



Transition:

Mass Casualty Incident

to

Disaster Medical Response



Introduction

- Framework for MCI to Disaster Medical Response
- Rural challenges
 - Coverage areas
 - EMS providers
 - Receiving facilities/clinics



Region III Map

This is a lot of area to cover.

Most providers in the rural area may have one or two transport units to cover an entire county..

Additional resources could be hours away

Air Medical resources are available, weather permitting.

Purpose

- Bring agencies together for planning
- Involve all OA agencies
- Update local, regional, and state plans
- SEMS

Assumptions

- OAs should be aware of threats
 - Fires
 - Floods
 - Extreme heat or cold emergencies
 - Landslides
 - Earthquakes
 - Eruptions
 - Transportation Emergencies



Planning

- Plans are in place but who is going to use them?
- Do they know how to use them?
- Do they know when to use them?

Planning cont.

- Who are you going to plan with?
 - Fire
 - EMS
 - LAW
 - Public Health
 - LEMSA
 - Red Cross
 - Dispatch
 - Others?

Plan Contents

- How often do you meet?
 - Often at first
- What should you discuss?
 - Roles and responsibilities

Response

- Where is the incident located?
- How big does it appear to be?
- Where would I get additional resources?
 - Ambulances
 - Helicopters
 - Buses
 - Supplies

Response Cont.

- LEMSA Duty officer notification
 - MHOAC
 - 17 Functions
 - Assessment of needs
 - Coordination of resources
 - Patient distribution and medical evaluation
 - Coordination with impatient and emergency care providers
 - Coordination of out of hospital medial care
 - Coordination and integration with fire agency personnel, resources and fire based EMS.
 - Coordination with non fire based EMS

Response Cont.

- Is the incident larger than your OA can handle?
- Do you know that you LEMSA and Public Health Department can assist?
- If you need resources out of your OA, the RDMHS can help.

Response Cont.

Establish Field Treatment Sites

- Set up in conjunction with Public Health
 - Provides basic care
 - Wound care
 - Austere conditions
 - Not what most people would expect but would suffice until patients could be transported to a tertiary care facility

Response Cont.

- Basic needs for FTS set up
 - Flat area
 - Easily accessible for transport providers
 - May be established at the scene or local hospital/receiving facility. Location may be pre-determined in your area by Public Health with agreements in place.
 - Should be in a place as to not be impacted by on-going scene activities.

Communication

Throughout a response of this nature that begins as an MCI and transitions to a Medical Disaster, communication is paramount to the providers. Incident Commanders will want continual updates on patient care activities and needs. The IC will need any information and intelligence to assist with the development of an Incident Action Plan.

Summary

It would be difficult for any single agency to be able to handle all aspects of an incident that would begin as an MCI and transition to a Medical Disaster. There are several tiers in the response to the incidents described above. These agencies are typically within your local government and have the knowledge and skill to assist in the planning and response utilizing existing plans and guidance.