Mass Casualty Training held in 2012 by Jordanian level 3 hospital-starbase, UN Mission in Liberia, discussion and review

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Introduction

Mass casualties are associated with a high risk of violence and injuries. The aim of this review was to assess and compare the training strategies conducted by Jordanian level 3 hospital team in Liberia to the World Health Organization guidelines in such field.

For the purposes of these guidelines, mass casualty incident is defined as an event which generates more patients at one time than locally available resources can manage using routine procedures and requires exceptional emergency arrangements and additional or extraordinary assistance.

W.H.O. Mass casualty emergency management planning

The following is adapted from WHO's Community Emergency Preparedness: a manual for managers and policy makers (WHO 1999).

An emergency plan is a set of arrangements for responding to, and recovering from, emergencies and it is about protecting life, property and environment. The development of an emergency plan should take into account existing plans at other administrative levels, plans that operate at the same level, as well as any plans developed for specific hazards.

The prerequisites for planning are: a recognition of the risks and vulnerabilty that exists and emergencies that can occur; an awareness by community, government and decision-makers of the need to plan and of the benefits

of planning; implementation of a plan is guaranteed by appropriate legislation and designation of an organization responsible for coordinating both planning and emergency response and recovery in the event of an emergency.

The planning process can be applied to any community, organization or activity:

Project definition: determine the aim. objectives and scope of an emergency plan, and decision on the resources required to perform these tasks.

Planning Group formation: to gather required information and to gain commitment of key people and organizations, both of which will contribute to the successful implementation of the plan

Potential Problem Analysis: through breaking the problem into its components to examine risks, their causes, possible preventive strategies, response and recovery strategies and trigger events for these strategies

Resources Analysis: to identify the required resources for response and recovery strategies, resources available, discrepancy between requirement and availability, and responsibility roles and responsibilities designation: to individuals and organizations.

Management Structure: concerning the command of individual organizations and control across organizations.

Developing Strategies and System: for specific response and recovery.

Documentation: : the written emergency plan will consist of outputs of each step of the process.

Training Guidelines and Standards

Along with planning, well-designed and consistently updated training is an essential component of successful emergency responses. The highest health authority must therefore set the training and education standards required for health sector staff involved in mass casualty management.

The baseline analysis should provide information about the current availability and quality of training. However this may be supplemented by additional assessment on specific training needs if important gaps are identified.

THE HIGHEST HEALTH AUTORITY will concern itself with standard-setting, planning and monitoring activities. These will include ensuring that:

Overall standards of training are identified and disseminated to all parts of health care system

Training takes into account the guiding principles such as multi-sectorality

Training is kept up to date through accreditation of courses and certification of trainees .

A significant amount of training is delivered through realistic exercise and drills, those done with cooperation with other sectors.

Adequate material and financial resources allocated for training to be widely available and of sufficient quality (training facilities, learning materials, equipment, teaching staff, etc.)

The Training Review

Twenty seven casualties were found injured in this training and they are classified by triage system to the following:

Triage Red	Seriously injured
Triage Yellow	Moderately injured
Triage Green	Minor injuries
Triage Black	Deceased

and they were managed according to priority of their condition triage.





Patient with Yellow Triage Band Received at Hospital













Conclusion

Mass casualty management requires a high level of coordination and communication between the health authority and community. The preparedness for such an event is by exercises, revision and updating plans.

References

- Sztajnkrycer, M. D., B. E. Madsen, et al. (2006). "Unstable ethical plateaus and disaster triage." Emerg Med Clin North Am 24(3): 749-68.
- WHO (1998). Health Sector Emergency Preparedness Guidelines: Making a difference to vulnerability. Geneva, World Health Organization
- WHO (1999). Community emergency preparedness: a manual for managers and policy-makers. Geneva, World Health Organization
- WHO (2004). World report on road traffic injury prevention. Geneva, World Health Organization.
- WHO/ISS/IATSIC (2004). Guidelines for essential trauma care. Geneva, World Health Organization.
- WHO (2005). Pre-hospital trauma care systems. Geneva. World Health Organization.
- WHO (2006a). Health Sector Emergency Risk Management. Draft Document. Geneva, World Health Organization
- American College of Surgeons (1990). Resources for optimal care of the injured patient. Chicago, Ill., American College of Surgeons, Committee on Trauma.
- American College of Surgeons (1993). Advanced trauma life support program for physicians. Chicago, Ill., American College of Surgeons.
- Braine, T. (2006). "Was 2005 the year of natural disasters?" Bulletin of the World Health Organization 84(1): 4-6
- CNA Corporation (2004). Medical Surge Capacity and Capability Handbook: A Management System for Integrating Medical and Health Resources during Large-Scale Emergencies. Alexandria, VA, CNA Corporation.
- FEMA, American Red Cross, et al. (1993). Emergency management guide for business & industry: a step-by-step approach to emergency planning, response and recovery for companies of all sizes. Washington, DC, Federal Emergency Management Agency.
- Health Systems Research Inc. (2005). Altered Standards of Care in Mass Casualty Events. Rockville, MD, Agency