

“Dealing with Disasters”



- NEICS Spring Meeting 2008, Van Mildert College

What are disasters?

- Any situation where the normal resources may be overwhelmed.
- This may be due to
 - Biological causes (e.g. flu, polio),
 - Accidents e.g. Kegworth,
 - Natural phenomena e.g. earthquakes and flooding
 - Malicious actions e.g. bombing campaigns, chemical and biological agent attacks
- Clearly diverse (implications for planning)

What are disasters?



Big Disaster



Avoiding disasters

- Immunization programmes e.g. flu jabs, polio
- Safe infrastructure – e.g safe soccer stadia, earthquake proof buildings.
- Safe procedures e.g. learning from aviation crashes, reporting near misses.
- National security
- Industrial safety standards.
- Evacuation procedures

Optimising successful outcome rates when things do go wrong

- Major incident planning
 - Strategic overview anticipating disasters at national and local level.
 - “Dry runs”
 - Tailored strategies for individual disasters
 - Education

Do Anaesthetists / Intensivists have much knowledge of major incidents

- A “Safety First” Speciality
 - Protocols for critical incidents
 - Awareness through constant interaction with almost every other department in the hospital
 - Acute specialities
 - Flexibility
 - Unique skills to anaesthesia / ITU
 - “The buck stops here”

So are we any good?

- Audit of Emergency procedures 2005
- Are you familiar with the major incident plan
 - Consultant 57% n=26
 - SpR 0% n=9
 - SHO 14% n=2
 - Career Grades 50% n=7

So how do we improve?

- Educational events (such as this) to stimulate interest and improve individual knowledge
- Champions of major incident planning in each anaesthetic department
- ?More standardisation of major incident planning

Structure of today's meeting

Prehospital care

National overview

Transfers

Pandemics

Examples – London bombings and
Northwick Park.

Emergency Medicine

Bioterrorism

Mass casualties

Remote anaesthesia