

# HOSPITAL PERSONNEL SING FROM THE SAME HMIMMS SHEET!

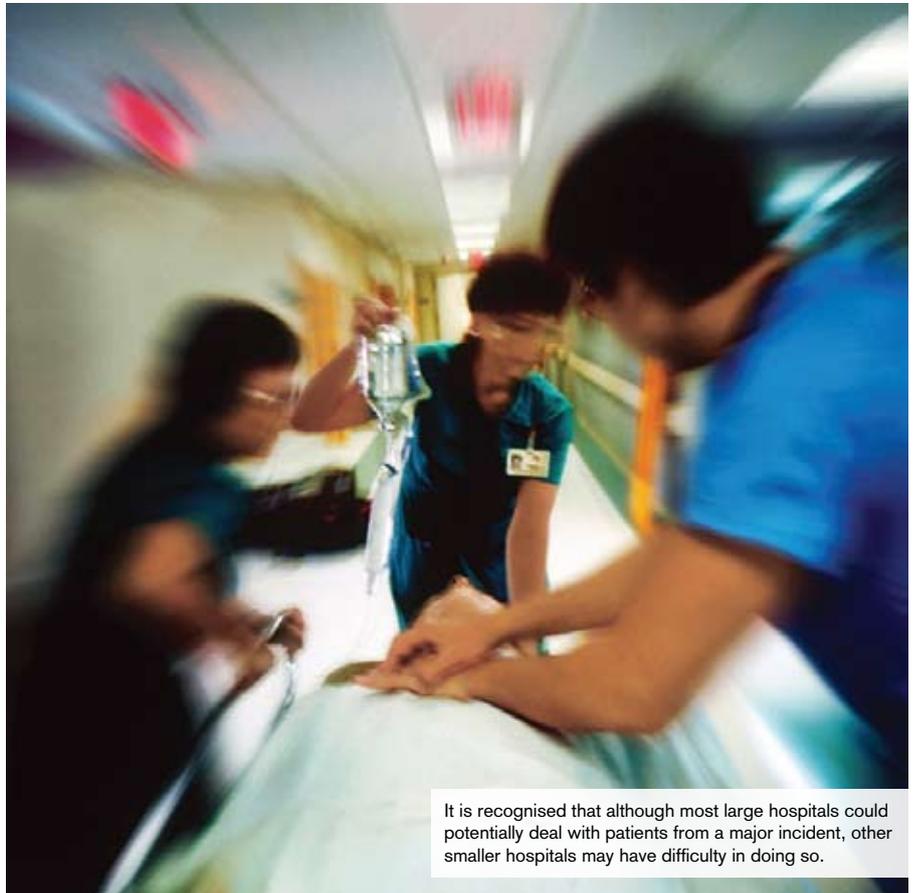
WHEN RESPONDING TO A MAJOR INCIDENT, PLANNING MUST BE A CORE PART OF EVERY HOSPITAL'S EMERGENCY PREPAREDNESS PROCEDURES. WITHIN THAT CONTEXT HMIMMS (MAJOR INCIDENT MEDICAL MANAGEMENT & SUPPORT – THE HOSPITAL RESPONSE) PROVIDES AN OPPORTUNITY FOR ALL CLINICAL AND NON-CLINICAL PERSONNEL TO UNDERSTAND ITS PRINCIPLES AND ADAPT THEIR OWN HOSPITAL PLANS AND RESPONSE ACCORDINGLY, WRITES BRIAN CARLIN.

**A**ccountability lies with the chief executives of the hospital to ensure that the major incident plan is in place, tested and updated to reflect the evolving requirements of safety and welfare for patients, staff and the maintenance of all healthcare services.

It should be a mandatory duty for all staff to understand and reflect on their individual responsibilities during the activation of a major incident and recognise the impact it will have on the wider hospital response. The overall aims of hospital major incident plans are:

- To ensure a high level of quality response for the needs of the patients, their relatives, the hospital staff and media
- To ensure effective arrangements for the command, control and coordination of services within the hospital
- To ensure effective communications between the hospital and the incident site, and various key agencies within the HSE
- To ensure awareness of the plan and training and education of relevant staff members is maintained in line with national guidance. To ensure that plans are tested and updated regularly, in line with best practice guidance.
- To ensure a response to the needs and welfare of all staff during and after a major incident

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imperative that each division, group or department organises its own specific action cards around the agreed generic plan.

## MAJOR INCIDENT PLANNING

A major incident is said to have occurred when it requires an extraordinary response by the emergency services. While major incidents may affect any of the emergency services, the health service's focus will be the resulting casualties.

A specific health service definition of a major incident has been agreed as:

'Events that owing to the number, severity, type or location of live casualties require special arrangements to be implemented by the health service'

This definition is an operational one that recognises that major incidents occur when the resources available are unable to cope with the workload from the incident. The need to relate major incidents to the availability of resources is most clearly demonstrated when considering incidents that produce 'specialist' types of casualties.

An incident producing paediatric, burned or chemically contaminated casualties will require the mobilisation of specialist services even when there are only a few casualties. This is because the expertise and resources needed to deal with these types of casualties are limited and widely scattered around any country.

Whilst it is impossible to predict the exact nature of the next major incident, there is little to be gained in planning for major incidents that might never occur. By looking at the type of major incidents that have occurred in the recent past, planners can base their plans and major incident exercises on realistic scenarios.

#### MAN-MADE INCIDENTS

In Ireland, as in the rest of Western Europe, man-made major incidents will be the biggest cause; transportation, civil disturbances, industrial accidents, and mass participation (sport/music) events are the most likely major incidents to have to deal with.

Rail crashes are the single largest cause of transport-related incidents from the majority of major incidents in Western Europe. Surprisingly, air disasters, although perceived as a common cause, rarely result in major incidents for the health services.

This is because they result in a large number of deaths, but few survivors. This was my experience at the Lockerbie Disaster where I was part of the rescue teams who attended within one hour of the crash. There were too many people on the scene without any clear role or responsibility.

Unfortunately, accurate data on the nature and incidence of major incidents are difficult to obtain. Little data is collected prospectively and the quality of available data is questionable. Despite these limitations some information is available from which better major incident plans can be formulated.

While the health

#### ABOUT THE AUTHOR

Brian Carlin has developed an Immediate Medical & Emergency Care (IMEC) course, in association with the Irish College of General Practitioners (ICGP). He is the clinical lead for the immediate pitch-side care of the Premier League in the UK with responsibility for the medical responses from the 92 clubs. He is also the senior clinical educator for the International Rugby Board.

Carlin's interest in sport has led him to develop the programme and the current Standard Principles of Resuscitation & Trauma in Sport (SPoRTS) course, which is facilitated through RCSI FSEM and endorsed by the Faculty of Pre-Hospital Care at the Royal College of Surgeons of Edinburgh.

His role within RCSEd FPHC includes the role of interviewing anyone who is intending to sit the Diploma or Fellowship in Pre-Hospital care (DIMC/FIMC) with a view of securing a place on the exam.

Carlin is a former lecturer at the School of Medicine & Medical Science in UCD, where he was the programme lead/co-ordinator for the MSc EMS



(Immediate Care) programme. He has previously been responsible for training and education programmes for GPs working in remote and rural Scotland.

Many immediate care schemes were developed there to support the Scottish Ambulance Service achieve ORCON standards and deliver a higher level of care, including the provision of 'Treat and Leave/Refer' protocols for first responders.



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## HOSPITAL RESPONSE

service definition is an adequate one for planners at local level, it does not tell us anything about the size of the incident or the incident's effect on society as a whole.

### WHEN IT'S TOO LATE

Many health service providers perceive major incidents to be extremely rare events. It is, therefore, not surprising that major incident planning has been accorded a low priority. It is perhaps no surprise that the most active time for major incident planning is in the immediate aftermath of an incident, which is too late.

There is no clear consensus on how to predict the number of casualties and a variety of estimates have been made previously, with some being extremely unrealistic. However, there are several aspects to consider when estimating the expected patient workload in hospital.

Firstly, the total number of casualties requiring medical attention is important, as they will need to be processed and treated by the HSE. Secondly, an estimate of the likely number of patients with injuries severe enough to warrant hospital admission, surgery, intensive care or specialist services would be useful.

### THE NEED FOR HMIMMS

Health service organisations worldwide that work in the pre-hospital environment have been training on major incident responses for many years using the MIMMS (Major Incident Medical Management and Support) course. The framework that is deemed the 'ABC' of major incident management is 'CSCATT', the acronym for:

**C Command**  
**S Safety**  
**C Communication**  
**A Assessment**  
**T Triage**  
**T Treatment**  
**T Transport**

Although the first phase – the pre-hospital phase – was a good place to start, it didn't solve all the problems. The majority of the acute and long-term care was more likely to be carried out within the hospital environment.

The need for a fit-for-purpose course



Table Top 1 group discussion during the recent HMIMMS course in Dublin.

was badly needed. Therefore, the HMIMMS course (Major Incident Medical Management & Support – The Hospital Response) provides an opportunity for all clinical and non-clinical hospital staff to understand the principles of HMIMMS. They can then review and adapt their own hospital plans and response accordingly.

### WORLDWIDE COURSE

HMIMMS (The Hospital Response) is a leading course available for anyone who may be involved in the management of a major emergency/incident from a hospital perspective. It is taught and practiced throughout the world.

### Course Objectives

- Understand the definitions and classifications of major incidents.
- Describe the nature and management of the major incident response.
- Learn to deliver the medical support in the hospital setting.
- Successful completion of HMIMMS gives four years certification from the Advanced Life Support (ALS) Group.

### Key Lectures

- Structured Approach
- Planning for Major Incidents
- MIMMS: Pre-Hospital Approach
- Reception Phase in the ED
- Definitive Care Phase
- Recovery Phase
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### Workshops

- Communication
- Triage
- Public Health Incidents
- CBRN
- Regional Response
- Protracted Incidents

### Tabletop Exercises

- The Incident
- Reception Phase
- Definitive Care Phase
- Recovery Phase

### IRISH TRAINING 'INCIDENT'

Immediate Care Training (Ireland) facilitated a recent HMIMMS course at the Irish Management Institute (IMI) in Dublin. This course was awarded 16 CME points



This table-top exercise looked at discharging the patients from hospital.

by the RCSI and was attended by a multi-disciplinary groups for all over Ireland that had clinical and managerial representatives for Dublin, Cork and Limerick and Tullamore hospitals. The content of the HMIMMS course allows the candidates/hospitals to prepare, manage and support during a major incident.

This was an intense two-day course that allowed the candidates to decide who they would manage a major incident within 'Mimmsville Hospital' using a pre-determined number of staff within all areas of the hospital from ED to discharge. This was achieved by using four tabletop exercises, which included the need for all areas of the hospital to play a part in the incident.

In order for the candidates to effectively manage the tabletop exercises, the programme included a series of short lectures and workshops. Firstly, they had to understand the definition of a major incident both generically and in the context of health delivery.

The candidates agreed on the following:

- A major incident is an incident where the NUMBER, SEVERITY, or TYPE of LIVE casualties, or by its LOCATION, requires EXTRAORDINARY resources.
- An incident that presents a serious threat to the health of the community.
- An incident that disrupts the health service.

The integrated candidate groups are key for the HMIMMS course and also to recognise need for integration and a these set of

response priorities at the incident:

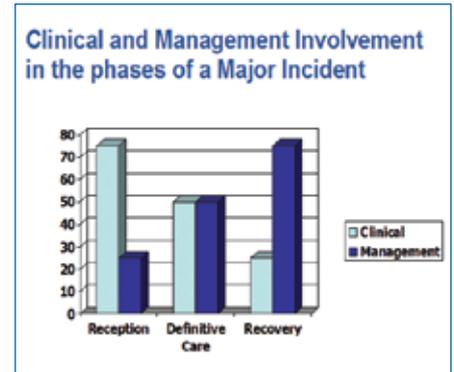
- Save lives
- Prevent escalation of the incident
- Relieve suffering
- Protect the environment
- Protect property
- Rapidly restore normality
- Facilitate enquiries

**Four Phases of HMIMMS Principles**

- 1. Pre-Hospital Phase:** This looks at the integration between pre-hospital and hospital during a major incident and also discusses the need and availability of mobile medical and surgical teams during a major incident.
- 2. Reception Phase:** The reception phase focuses on the Emergency Department preparation and what needs to be considered/achieved throughout this phase i.e. Triage, levels of treatment, dealing with the dead, Pre-allocation of roles, action cards and changing the layout of the ED to deal with large numbers of casualties.
- 3. Definitive Care Phase:** Any casualties from a major incident who has been moved out of the ED is now said to be within the definitive care phase. This is where the rest of the hospital must activate their plans i.e. Pre-op, Post-op, ITU, Theatres, Transfer plans etc.

- 4. Recovery Phase:** This phase looks at how the hospital will recover from the incident and looks at issues that concern the patients, the staff, the backlog, the media, the debriefing, normal workload and the enquiry.

Throughout these phases both clinical and management personnel have key roles, the activity depends on the phase that the hospital is currently in as indicated below:



**APPLYING THE PRINCIPLES**

The course was a great success and the feedback was very positive. The fact that the candidates can apply these principles to their own roles within their respective hospitals will ultimately improve systems and also positively influence patient care.

The HMIMMS course is just one part of a learning process, both skills and knowledge need continual reinforcement. This can only be done with regular exercises, with staff having the awareness that they may have a role within a major incident within the hospital setting and buy in/accountability from the senior clinical and managerial staff.

The course provides a four-phased framework to plan and prepare for major incidents that will impact on the hospital and, therefore, the ability to deliver care. The mindset of 'It will never happen here' is unacceptable; my experience at the Lockerbie Disaster proves it can happen.....so make sure you are ready!

*The course gave further clarity to the definition and context of major incidents:*

Simple v compound	A 'simple' incident is one where the infrastructure remains intact, whereas a 'compound' incident is one which destroys the infrastructure or society itself. Roads communications and even the HSE services may be destroyed. Compound incidents typically arise as a result of war or natural disasters.
Compensated v uncompensated	Incidents are said to be 'compensated' if the additional resources mobilised can cope with the additional workload. Ergo, 'uncompensated' incidents are those where the additional resources cannot deal with the workload. This typically happens for these three reasons: 1. The absolute number of casualties. 2. Specialist care/equipment unavailable for the type of injuries (e.g. burns). 3. The geography/remoteness of the incident may not allow rescuers to reach the scene.

**NEXT HMIMMS ON COURSE FOR DECEMBER**

*The next HMIMMS course is planned for Thursday 11 and Friday 12 December and a one-day MIMMS course planned for Wednesday 10 December. For further information visit [www.immediatecaretraining.ie](http://www.immediatecaretraining.ie) or email [info@immediatecaretraining.ie](mailto:info@immediatecaretraining.ie)*