

Clinical Training and Resources to support Major Incident preparation



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Available Resources and Future Developments

- www.4Trauma.org.uk
 - Capturing the lessons learned from caring for military casualties at QEHB/RCDM
- EPRR: Trauma Nov 2015 and March 2016
 - NHS England Director of Trauma Prof. Moran
- Clinical Guidelines for use in a Major Incident
 - Update on progress
- Major Incident Surgical & Trauma Teams training course
 - www.mistt.co.uk
 - 21st-24th November 2017



Clinical Guidelines for Major Incidents and Mass Casualties Workshop

25 April 2017

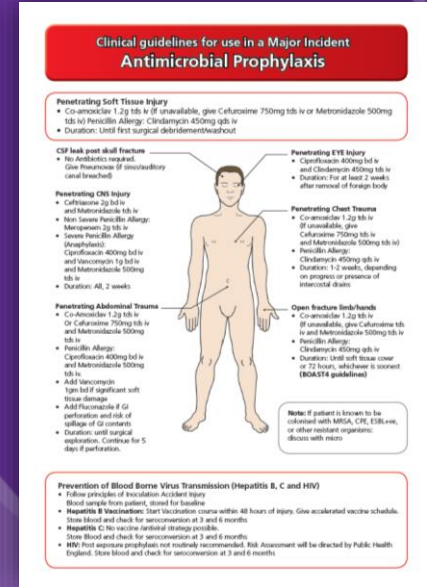
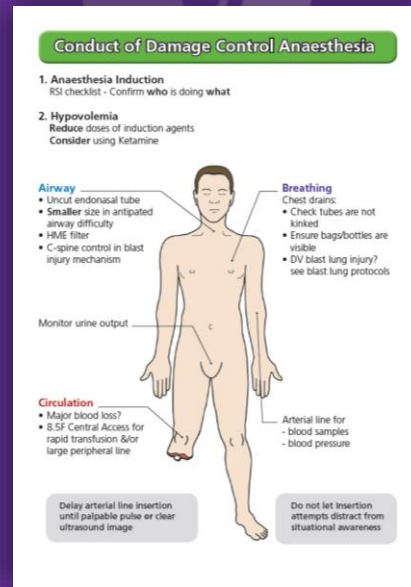
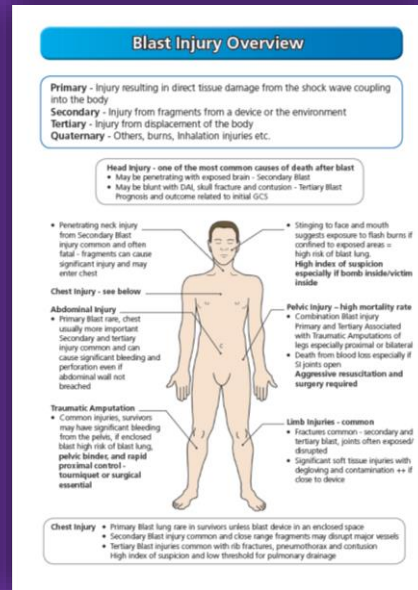
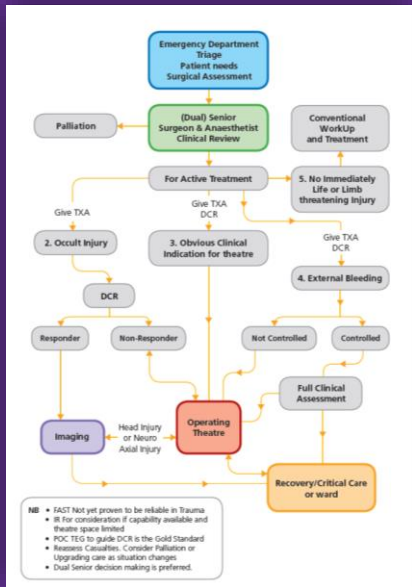


Chapters in Progress

- Major Incident Awareness
- Major Incident Standby
- Major Incident Declared
- Co-ordination in a Major Incident
- Forensic Awareness
- Ballistic Injury
- Burns
- Blast Injury
- Crush Injuries
- CBRN (Chemical, Biological, Radiation, Nuclear)
- Emergency Department Triage
- Surgical Triage
- Radiology (CT Traumagram)
- The Trauma Team response
- Hyperacute Rehabilitation
- Bereavement
- Damage Control Anaesthesia
- Analgesia
- Blood Bank/Haematology
- Microbiology
- Damage Control Orthopaedics
- Chest Injuries (Cardiothoracics)
- Blast Lung
- Abdominal and Vascular Injuries
- Soft Tissue Injuries
- Pregnancy and Trauma
- Major Trauma in Children
- Brain and Spinal Injuries
- Head and Neck (OMFS and ENT)
- Eye Injuries
- Blast Ear and Hearing Loss
- Staff Resilience and Counselling



Clinical Guidelines for use in a Major Incident/Mass Casualty Event



Clinical Guidelines for use in a Major Incident/Mass Casualty Event

- 40+ Guidelines
- Created by CWG but reviewed by clinicians recently involved in terror attacks
- Available in all UK EDs
- Content aimed at TU's
- Alternative strategies and aide memoires when resources are sub-optimal

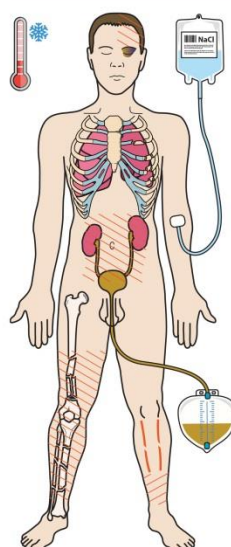
Crush injuries

Summary

- Crush injury occurs after building collapse from man-made and natural disasters.
- In explosions, additional injury types such as blast and fragment injury should also be considered.
- Patients may have multiple injuries affecting different tissues and organs and are at risk of Crush Syndrome.
- Prolonged entrapment may occur.

History

Long extrication associated with risk of cardiovascular collapse when released, worse renal injury. Comorbidities – increased risk of death if small child, frail older person.



A

- Standard care

B

- Lung Protective Ventilation for all ventilated patients from ED onwards.
- Think of early multimodal analgesia, surgical stabilisation of flail segment if more than four ribs involved.

C

- No tourniquet to crushed extremity unless catastrophic haemorrhage.
- Fluids at scene if prolonged extrication.
- Watch for CV collapse on release from entrapment.
- High risk of pelvic fracture with associated haemorrhage – consider pelvic binder.
- Risk of internal bleeding from organ contusion.
- Adequate fluid resuscitation esp. if rhabdomyolysis likely.
- Use blood if haemorrhagic shock present, then crystalloid solutions to ensure adequate urine output.

D

- Cranial trauma is associated with bad outcome – early neurosurgical advice.
- Don't forget to inspect the globes. Penetrating eye injuries are easily missed.

E

- Multiple fractures common.
- Treat hypothermia.
- Secondary survey: look for nerve/tendon damage.

KEY POINTS

- Think of Crush Syndrome
- Rhabdomyolysis/Renal Failure.
- Lung Protective Ventilation for all intubated patients from ED onwards.
- Fasciotomy for crushed limbs if compartment syndrome suspected.

Investigations

- Creatine Kinase.
- Dip urine for blood.

High index of suspicion for:

- crush syndrome
- rhabdomyolysis
- myoglobinuria.

Consider

- burns
- fragmentation injuries
- blast lung
- bone involvement in injuries
- subdural haematoma
- eye injuries
- TM rupture – steroids may salvage sensorineural hearing loss.

Do not use Succinylcholine for RSI
 → risk of hyperkalaemia/death!



MISTT
Major Incident Surgical Training & Teams

The MISTT Trauma Course

The definitive Major Incident & Emergency Preparedness Course - incorporating two days of lectures, debate & discussions and a two day damage control cadaveric course.
WMSTC & QEHB | 21st - 24th November 2017

The course is aimed at Consultants, post exam or post CCT Trainees who have a specific interest in major trauma or are involved in delivering frontline care in the event of a Major Incident. Delegates will benefit from a two day cadaveric course at The West Midlands Surgical Training Centre at University Hospitals, Coventry & Warwick focusing on damage control of all cavities and extremities in Trauma, together with two days of discussion, lively debate and case studies at the Education Centre, Queen Elizabeth Hospital, Birmingham

Course agenda

Day 1 - Major Incident

Days 2 & 3 - Cadaveric (24 places)

Day 4 - Aftermath

Course fee

Full meeting £750 FOUR DAYS Tues 21st - Fri 24th November inclusive	Cadaveric Lab only £650 TWO DAYS Weds 22nd & Thur 23rd November	Classroom day one only £100 ONE DAY Tues 21st November	Classroom day four only £100 ONE DAY Fri 24th November	Classroom day one only £50 AHPs & Non-Medic rate ONE DAY Tues 21st November	Classroom day four only £50 AHPs & Non-Medic rate ONE DAY Fri 24th November
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[Book your place here](#)

Day 1:

- MI Awareness
- NHS England/Network Response
- Hospital Co-ordination

Day 2&3:

- Cadaveric training sessions for trauma teams

Day 4:

- After Day One
 - Surgical Tail
 - Supporting Specialities (Blood Transfusion, Complex Pain Management, Radiology, Forensics, Microbiology)
 - Manchester and London Experiences and lessons learned

Future Developments

- Major Incident Surgical & Trauma Teams training course
www.mistt.co.uk
 - 21st-24th November 2017
 - 2 more courses planned (May and Nov 2018)
- Clinical Guidelines for use in a Major Incident
 - in your ED soon
- Special edition of TRAUMA journal
 - short explanatory articles on CGMI subjects
- E-learning packages for all trauma personnel via HEE

