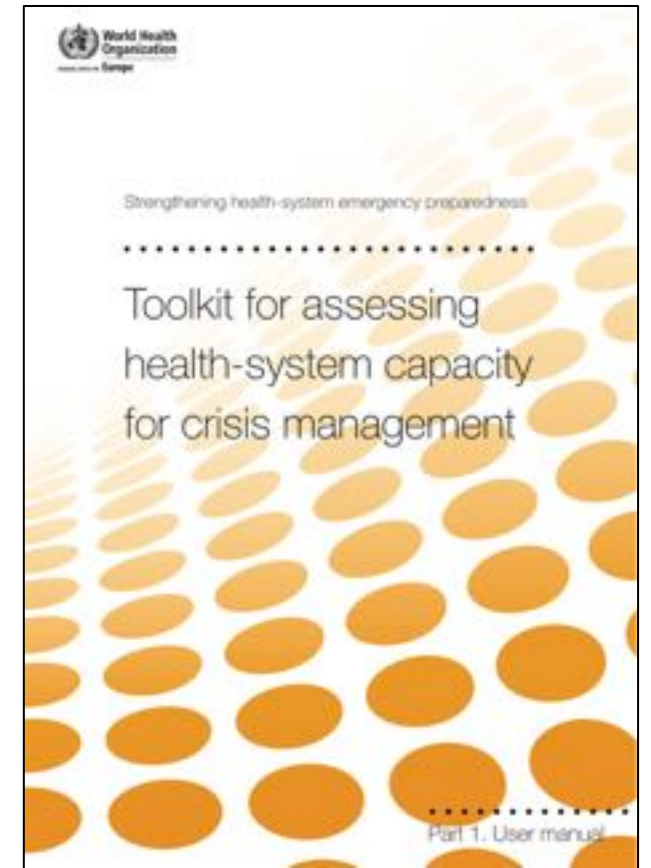
**CCDHB MASS CASUALTY EXERCISE**

**THURSDAY 24<sup>th</sup> MAY 0800-1100 hours.**



# SUMMARY

- CIMS – Structure to provide Command and Control that can be scaled to the event
- EOC – The key control center for Hospital based MCI
- Have a mass casualty plan and know your role
- Special Interest ? - Additional Resources WHO



Questions?

Thankyou

