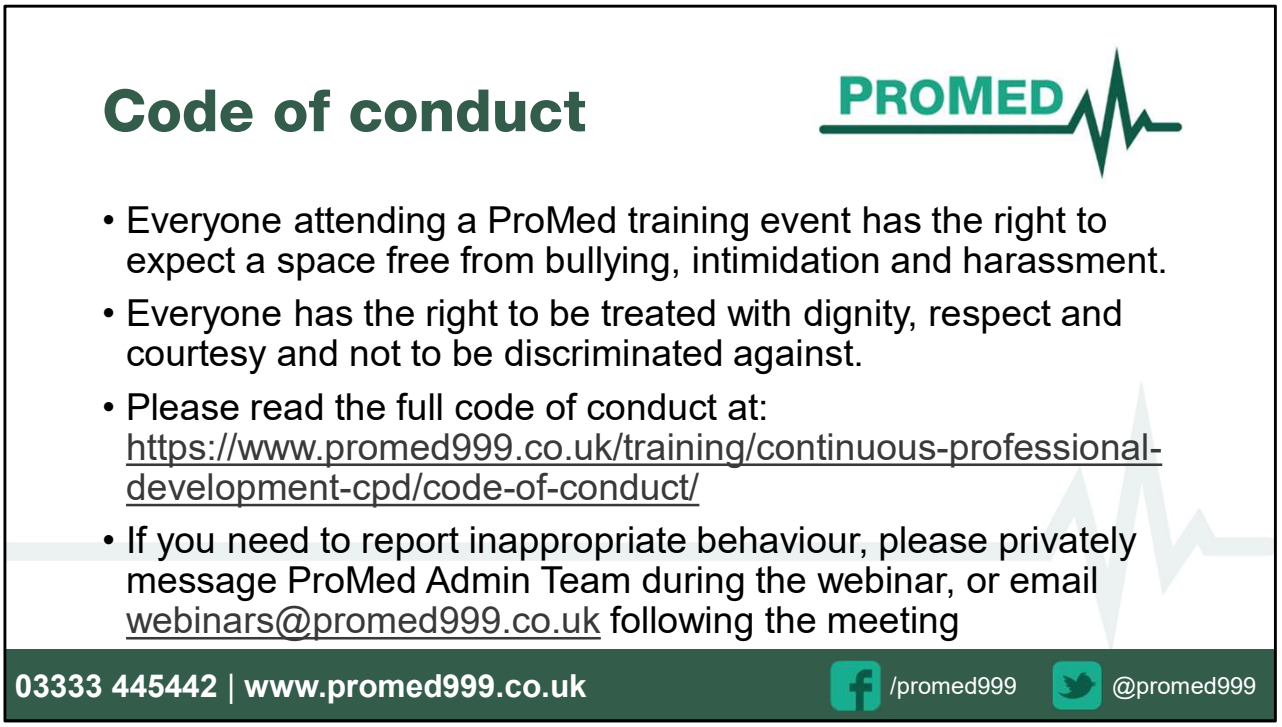
Presented by Matt Dinnery, a qualified teacher with PGCE, completed MIMMS provider training in 2015 & 2019, followed by SMART D-Net CPD in 2020.
Clinically awarded FREC4 in 2020, having also obtained a BSc (Hons) Biomedical Sciences in 2012.
Matt has worked in events, including crowd safety, security, event safety & medical, since 2006.
He has produced various event, crowd & medical operational/safety plans for events from 50-280,000 guests.

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: 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



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.

Multiple casualty incidents

PROMED

- 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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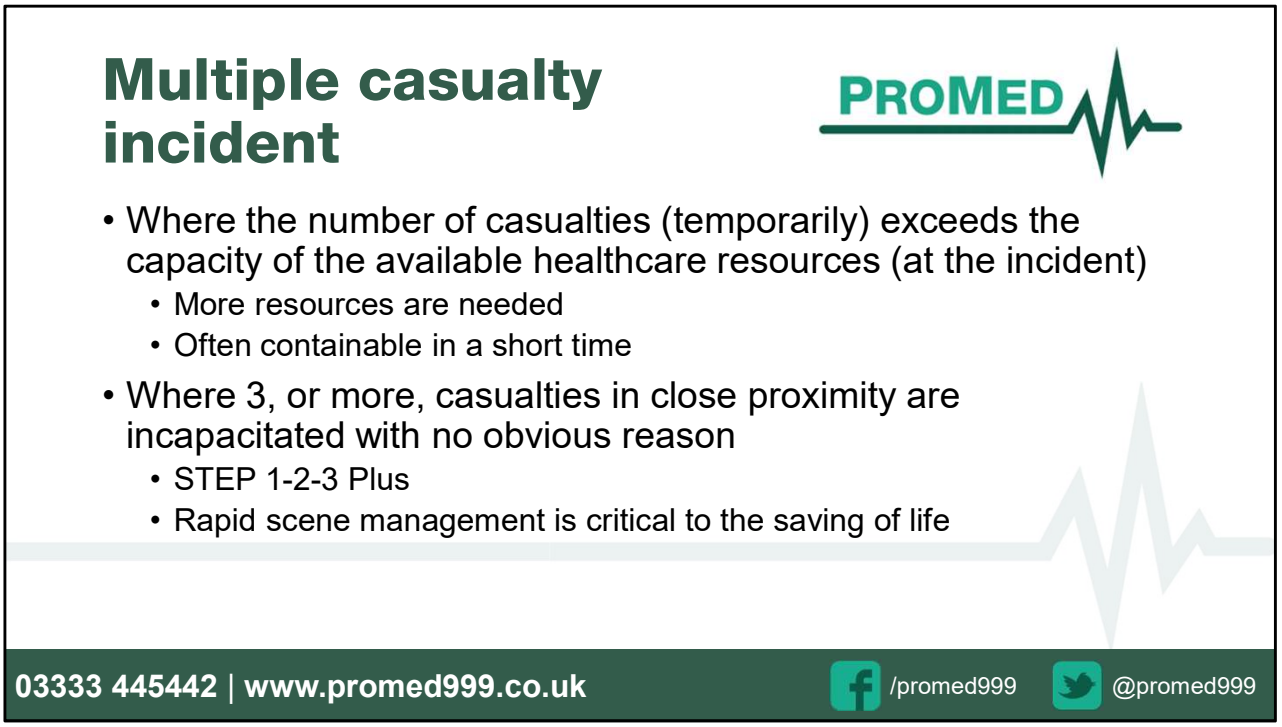
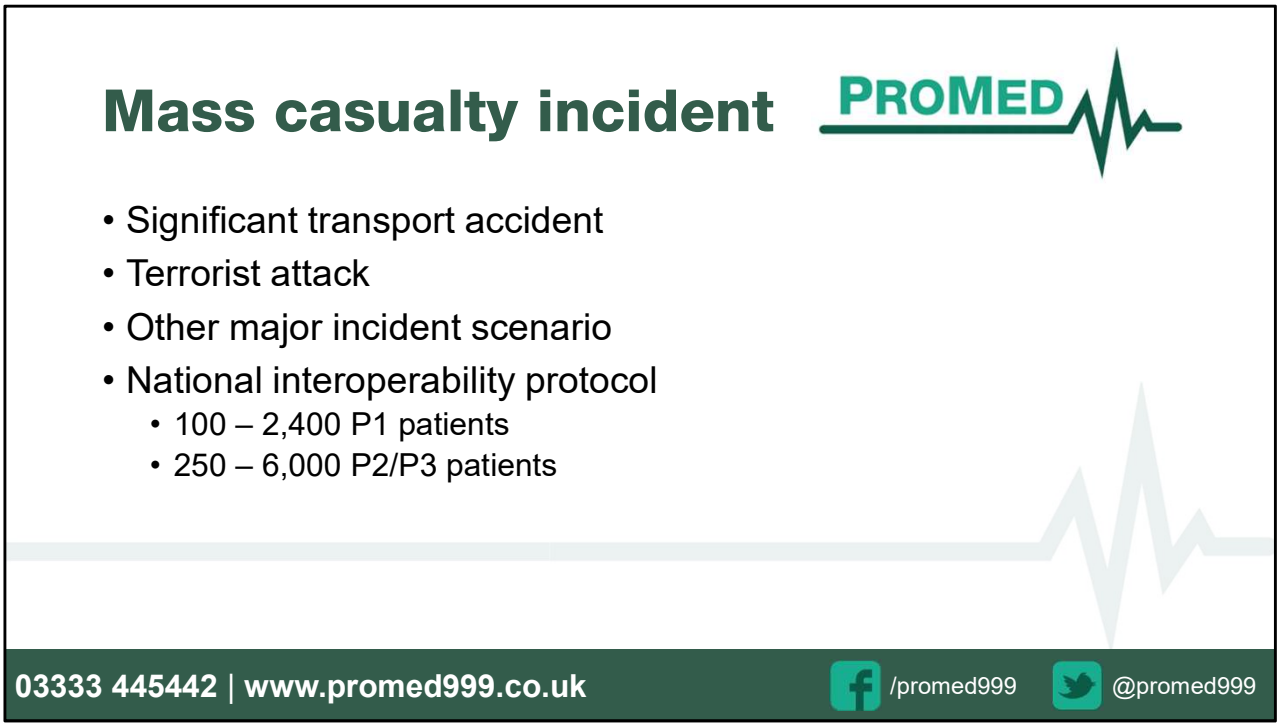
Advise people of link to download tonight's slides

Grenfell inquiry phase 1 (2017)
Kerslake review into Manchester Arena attack (2017)
Ladbroke Grove rail inquiry part 1 (1999)
Kings Cross Fire (1987)



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.



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

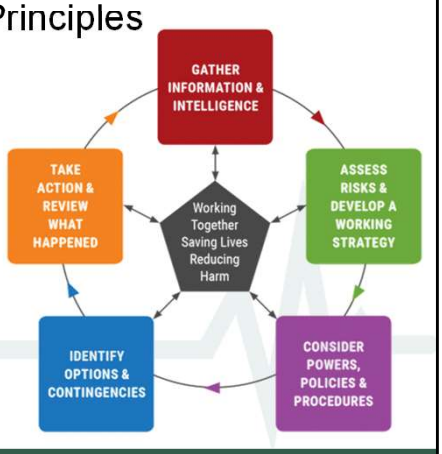
Definition 1 – The Civil Contingencies Act 2004 as amended s1
Definition 2 - Emergency responder interoperability: lexicon
Definition 3 – JESIP
Definition 4 – Major Incident Medical Management and Support

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

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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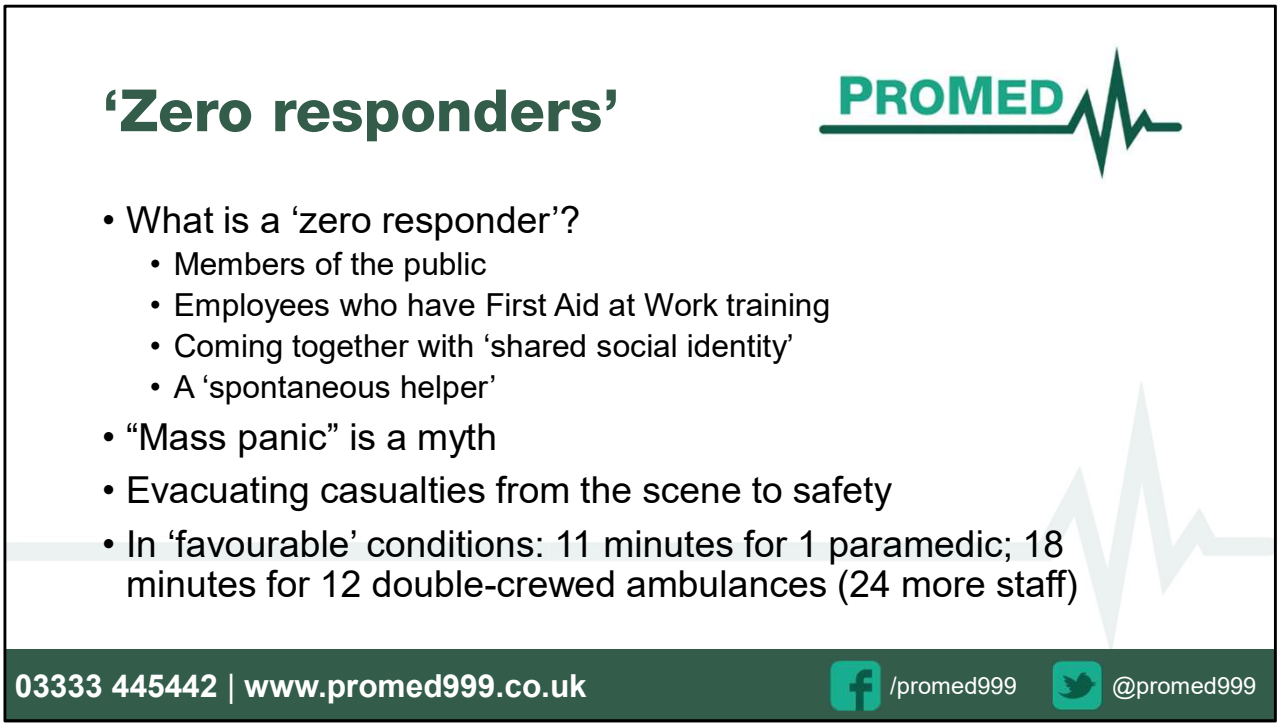
Signpost to download the JESIP app from Play Store

CSCATTT

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



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).

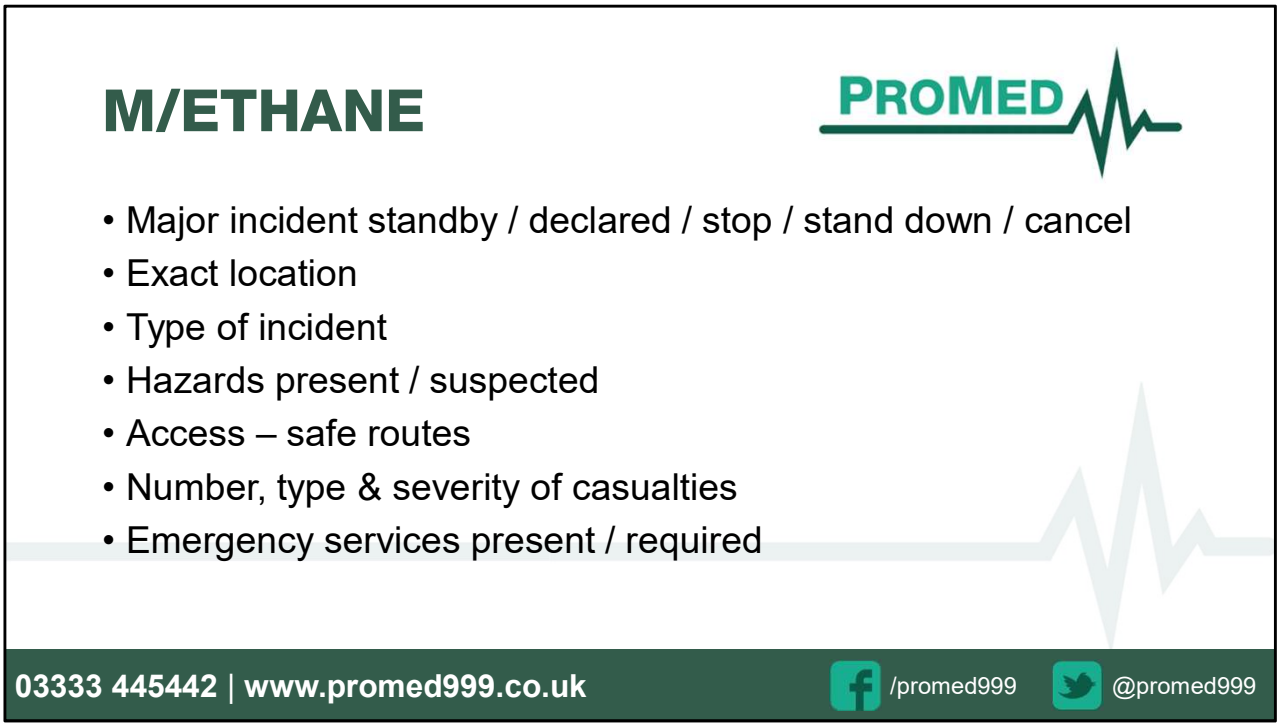
SSI – more likely with availability of first aid kits, basic training, etc
SSI – increased co-operation

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 NWAS arrival

It is important to remember than 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

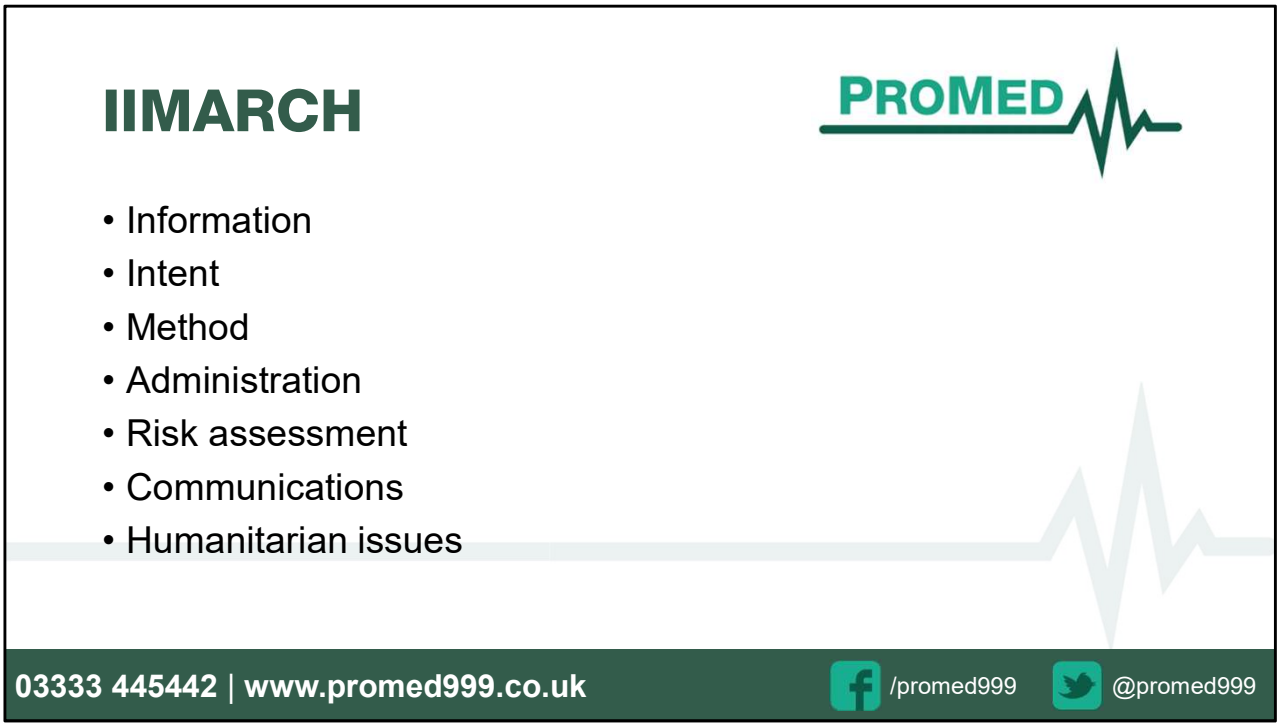


Also scene evacuation complete

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



Where/what & M/ETHANE
Why & strategy/tactics/operations
How & plans
Command/media/logging/welfare
Threats/PPE
Radios/others/IA
Disclosure

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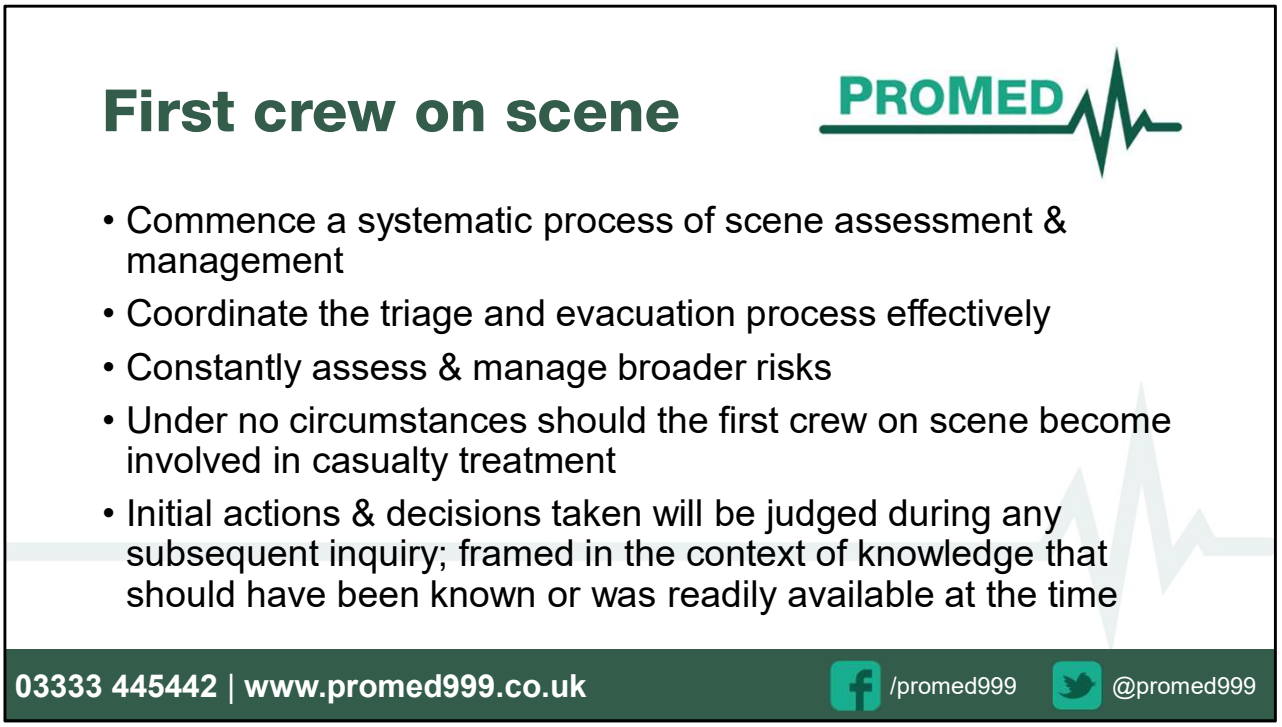


Kerslake 4.21 - Staff from ShowSec provided an immediate response as the incident was unfolding. They assisted with the management of the crowds exiting the venue and provided care and first aid to those with minor injuries despite being untrained for this role. Despite not being advised if the area 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.

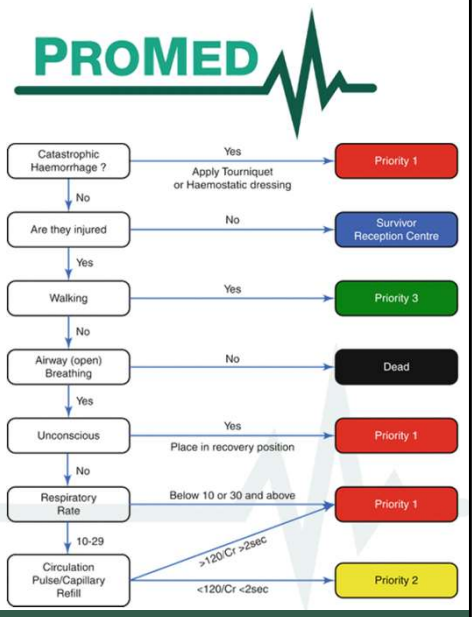
Grenfell Vol 4 28.4 – guard against making judgements with the benefit of hindsight, legitimate criticism of performance, formulation of best practice for the future

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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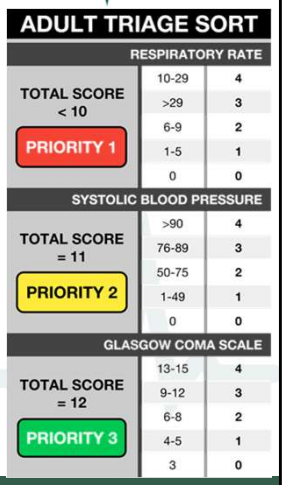
Triage sort

- 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



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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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- Tonight's webinar has been provided free-of-charge
- However, we would ask that you leave us at least one review!

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