



Multiple Casualty Incidents

Initial actions & triage

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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
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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: 2nd August (1 day) – includes copy of Resus Council (UK) Immediate Life Support

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

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- Everyone attending a ProMed training event has the right to expect a space free from bullying, intimidation and harassment.
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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.

Multiple casualty incidents



- What is a:
 - Multiple casualty incident
 - Mass casualty incident
 - Major incident
- What can you do if you're already there (a 'zero responder') with no equipment?
- What should you do if you're the first crew to arrive on scene?
- How to apply triage sieve & triage sort in the field
- How to compose a M/ETHANE message

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Advise people of link to download tonight's slides

Multiple casualty incidents



- Throughout this webinar, reference will be made to real incidents which have occurred in the last 40 years
- Inquiry & review documents have been used to support the points made in these slides

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Grenfell inquiry phase 1 (2017)

Kerslake review into Manchester Arena attack (2017)

Ladbroke Grove rail inquiry part 1 (1999)

Kings Cross Fire (1987)

Multiple casualty incident



- Where the number of casualties (temporarily) exceeds the capacity of the available healthcare resources (at the incident)
 - More resources are needed
 - Often containable in a short time
- Where 3, or more, casualties in close proximity are incapacitated with no obvious reason
 - STEP 1-2-3 Plus
 - Rapid scene management is critical to the saving of life

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Step 1 One person incapacitated with no obvious reason - approach using standard protocols

Step 2 Two people incapacitated with no obvious reason - approach with caution using standard protocols

Step 3 Three or more people in close proximity, incapacitated with no obvious reason - use caution and follow step 'Plus'

Plus – evacuate – get people away from the scene of contamination; communicate and advise – immediate medical advice and reassurance that help is on its way; disrobe – remove clothing; decontaminate – improvised decontamination – dry decontamination when a non-caustic agent is suspected and wet decontamination when a caustic agent is suspected.

Mass casualty incident



- Significant transport accident
- Terrorist attack
- Other major incident scenario
- National interoperability protocol
 - 100 – 2,400 P1 patients
 - 250 – 6,000 P2/P3 patients

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There are 24 MCEVs located across the UK

Max casualty figures - <5% Glastonbury Festival, <10% Reading Festival, <15% Emirates Stadium, <33% intu Trafford Centre, <33% SECC, 100% Millennium Square Leeds, 100% Motorpoint Arena

Major incident



- “Emergency means an event or situation which threatens serious damage to a place in the United Kingdom”
- “Event or situation requiring a response under one or more of the emergency services’ major incident plans”
- “An event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder agency.”
- “In health service terms a major incident can be defined as any incident where the number, severity or type of live casualties requires extraordinary resources.”

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Definition 1 – The Civil Contingencies Act 2004 as amended s1

Definition 2 - Emergency responder interoperability: lexicon

Definition 3 – JESIP

Definition 4 – Major Incident Medical Management and Support

Major incident



- Natural vs man-made
 - Natural: floods, fires, earthquakes (all often self-propagating)
 - Man-made: terrorism, transportation, mass gatherings & industry
- Simple vs compound
 - Simple: hospitals, communications & infrastructure intact
 - Compound: damaged transportation or communication, ineffective health services
- Compensated vs uncompensated
 - Compensated: the load is less than the extraordinary capacity
 - Uncompensated: load of live casualties exceeds surge capacity

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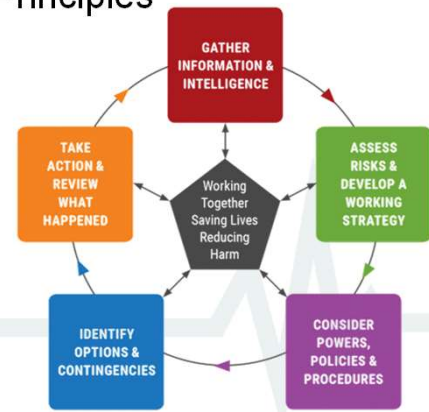


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JESIP



- Joint Emergency Services Interoperability Principles
- Joint working
 - Co-locate
 - Communicate
 - Co-ordinate
 - Jointly understand risk
 - Shared situational awareness
- Joint decision model
 - Decision controls



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Signpost to download the JESIP app from Play Store

CSCATTT



- Command
- Safety
- Communication
- Assessment
- Triage
- Treatment
- Transport

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'Zero responders'



- What is a 'zero responder'?
 - Members of the public
 - Employees who have First Aid at Work training
 - Coming together with 'shared social identity'
 - A 'spontaneous helper'
- "Mass panic" is a myth
- Evacuating casualties from the scene to safety
- In 'favourable' conditions: 11 minutes for 1 paramedic; 18 minutes for 12 double-crewed ambulances (24 more staff)

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Zero responders may be survivors (persons present at the time & in the location where the incident took place, but with no injuries), they may be a P3 (delayed) casualty (persons present at the time & in the location where the incident took place, but who are walking and are injured), or they may be 'passers by' who happened across the incident and wanted to offer help (arriving before any significant number of first responders).

SSI – more likely with availability of first aid kits, basic training, etc

SSI – increased co-operation

Kerslake 2.10 / 2.11 - 22:31 explosion, 22:42 first paramedic, 22:49 twelve ambulances

Kerslake 3.119 - a first aider – responder or public who appeared to be managing the casualties around them - "the Advanced Paramedic unreservedly praised the actions of all these other responders and the public 'zero responders' working around him"

Kerslake 4.17 - multiagency exercises; knew there would be a period of time before the emergency services arrived

Kerslake 4.48 - Northern FAW trained staff

Kerslake 5.87 - evacuation commencing before NWS arrival

It is important to remember that no matter how efficient and how well-managed is the response to any major incident—particularly one that is unexpected—professional responders cannot arrive at the scene instantaneously: they need to be called, dispatched, make their way to the incident site (possibly through congested

traffic) and plan to enter potentially dangerous environments without putting their own lives in danger.

Signpost to Professor John Drury

M/ETHANE



- Major incident standby / declared / stop / stand down / cancel
- Exact location
- Type of incident
- Hazards present / suspected
- Access – safe routes
- Number, type & severity of casualties
- Emergency services present / required

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Also scene evacuation complete

Kerslake 3.13 – M/ETHANE 22:39 (8 minutes following the explosion)

Kerslake 3.110 / 3.112 – M/ETHANE 22:46 (4 minutes after walking into scene)

Ladbroke Grove – first call handler got “stuck in a loop” wanting, essentially, a postal address to which an ambulance could be dispatched

This is on the JESIP app

IIMARCH



- Information
- Intent
- Method
- Administration
- Risk assessment
- Communications
- Humanitarian issues

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Where/what & M/ETHANE

Why & strategy/tactics/operations

How & plans

Command/media/logging/welfare

Threats/PPE

Radios/others/IA

Disclosure

This is on the JESIP app

First crew on scene



- Commence a systematic process of scene assessment & management
- Coordinate the triage and evacuation process effectively
- Constantly assess & manage broader risks
- Under no circumstances should the first crew on scene become involved in casualty treatment
- Initial actions & decisions taken will be judged during any subsequent inquiry; framed in the context of knowledge that should have been known or was readily available at the time

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Kerslake 4.21 - Staff from ShowSec provided an immediate response as the incident was unfolding. They assisted with the management of the crowds exiting the venue and provided care and first aid to those with minor injuries despite being untrained for this role. Despite not being advised if the area was safe, two Emergency Medical Technicians and eleven first aiders either went to the foyer, where the director started a triage process, or otherwise supported those attending to the injured in the foyer. They were soon joined by SMG staff with first aid training, first aid kits and equipment (stretchers and carry chairs) and by BTP officers from the station.

Kerslake 5.68 – “there was an expectation by others that the paramedics would immediately assist with casualties who had already made their way out of the foyer and onto the station approach”

Recommendation: Investigate ways to increase their own personnel’s understandings of their partner agencies’ procedures and operational priorities during the first 30 minutes to one hour of a major incident.

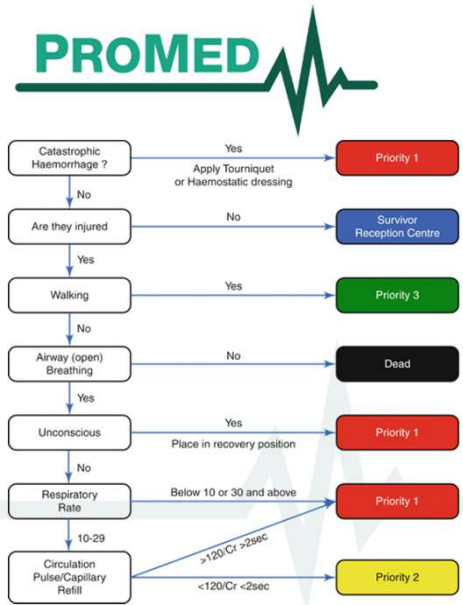
Grenfell Vol 4 28.4 – guard against making judgements with the benefit of hindsight, legitimate criticism of performance, formulation of best practice for the future

Kings Cross Underground Fire Ch11 – 19:42 initial officer takes command, 19:45 no commander (unknown), 19:49 more senior officer arrives and takes command for 23 minutes, 20:12 handover of command for 3 minutes, 20:15 handover of command for 26 minutes, 20:41 handover of command – in the first 59 minutes of the incident,

there were 5 officers who had the silver role, the 2nd of which could not have received a handover, the 3rd didn't have time to do anything other than take & give a handover

Triage sieve

- Every person involved in the incident
- Labelling is vital
- Keep a tally & report regularly
- Re-triage after interventions
- Not suitable for (large numbers of) paediatric patients without modification
 - Use paediatric triage tape



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Triage sort



- Triage Revised Trauma Score (TRTS)
 - TOTAL SCORE ≤ 3 : EXPECTANT
 - TOTAL SCORE = 0 : DEAD
-
- On arrival to CCS
 - Within CCS supplemented by anatomical information
 - On departure from CCS with information as available
 - On arrival at hospital

ADULT TRIAGE SORT		
RESPIRATORY RATE		
TOTAL SCORE < 10	10-29	4
PRIORITY 1	>29	3
	6-9	2
	1-5	1
	0	0
SYSTOLIC BLOOD PRESSURE		
TOTAL SCORE = 11	>90	4
PRIORITY 2	76-89	3
	50-75	2
	1-49	1
	0	0
GLASGOW COMA SCALE		
TOTAL SCORE = 12	13-15	4
PRIORITY 3	9-12	3
	6-8	2
	4-5	1
	3	0

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Treatment & transport



- The final part of CSCATTT
- Goes against the expectations of the public & other agencies
- Gives receiving hospitals time to activate their plans
- Ensures patients are directed to appropriate specialist facilities
 - Reduces the need for secondary transfers

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Kerslake 5.89 – the operation of the CCS actively slowed down the evacuation of casualties to hospital

Kerslake 5.97 – casualty stabilisation / hospital preparedness / essential triage / effective utilisation of resources / casualties to appropriate specialist facilities

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References



- JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE & ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES 2019. *JRCALC Clinical Guidelines 2019*, Bridgwater, Class Professional Publishing.
- MACKWAY-JONES, K. (ed.) 2012. *Major Incident Medical Management and Support : The Practical Approach at the Scene*, Hoboken, UK: John Wiley & Sons, Incorporated.
- JOINT EMERGENCY SERVICES INTEROPERABILITY PRINCIPLES 2016. *Joint Doctrine: The Interoperability Framework*, Welwyn Garden City, Hertfordshire Police.
- NATIONAL AMBULANCE RESILIENCE UNIT 2019. *National Ambulance Service Command and Control Guidance*. 3rd ed. Coventry: NARU Administration Office.
- CABINET OFFICE 2013. *Lexicon of UK civil protection terminology*. 2.1.1 ed. London: Crown Commercial Service. MOORE-BICK, M. J. 2019. *Grenfell Tower Inquiry: Phase 1 Report*.
- KERSLAKE, R. W. 2018. *The Kerslake Report: An independent review into the preparedness for, and emergency response to, the Manchester Arena attack on 22nd May 2017*
- CULLEN, W. D. 2001. *The Ladbroke Grove Rail Inquiry*. Norwich: HSE Books.
- FENNELL, D. 1988. *Investigation into the King's Cross Underground Fire*. Department of Transport.

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References



- COCKING, C. 2013. The role of “zero-responders” during 7/7: implications for the emergency services. *International Journal of Emergency Services*, 2, 79-93.
- COLE, J., WALTERS, M. & LYNCH, M. 2011. Part of the solution, not the problem: the crowd's role in emergency response. *Contemporary Social Science*, 6, 361-375.
- 2004. Civil Contingencies Act. United Kingdom.
- Department of Health guidance

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