



Steve Wheaton
Assistant Chief Ambulance Officer
Resilience and Specialist Operations Director



Midlands Network Mass Casualty Event



Context Is Important

Between September 2014 and August 2017

**63 attacks on the west 424 fatalities, 1,800 injured
in 9 Countries**

- Belgium
- France
- Austria
- Germany
- Finland
- United States
- Denmark
- Sweden
- UK

Source <http://www.bbc.co.uk/news/world-40000952>



The Ambulance Service Preparations

Based on NRA of 650 injured and 200 dead

- Major Incident plan rewrite almost complete – Taking in learning from recent events
- £1.7 Million investment in new Incident Support Unit fleet due Q4 2017/18
- £600k investment in reprofiling equipment carried on above to reflect change in threat and modes of operation, CCS – CCP “load and go”
- Significant uplift in staff trained to wear PPE throughout 2017/18 and 18/19
- WMAS moved to 7 per HART Team to bolster resilience and capacity.



Preparation and Planning

- Massive uplift in Commander Training through 16-18
- Large scale exercising conducted at Merry Hill and Bullring / Grand Central
- Engagement and Exercising with the Military SF is ongoing nationwide
- Uplift in trauma items across entire WMAS emergency front line vehicles.
- New Multi Agency capable Command Vehicle introduced 2016
- Work underway with Staffordshire Fire and Rescue Service to introduce capability
- National papers submitted to uplift even further.



The Reality On The Day

No plan survives contact entirely, However based on prep, exercising and lessons learnt expect the following;

- WMAS Strategic Commander will initiate a “no send” position to BAU unless C1 and or C2 in public place. This will free up to 100+ Ambulances in 30-60 mins
- A reminder that the Cas Regulation Plan is just the first hour, there will be more coming!
- There will be a heavy P1/P2 Workload
- Triage is dynamic and that needs to be remembered.



Continued

- You are unlikely to get a Electronic PRF for every patient, **DO NOT** throw the triage card away as it is part of the chain
- Adult MTCs should expect “children” if BCH reaches capacity – we will do what we can to send the smallest to the right place first time.
- Equally what do we do with adults refusing to be separated from children?
- The average “scene clear” message came 2 ½ - 3 hours in, at recent events.
- The messaging will be very short, you will not get notified of every inbound vehicle – DO NOT call EOC – Just plan for intake unless notified different.



- Will your Hospital be in lock down?
- BAU will still occur and you may receive patients unconnected to the incident – you will get self presenters (Manchester 100+)What's the plan?
- Recall to Duty is notoriously difficult and often unmanaged with no forward thinking – have you a plan?
- Incidents get confused with are they terrorist related / BAU
- The instigators are wise to tactics and injuries are reflecting that particularly with knife injuries and PPE.



Ongoing Work

- Uplift in national capability / capacity
- JOPS 4 due any day now - significant changes to reflect Manchester and London learning and decision / risk assessments
- Review of Triage by NARU
- Tracking of Patients
- Post Incident Procedures for Staff “ patients and families will never be the same, neither will some of our staff”
- Ensure we learn and initiate change – we owe it to those that have lost life and suffered