

MEDICAL CARE FOR VICTIMS OF MASS DESTRUCTION

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Mass accident and destruction

- In case of mass accident and destruction, health professionals are asked to immediately respond to a great number of emergency incidents
- The use of new types for triage and medical care is very important
- They provide reliable and fast information for the status of the patients to the EMS coordinating center and the city's hospitals

Disaster management

- Disaster: Unpredictable, Unknown, Urgent, Uncertainty
 - Stops normal life
 - Burden beyond their limits of emergency management services
 - Everyday needs and procedures like food, shelter, health are affected, depending on the severity and intensity of the incident
- Need for cooperation and coordination
- 0-48 hrs after the incident
 - Rescue operations
 - Triage – first aid
 - Identifying victims
 - Damage assessment
 - Environmental and health monitoring
- After the disaster
 - Evaluation and restoration
 - Epidemiological survey
 - Environmental monitoring



Mass destruction

- Any incident in which the needs for health services exceeds the available resources



Crisis management

The EMS rescuer who arrives at the scene activates the protocol for managing mass destruction

Two critical questions

- What kind of services will be involved
- Who will be in charge in each phase

Usually there are 4 parts involved

- Fire department
- EMS – health services
- Police
- Civilian authorities (Civil protection, Municipality, Prefecture etc)

CONTROL – COMMUNICATION - COMMANDMENT

Coordinating center

- A central (Civil protection) and a local (site of the incident) coordinating center are established. Depending on the type of the incident and the phase of the rescue, the persons that are in charge in each area are specified.

The local coordinating center determines the following areas:

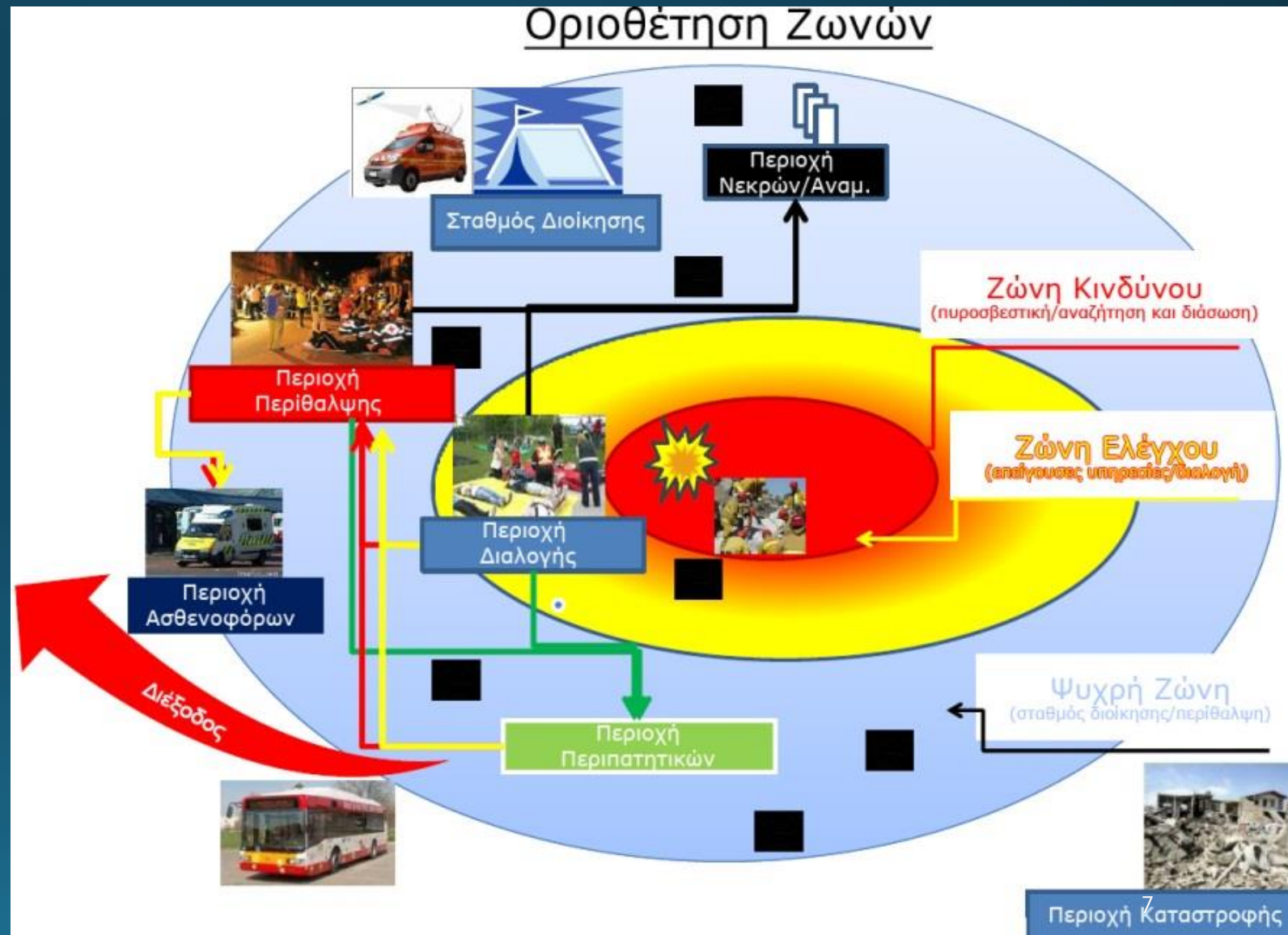
DANGER AREA

CONTROL AREA

HOLDING AREA

Determination of specific areas

- The time to manage the emergency is very crucial, due to the large amount of victims and missing persons. Screening should not last more than 30" and the whole procedure, until the patient reaches the hospital, must be very fast.
- Electronic means can be used for patient screening (**eTriage**) with the aid of international protocols START and JumpStart for children



TRIAGE

First screening is performed at the site of the incident and patients are categorized according to the severity of their condition. Each patient is given a coloured label so that the EMS rescuers can easily distinguish those who must be transferred to the hospital in priority

- *Red:* *Acute*
- *Yellow:* *Urgent*
- *Green:* *Delayed*
- *Black:* *Dead*

3	1	2
	NAME	
	AGE	
	GENDER	
	AIRWAY	
BREATHING		
PULSE		
CAPILLARY CIRC.		
LEVEL OF CONCIENCE		
	N	

Patient assessment (control zone)

- Airway
- Breathing
- Circulation
- Neurological status
- Exposure – temperature control



Care area: man power

- Physicians
- Nurses
- EMS rescuers
- Psychologists
- Volunteers



Basic medical equipment

- ECG
- Monitor
- Defibrillator
- Intubation set
- Ventilator



- Portable suction
- Drugs
- Casts and immobilization equipment
- Oxygen
- Stretchers

Physician's actions

- Documentation
- Clinical examination
- First aid
- Patient screening
- Coordination

Vital Signs examination

- ECG
- Blood pressure (systolic , diastolic)
- Body temperature
- Pulse rate
- Oxygenation

Medical actions

Anything that can be treated within primary care, such as

- Wound stapling and immobilization
- Glucose and blood pressure control
- Drug administration
- Referrals for laboratory check (blood tests, x-rays etc.)

Patient reevaluation

Patient reevaluation can be performed in the camp's care area

- Patient's file updated
- Patients are either transported to the hospital if their condition is deteriorating, or are definitely treated at the camp
- Hospitals and ambulance services are relieved from a number of patients that can be treated at the camp site

Thank you!