





Casualty clearing stations

Setting up & organising

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Presented by Matt Dinnery, a qualified teacher with PGCE, completed MIMMS provider training in 2015 & 2019, followed by SMART D-Net CPD in 2020. Clinically awarded FREC4 in 2020, having also obtained a BSc (Hons) Biomedical Sciences in 2012.

Matt has worked in events, including crowd safety, security, event safety & medical, since 2006.

He has produced various event, crowd & medical operational/safety plans for events from 50-280,000 guests.

Training courses



- Visit www.promed999.co.uk/training for full details & dates
- QA Level 3 Certificate in First Response Emergency Care (RQF) + QA Level 3 Award in Administering Medical Gases (QCF) - £325.00+VAT
- QA Level 4 Certificate in First Response Emergency Care (RQF) - £395.00+VAT
- QA Level 4 Award in Immediate Life Support (RQF) - £125.00+VAT

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No quibble refund if the course is cancelled

No refund will be provided for cancellations made less than 24 hours in advance, or in case of no-show. A cancellation fee of £30 per person applies for cancellations made less than 7 days in advance. No cancellation fee applies for cancellations made 7 or more days in advance.

All courses near Aylesbury – can also run courses for 4+ people anywhere in the UK

FREC3: 29th August (3 weekends / 5 days) – includes copy of Ambulance Care Essentials

FREC4: 8th August (3 weekends / 5 days) – includes copy of Ambulance Care Practice

ILS: 20th September (1 day) – includes copy of Resus Council (UK) Immediate Life Support

SALM: 26th September (2 days) – includes JRCALC pocket book £165.00+VAT

Code of conduct



- Everyone attending a ProMed training event has the right to expect a space free from bullying, intimidation and harassment.
- Everyone has the right to be treated with dignity, respect and courtesy and not to be discriminated against.
- Please read the full code of conduct at:
<https://www.promed999.co.uk/training/continuous-professional-development-cpd/code-of-conduct/>
- If you need to report inappropriate behaviour, please privately message ProMed Admin Team during the webinar, or email webinars@promed999.co.uk following the meeting

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ProMed will not tolerate any form of harassment or discrimination. Anybody attending a ProMed event are responsible for their own behaviour and must ensure they behave appropriately showing respect to others during ProMed events and social activities.

Reports of inappropriate behaviour, including behaviour which brings injury or discredit to Professional Medical Ambulance Services Limited, will be treated seriously and acted upon promptly. Any such behaviour may ultimately result in attendees being asked to leave and/or legal action being taken.

The event coordinator has complete discretion to ask individuals to leave the event.

Any persons breaching this code of conduct will be reported to ProMed's leadership team, and may be prevented from attending future opportunities.

Casualty clearing stations



- What is the different between a casualty clearing stations and a rest centre?
- How many casualty clearing stations should you have?
- Where to site the casualty clearing stations
- Equipment considerations for casualty clearing stations
- Infrastructure considerations for prolonged casualty clearing stations
- Staffing requirements for casualty clearing stations
- Patient flow through the casualty clearing stations

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Advise people of link to download tonight's slides

CCS vs Rest Centre



- CCS is a focus for secondary triage & treatment of casualties
- Rest centre = survivor reception centre
 - Provides basic welfare needs
 - Food & refreshments provided
 - Clinical care can be provided
 - Social care is likely to be needed
- Body holding area

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Police request LA to establish rest centre

Uninjured survivors go to rest centre

They are regarded as witnesses – names, addresses & contact details need to be recorded (full statements often come later)

Documentation is required – tracking!

Basic welfare needs – food, water, sanitation, dry clothing

Must be secure away from public and press

Body holding area is not a temporary mortuary – it is an annex of the CCS where fatalities are removed to pending transfer to a mortuary (usually a doctor available to call time of death)

How many CCS?



- A minimum of 2 clearly distinct areas
 - Delayed (P3) treatment
 - Immediate (P1) & urgent (P2) treatment
- How do we know which CCS is which?
- How do people know what's happening within the CCS?

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P3 CCS = a place of safety

Secondary triage to ensure those needing treatment end up in a hospital, others go to rest centre

Coloured groundsheet, inflatable coloured tents, stick in the ground with triage label attached

Green & white chequered tape denotes healthcare (blue/white = police (outer cordon), yellow = police (crime scene), red/white = fire (inner cordon))

Signs for key clinical areas

Siting the CCS



- Absolute requirements
 - Must be safe
- Adjacent to the ambulance loading point
- Close to the incident site
- Natural shelter / buildings

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ALP = area where ambulances (or other transport) collect casualties from the CCS to transportation to hospital or other healthcare facilities

Also consider helicopters

ALP is always downstream from the ambulance parking point on the ambulance circuit

Ambulance circuit is a one-way flow from an entry point at the outer cordon to the exit point at the outer cordon; it should not be within the inner cordon

Avoid long/difficult transport of patients from scene

Equipment considerations



- Stretchers
- Communications
- Airways – OP, NP, SG, ET
- Breathing – O₂, ventilators, BVM
- Circulation – cannulas, cut downs, IO, defibrillation
- Disability – immobilisation
- Exposure – blankets

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CCS are not mini-hospitals!

Don't cram the room/structure with as many stretchers as possible – this is equivalent to removing a trapped patient from the scene to trap them in another situation

The only treatment carried out is enough so that the casualty is stable to make the journey to a receiving facility for full assessment & treatment

Some patients (ie P3) may not receive anything other than basic first aid at the scene
Patients with higher triage categories are more likely to need treatment to be stable enough for transfer – ABCs

Packaging

Infrastructure considerations



- Shelter
- Light
- Size
- Heating & cooling

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Staffing requirements



- Casualty clearing station officer
- Casualty clearing officer (medical)
- Casualty clearing station lead nurse
- Secondary triage officer
- Secondary triage officer (medical)
- Ambulance loading officer
- Ambulance parking officer
- Hospital team leaders

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CCS Lead Nurse is equivalent to a sister on a (very) busy ward – the title is rarely employed, but the role is essential

CDs in CCS are held & issued by CCSLN

Staff need to be equipped for the role, including potentially spending a lot of time “in the field”

Officers – experienced in incident management

Doctors – experienced in secondary triage, advanced trauma care, advanced life support & minor injury assessment

Nurses – experienced in primary triage, advanced trauma nursing care, life support & minor injury assessment

Regular retriage of all patients in the CCS

Patient flow



- Incident scene
- Secondary triage
- Casualty clearing station
- Transport
- Emergency department
- Ward
- Local hospital
- Discharge to home

- Incident scene
- Secondary triage
- Casualty clearing station (P3)
- Discharge to home

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- However, we would ask that you leave us at least one review!

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