

# MAJOR INCIDENT MEDICAL MANAGEMENT AND SUPPORT

The Practical Approach in the Hospital

*Advanced Life Support Group*

By  
Simon Carley  
Kevin Mackway-Jones

BMJ  
Books



**Blackwell**  
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Blackwell Publishing, Inc., 350 Main Street, Malden, Massachusetts 02148-5020, USA  
Blackwell Publishing Ltd, 9600 Garsington Road, Oxford OX4 2DQ, UK  
Blackwell Publishing Asia Pty Ltd, 550 Swanston Street, Carlton, Victoria 3053, Australia

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First published 2005

Library of Congress Cataloging-in-Publication Data

Carley, Simon.

Major incident medical management and support : the practical  
approach in the hospital / Advanced Life Support Group; by Simon  
Carley, Kevin Mackway-Jones.

p. ; cm.

Includes index.

ISBN-13: 978-0-7279-1868-0 (ring binder : alk. paper)

ISBN-10: 0-7279-1868-0 (ring binder : alk. paper)

1. Disaster medicine. 2. Hospitals. 3. Disaster hospitals.

[DNLM: 1. Disaster Planning—organization & administration.

2. Emergency Medical Services—Organization & administration.

3. Emergency Medicine—methods. 4. Emergency Service, Hospital—  
organization & administration. WX 185 C2815m 2005] I. Mackway-Jones,  
Kevin. II. Advanced Life Support Group (Manchester, England) III. Title.

RA645.5.C366 2005

362.18—dc22 2005005213

ISBN-13: 978-0-727918-68-0

ISBN-10: 0-727918-68-0

A catalogue record for this title is available from the British Library

Set in 12/13 by TechBooks, New Delhi, India  
Printed and bound in Noida, India by Gopsons Papers

Commissioning Editor: Mary Banks  
Development Editor: Veronica Pock  
Production Controller: Debbie Wyer

For further information on Blackwell Publishing, visit our Web site:  
<http://www.blackwellpublishing.com>

The publisher's policy is to use permanent paper from mills that operate a sustainable  
forestry policy, and which has been manufactured from pulp processed using acid-free  
and elementary chlorine-free practices. Furthermore, the publisher ensures that the  
text paper and cover board used have met acceptable environmental accreditation  
standards.

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## ■ PREFACE ■

It is now nearly 10 years since the Advanced Life Support Group published its first book on major incident response. That book (*Major Incident Medical Management and Support: the practical approach at the scene*) and its accompanying course, affectionately known as MIMMS, are now established around the world as best practice guides. The CSCATTT approach to incidents has become a standard like ABC.

For some of us, however, the focus on the first phase of the response (the pre-hospital phase), while a good place to start, did not solve all our problems. Our practice was more likely to be delivering care within the hospital environment, and a course dedicated to this seemed badly needed.

This book has been written with the aim of promulgating the disciplines and lessons of MIMMS to the hospital provider. We hope that the multi-professional team needed for a successful response can use this text and its accompanying course (to be known as Hospital MIMMS) as successfully as their pre-hospital colleagues have used MIMMS. Certainly our pilot courses have suggested that the package does fill an unmet need. We hope that those of you who read it and train with us agree.

The days spent on courses are just part of a learning process; both skills and knowledge need continual reinforcement. At the end of your HMIMMS course you will receive a logbook for you to use back at your place of work.

K Mackway Jones  
S Carley



# ■ ACKNOWLEDGEMENTS ■

Candidates attending Hospital MIMMS courses have shared their thoughts on the text with us. We are grateful to those of you who have provided constructive feedback during the development process.

The authors wish to acknowledge Mary Harrison and Helen Carruthers for the use of their line diagrams within the text.

Thanks also go to Peter-Marc Fortune and Mahil Samuel for their help and feedback on the paediatric section and Ian Crawford for his input to the hazardous materials section.

# CONTACT DETAILS AND FURTHER INFORMATION

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## UPDATES

The material contained within this book is updated on a 4 yearly cycle. However, practice may change in the interim period.

We will post any changes on the ALSG website, so we advise that you visit the website regularly to check for updates (url: [www.alsg.org/updates](http://www.alsg.org/updates)). The website will provide you with a new page to download and replace the existing page in your book.

## REFERENCES

References are available on the ALSG reference centre [www.alsg.org/references](http://www.alsg.org/references).

## ON-LINE FEEDBACK

It is important to ALSG that the contact with our providers continues after a course is completed. We now contact everyone six months after the course has taken place asking for on-line feedback on the course. This information is then used whenever the course is updated to ensure that the course provides optimum training to its participants.

PART  
**I**

INTRODUCTION



# The epidemiology and incidence of major incidents

## INTRODUCTION

A major incident is said to have occurred when an incident requires an extraordinary response by the emergency services. While major incidents may affect any of the emergency services, the health service's focus is the resulting casualties. A major incident cannot, however, simply be defined in terms of the number of casualties—the resources available at the time of the incident are also relevant. For example, a road traffic accident in a remote area producing five multiply injured casualties may overwhelm the immediately available local resources. However, a similar incident in a major urban conurbation may require little or no additional resources. Thus, the same incident in different localities may produce a major incident in one but not in the other.

For the purposes of planning, major incidents have been defined as: *events that owing to the number, severity, type or location of live casualties require special arrangements to be made by the health services*.

**Local Highlights:** Major incident definition

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 may 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.

Incidents such as plane crashes may occur in which all casualties are dead at the scene. Whilst these are clearly major incidents for the police and fire service, there is often little requirement for the health service beyond mortuary and pathology services. An example