ACUTE RESPONSE - SCENE SAFETY AND TRIAGE IN MASS CASUALTY & DISASTERS

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Soreze Incident 2013

INFORMATION THROUGH MEDIA

- Media reports around the world contain stories almost daily of Natural, Technological and Societal Disasters.
- Proliferation and access to Modern Media is 24Hr everyday.
- With the rapid pace of development and Climate changes Natural, Technological and Societal Disasters will continue to increase in magnitude and frequency

2016 NO COUNTRY IS IMMUNE

- Despite the affluence of United States in Disaster management, one needs not look back to far to be reminded of the lessons learnt from the destruction, human sufferings and sorrows generated by events like: Hurricane Hugo, Andrew, Lloyd, Katrina, Sandy and the terrorist attack of 11 September 2011 and the Boston Marathon Bombing which did shock the whole World.
- In the same vein in Mauritius, we are also not spared and cannot skip the tragic mass casualty at St Julien leaving nine death, the Montebelo episode, the recent Soreze Bus overturn and flash flood of 30 March 2013 which has drawn our concern that each disaster or major event sparks it own web and the need to identify Hazards & Build up robust **EPRRC** Framework is Primordial.

But Why do the capacity to respond to Disasters is still Optimal, despite scientific and Technological advances?

Probable explanations:

- Inability of all stake holders to hold a common language and that's why today's approach to disaster Preparedness- Response- Recovery and Communications should evolve in Response to inputs from various National & International Experts of Different background (Medical, Fire-fighters, Police, SMF, Community Leaders, NGO's, Press, etc.) and countries having vast experience in Disaster Management. Every stake partner should be part of the puzzle.
- Failure to evaluate the success and pitfall of the past and current Disaster which could yield potential information in preparing the next catastrophe.
- Lesson Learnt in Mauritius from previous experiences:
  - **Katrina** : Mechanical Ventilation & Generator on Ground floor.
  - **Sandy** : Social Medias (Twitter, Facebook, Iphone) in Disaster.

  The same incident in Soreze mass casualty where cell phone network were disturbed.

Why certain aspects of Disaster management today (Clinical & Non Clinical) needs deeper reflection & anticipation?

For example:

- What do we do in case of a Mass deceased fatalities? (>3000 victims in Mauritius).
- How to stream the Elderly, Children and Handicapped in case of a Disaster?
- Why prioritize Prior Evacuation System (PES) over just- in- time evacuation in flash flood? To date limited experience has been carried out in sensing flood. Satellite cannot do the work. Real time warning does not exist in flash flood.
- What do we do in complex disaster:

  Example: Complete Road Cut Off, can we rely on evacuation by Air/Sea Route/Mobile Hospital with All logistics
- What about our Surge Capacity knowing very well that it differs from disaster to disaster?
- Has the time come to design safe Hospital in Disaster?
- Do we have legislation to shield Health Workers from Civil and criminal liabilities in Disaster?
- What is the role of the Press and Medias? Actually should be part of the solution instead of being part of the problem in Disaster. Responsibilities in releasing information is Primordial and should be scientifically based on expert opinion. Continuous Interaction between Press, Media and Expert in Disaster Management Essential.

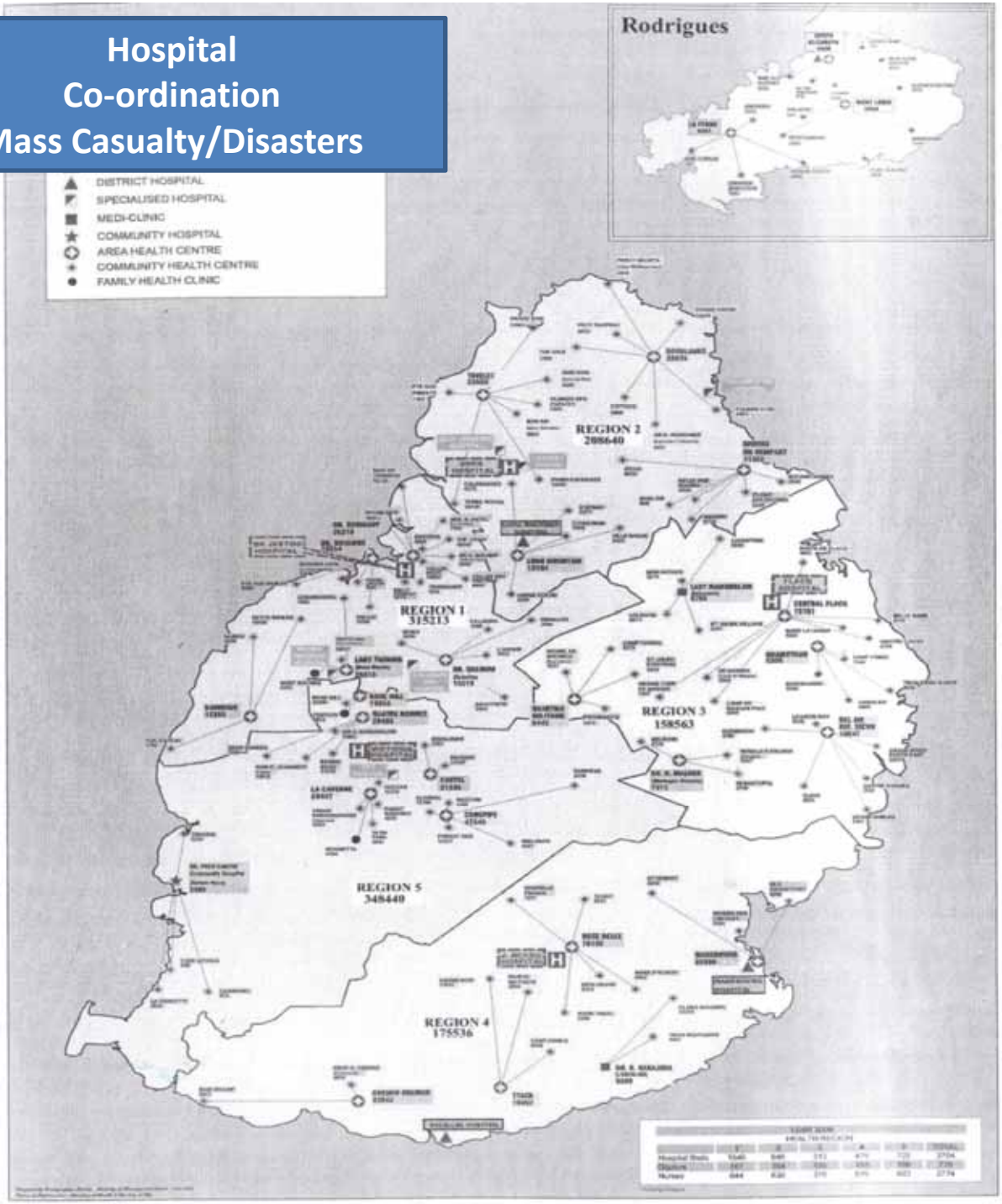
Vulnerability of Mauritius, Rodrigues and Outer Island (SIDS)

- Scientifically proved that being part of SIDS, we are much prone to Disasters.
- Hence by 2009, from all the lesson learnt there was an urgent need for us to toe another line with regards to Disaster Management despite having a robust EPRRC for cyclone “Hurricane”.
- We had to be prepared for other types of Disasters (Mass Casualty, Flash flood, Tsunami, Chemical Spills, etc.)
- And Recently, we heard of mini – tornadoes

STAKE PARTNERS UNDER THE SAME UMBRELLA TO HOLD A COMMON LANGUAGE

- Since 2009 under aegis Of MOH & QL - CDC USA several workshops to bring together all stake partners involved in Disaster Management were organized.
- Thankful to Dr Mark Keim Lead Consultant CDC, for his enormous effort in working together with us and come up with a Risk Priority matrix and an EPRRC Framework for Mass Casualty and other Disasters.
- First time in Mauritius, an EPRRC Framework linking all the thirteen Hospitals (Regional, District and specialised and at same time utilising logistics from mediclinics Area Health Centres and Community Health Centres)

Hospital Co-ordination Mass Casualty/Disasters



MINISTRY OF HEALTH & QUALITY OF LIFE

GUIDELINES FOR EMERGENCY PREPAREDNESS – RESPONSE – RECOVERY & COMMUNICATIONS TO MASS CASUALTIES & OTHER DISASTERS

- Stratification of Responsibilities
- Co-ordination among all stake partners
- Pre-Hospital & Hospital PRRC

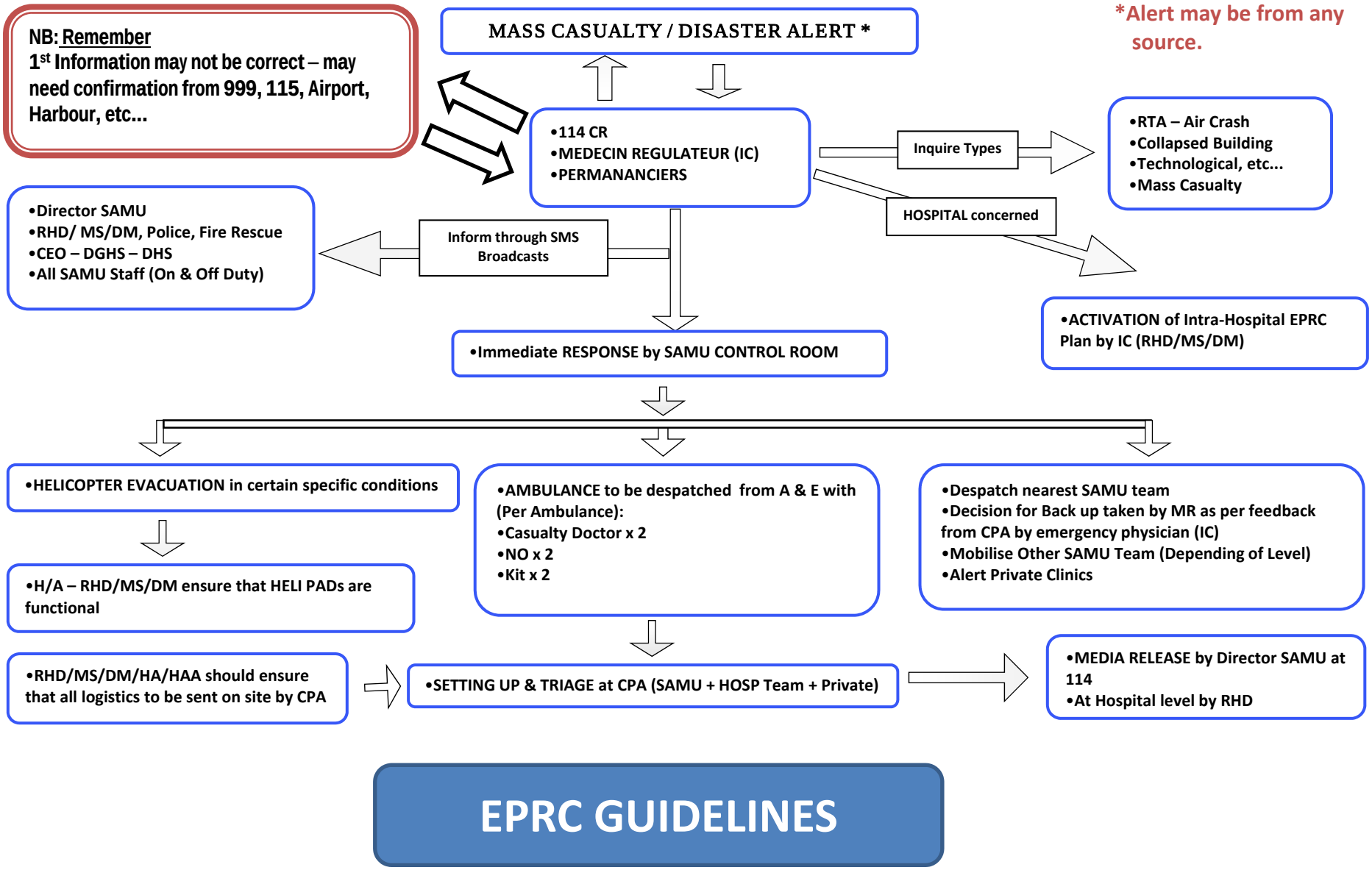
WHICH MODEL DO WE PRIORITIZE IN MAURITIUS?

Multiple Incident Command System (ICS)

- **Why?**
  - To Stratify Responsibilities
  - Speak Common Language amongst different stake partners.
  - Good coordinating with stream line decision among all IC's (Field, Hospital, Control Room, Fire Services, Police, SMF, NGO, etc.)
  - Good Communications (Bad Communications lead to failure)
  - Have reliable Incident Information
- Different Emergency Response Organization not operating under an ICS = CHAOS

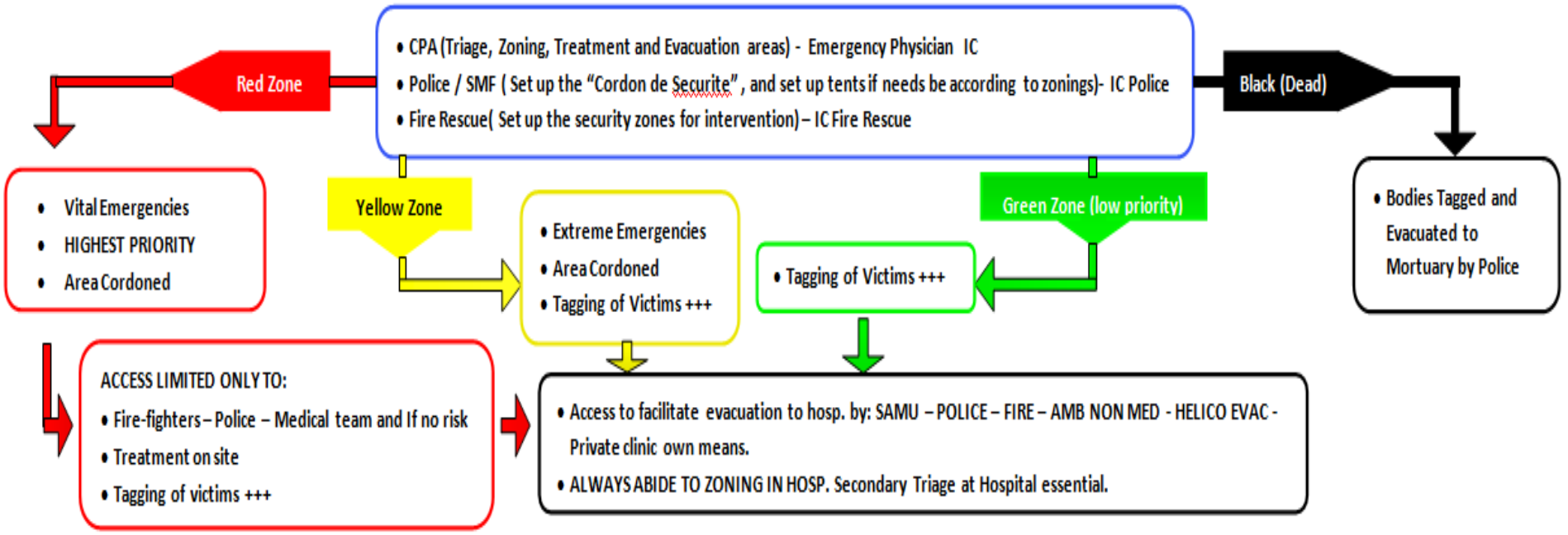
HICS

MASS CASUALTY – SAMU ACUTE RESPONSE



EPRC GUIDELINES

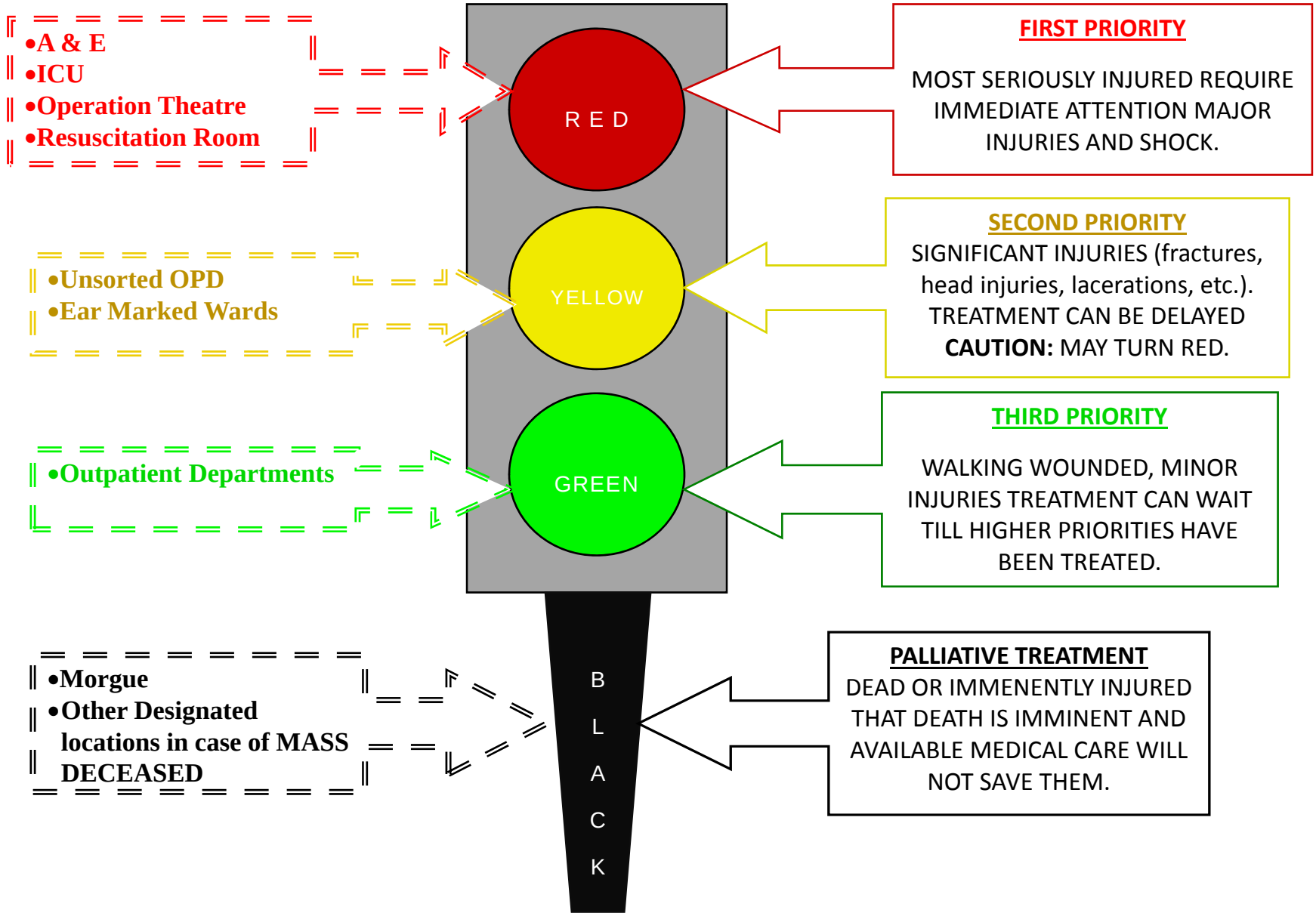
SCENE SAFETY & MASS CASUALTY TRIAGE



How do we operate in Disaster?

- Pre – Hospital and Hospital Colour Coded TRIAGE
- Colour Coded four – category system is probably the most common triage system adopted (Red, Yellow, Green and Black)
- Sort out victims into categories ranging from walking wounded, salvageable, unsalvageable to the dead.
- Essential to bring a balance between Demand and supply of existing logistics and remember that at anytime our logistics can be overwhelmed.
- Medical triage is done in Mauritius by Emergency Physician who is the Field IC and this rule has to be firmly followed.
- Field Triage most sensitive place for coordination amongst all stake partners - Identification of Site – MOB Control- Cordoning of Zone - Declaration of Scene Safety - Procure Treatment are essential.
- Hospital Triage is as important as Field Triage (for not all patients are brought by Medical Team).
- All Stake partners should know that Paediatric Triage differ from Adult Triage. Hence should be very caution when dealing with children.

PRE – HOSPITAL/HOSPITAL COLOR CODED TRIAGE



LOGISTICS

Field Triage & Evacuation

Hospital Preparedness & Zones

Hospital Preparedness & Zones

CONCLUSION

Always remember that our motif in Disaster Medicine and Disaster Management are:

- Do most good to most people by saving maximum life but at the same time be clear that there is always a threshold above which we cannot proceed. The Sky is not the limit.
- In Mass deceased DEAD Bodies should be covered respectfully as we proceed forward.
- Securing right to life with dignity is our main objective in Disaster Medicine.
- Always handle Children with care while performing TRIAGE because they are innocent victims who decompensate rapidly.
- Preparedness culture. Should be throughout the year supported by TTEs, Simulation Exercises & AARs.(Never One – Off exercise, it does not serve the purpose).
- Take Home message: DNR and palliative concept in expectant should be well understood and established in Disaster.

Air Crash Simulation

THANK YOU!