

Pre-Hospital in MCS Preparedness & Lessons Learned

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Pre- Hospital in M.C.S.



PRE - HOSPITAL

Organization

Medicine

PRE - HOSPITAL

Who's the boss?



Preparedness



- **Protocols:** for dispatch centers, operational and medical.
- **Equipment** in Ambulances and special MCS vehicles.
- **Training:** basic, refresher, simulations.
- **Debriefing** >>> Updating >>> Improving

Response to the call

- **Verify the call**
- **Initiate the MCS Protocol**
- **by radio**
 - **Send the nearest ambulance to the scene**



Overlap area

- Automatic cover up system
- Activation of all regional potential with backup by neighboring regions
- Urban Metro Vs. Rural

**MAGEN
DAVID
ADOM
IN ISRAEL**



- **Send the hospital representatives**
- **Report to the national center**



Scene First Ambulance

- **Stay Connected!!**
in the ambulance?
- **Report to dispatch**
 - How many injured
 - Route
 - Team Hazards



Do Not Block Access

First EMS on Scene

- **IS THE field commander until replaced**
- **Divide the area into sectors**
- **Find a place for the coming ambulances**





First EMS on scene

- Direct the coming ambulances to the designated area
- Hand over management to the chief paramedic
- Report all the data he has

PRE - HOSPITAL Identification



Primary survey

- **Division of area into sections**
- **In each section:**
 - **One ALS provider (Physician or Paramedic)**
 - **Several BLS providers (EMTs and Volunteers)**

Initial period

- While EMS accumulation use what you have
- Transfer the most immediate injured to The nearest hospital
- Ambulances Quick round around



Following EMS Accumulation

- The MICUs & Other Ambulances
 - Hold in designated areas
 - Dispatcher command
- ALS -
(MD & Paramedics) work in teams
- BLS Working with and under ALS



Following EMS Accumulation

- **The MICUs and other ambulances**

- Stay in a designated area

- Under command of dispatcher



- **ALS - Physicians & Paramedics
working in teams**

- BLS EMS working with them.**

Scene Control & Command

**Incident
Commander**

Dispatch center
Police
Fire fighters
Army medical corps

Medical Commander - Paramedic
Triage
Life-saving procedures
Priority for evacuation

Evacuation Officer
Loading of ambulances (2/Amb)
Distribution of victims to various hospitals

Ambulance Officer
Control of arriving ambulances



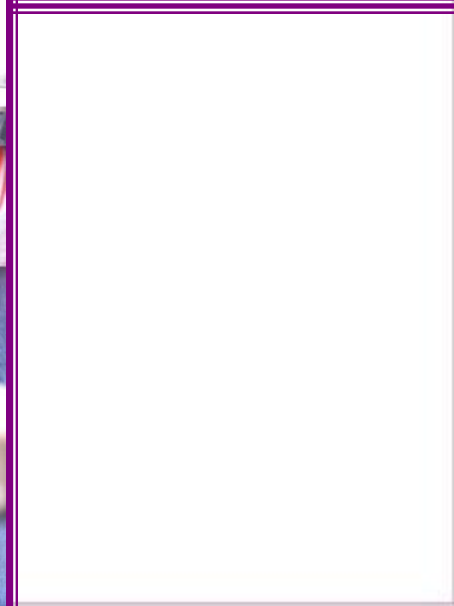
MEDICINE

Scoop & Run Vs. Stay & Play



MEDICINE

What not to do



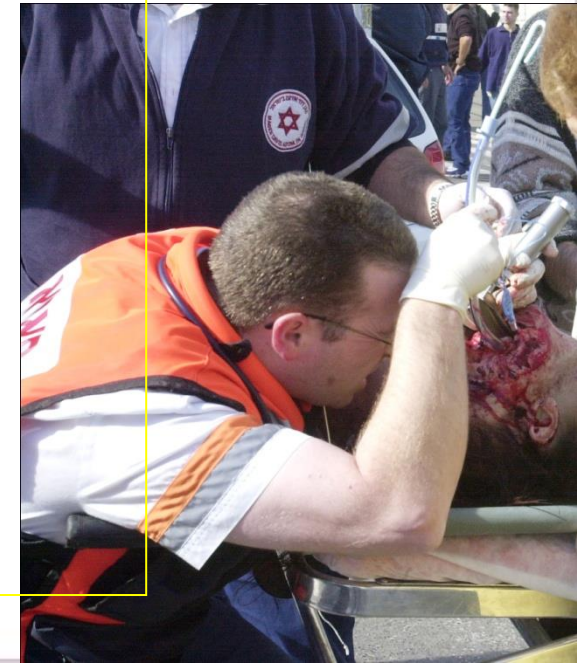
MEDICINE

Triage



Victims with no vital signs - Not treated

- **Life-saving procedures on scene :**
 - Airway control, Intubation, Needle Application, Tourniquet.
- **Stabilizing procedures - en route:**
 - IV lines
 - Back boards
 - Cervical collars

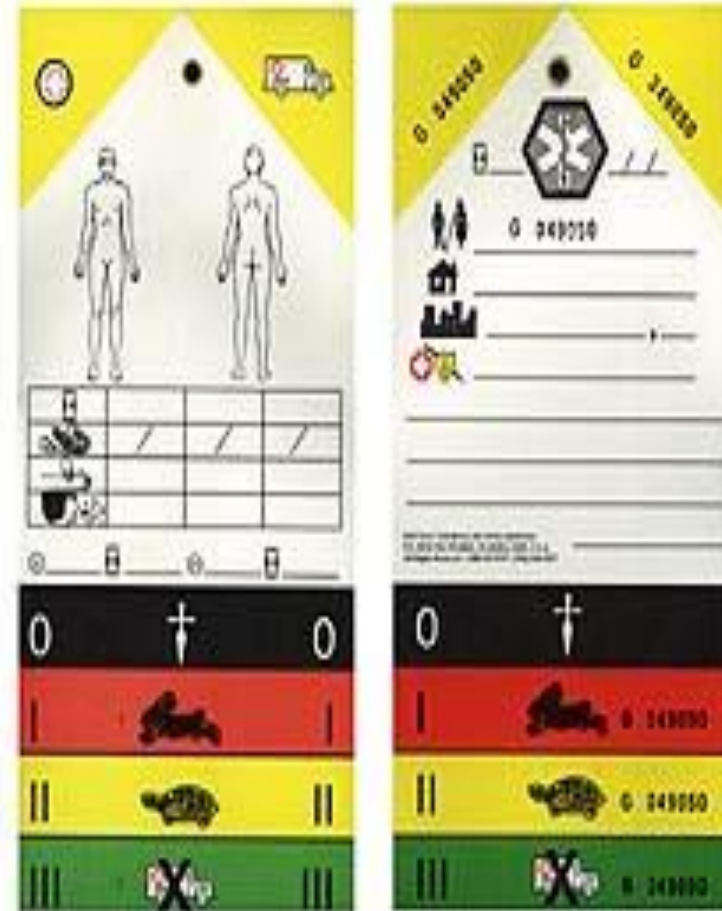


MCS - Scene Medical Care

Secondary triage – (Body tag)

1. Urgent unstable
First priority evacuation.
2. Urgent stable
Second priority evacuation.
3. Non-urgent
Evacuation is delayed.
4. Exitus

In each ambulance –
2 injured are transported



MCS – Casualties distribution

- **The right injured to the right hospital**
 - Severe injured to the level 1 trauma center (if there is one)
 - Moderate & mild to other hospitals
- Don't over-load the hospitals
- Don't under-load the hospitals
- Use the hospital representative



MDA activities day-to-day

- Dispatch centers (11)
- 190 ambulances - MICU, ICA - Daily shift
- 557 rescue vehicles - total number - MDA
- 172 settlement ambulances
- Manpower: Employees 1600, Volunteers 12000 (4000 youth, 8000 adults) - 30% on call

MCS – EMS Accumulation

- **40 ambulances in 20 min**
- **12 MICU in the same time**
- **About 70 medics and paramedics**



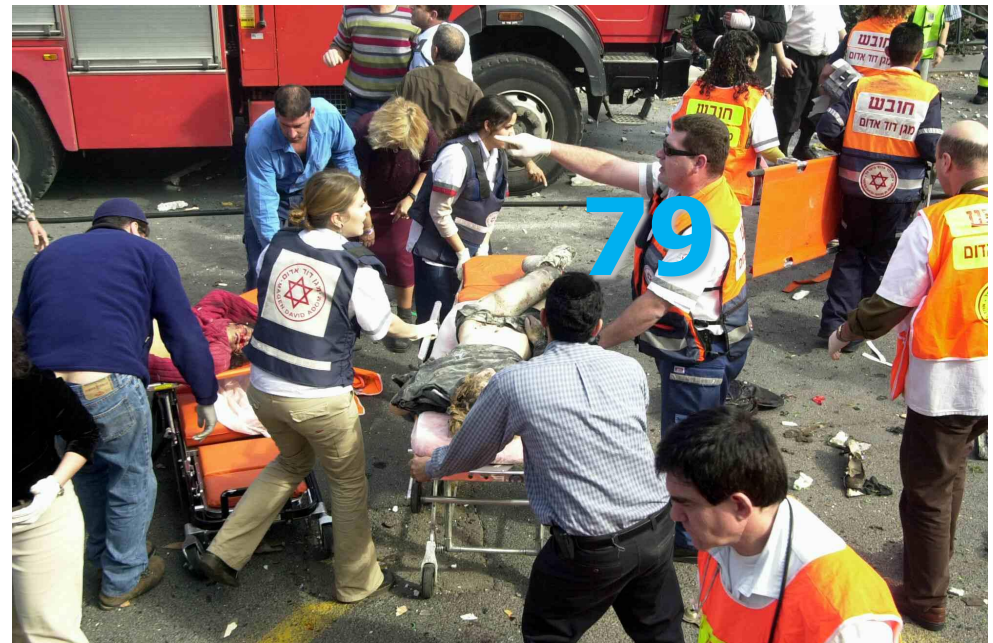
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MCS – Manpower Av./incident

| | |
|-----------------------|----|
| ■ Physicians | 3 |
| ■ Paramedics | 8 |
| ■ EMTs and Volunteers | 68 |
| ■ Total | 79 |

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MCS – Israeli experience (min)

- **Average time to scene**
 - **First Ambulance** **4.8 min**
 - **Last Ambulance** **27 min**
- **Organization and initial treatment**
 - **Call to evacuation of 1st victim** **13 min**
- **Total evacuation time**
 - **Call to evacuation of last victim** **52 min**

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How was it done?

- Availability of paramedics and medics (On call system)
- Availability of ambulances
- Help from the army (helicopters)

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How was it done?

- GPS Paging system
- Paramedics and EMTs on call
- Volunteers with pagers on call



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- Ambulances on call
- Ambulances disperse



- **Field triage**
- **Right patient to right hospital**

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Pre - Hospital

Collaboration With Other

Forces



HOSPITAL ↔ EMS

- **MDA Representative in Hospital**
 - How many injured the hospital can treat
 - How many injured will be transferred
 - Condition of the injured



Pre - Hospital

Debriefing



Debriefing

- On the same day
 - Operational
- After a day
 - Medical



Hospital Representative in MDA debriefing

Debriefing

- Study the results
- Publish new recommendations



Pre - Hospital





MDA – Command deploy



Thank you

Haifa



Heart Of Herzl