The Role of the Ambulance Service at a Public Health Incident

Ambulance Service Responsibilities

- The Saving of Life
- Medical Assessment of the Incident to include clinical indicators of CBR substances
- Provision & Co-ordination of all NHS resources i.e. Health Command & Control Structure
- Triage, Decontamination, Treatment and Transportation of Casualties
- Maintain normal Operational Service Delivery
Command & Control

Medic Gold
Ambulance Incident Commander

Medic Silver
Ambulance Incident Officer

Tactical Advisor

Mike Oscar
Medical Incident Officer

Medical / Surgical Teams

Medic Bronze Forward Incident Officer

Medic Bronze Decontamination

Medic Bronze Casualty Clearing

Bronze Decontamination Triage

Decontamination Teams

All other Medic Bronze Command Roles

Responsibilities for Decontamination

National & Local Memorandum of Understanding between Ambulance and Fire Services

Invoked for incidents involving Mass Casualties
New Decontamination Equipment

National Procurement

• Chemical Personal Protective Equipment
• Decontamination Equipment
• SCAS & IOW have 7 units in total
• 1 unit = Large shower unit
  1 Petrol Generator
  1 Diesel Water Heater
  Air Heater unit
  And other ancillary equipment
Tyvek TK Powered Respirator Protective suits

Decontamination

….is a procedure employed to remove hazardous materials from people, equipment, buildings and/or the environment.
Clinical Decontamination

....is the medical procedure to treat patients affected by or contaminated with hazardous materials. The prioritisation of casualties prior to decontamination requires the input of specialist NHS staff.

Emergency Decontamination

....is a procedure carried out when time does not allow for the deployment of specialist NHS resources and it is judged as imperative that decontamination of people is carried out as soon as possible. Improvised equipment may be used in lieu of dedicated facilities.

It is recognised by all that emergency decontamination may carry risks to certain groups. The process should fall under the clinical control of the NHS.
Triage - *To Sort*

- Process of identifying by clinical condition the priority and order in which casualties need to be treated / decontaminated

- ALL Walking casualties will be classed as Delayed – Priority 3, and as such directed to new dimensions mass casualty showers
Triage

Triage Sieve takes place in the Warm Zone prior to Clinical Decontamination, whilst wearing CPPE

Triage Sort takes place in Casualty Clearing in the Cold Zone following clinical decontamination

Triage Sieve

- **WALKING**
  - Yes → INJURED
    - Yes → PRIORITY 3 (delayed)
    - No → SURVIVOR RECEPTION AREA
  - No → DEATH

- **BREATHING**
  - Yes → OPEN AIRWAY
  - No → PRIORITY 1 (immediate)

- **RESPIRATORY RATE**
  - 10 to 29 →Breathing
  - Below 10 or 30 or more
  - Above or More / Cap Ref < 2 sec

- **PULSE**
  - Less than 120 / Cap Ref < 2 sec → PRIORITY 2 (urgent)
Triage in CPPE

1. WALKING
   - Yes: Decontaminate in Fire Shower
   - No: RESPONSE TO VOICE/PAIN

2. RESPONSE TO VOICE/PAIN
   - Yes: Clinical Decontamination in Ambulance Shower
   - No: RESPIRATORY MOVEMENT

3. RESPIRATORY MOVEMENT
   - No: DEAD
   - Yes: RESPONSE TO VOICE/PAIN

Mass Casualty Vehicles

- Specialised Equipment Vehicle
- 100 Priority 1 & 2 Patients
- 250 Priority 3 Patients
- National Reserves of Nerve Agent Antidote combo pens
Alerting the Health System

- Other Emergency Services
- Receiving Hospitals
- Neighbouring Ambulance Services
- Lead Primary Care Trust
- HPA or Local Health Protection Unit
- The local Health economy

The “Knock on” effect if CBR

- Self presentation of mass casualties at Hospitals and other Health Centres
- Hospitals invoking “Lock down” Procedure’s
- Mutual Aid required at site and Hospitals
- Normal service severely disrupted due to possible contamination at hospitals
- PANIC!!!!!
Issues

• What is left behind?
• What is the new normality?

Where are we now?

• National Memorandums of Understanding
• National Procurement & Training
• 6 Units of Equipment kept in six vehicles across South Central Area.
• 10 Incident Support Vehicles being rolled out
• HART roll out 2010
• Mass Casualties Vehicles Being delivered next month
• Continued collaborative working with partner agencies
HART in SCAS

Aim is to provide clinical care to patients within the inner cordon at incidents that require specialist training and equipment in order to access, triage and treat patients.

Clinical care based on JRCALC 2006 focusing on the following:

• Triage and assessment
• Airway management and control of major haemorrhage.
• Drug administration including Multiple Casualty O2
• Antidotes for CBRN
• Provide support to the other agencies
• Provision of early alerting to the wider health service