

Medical Displan Victoria

Annual Review 2002

Editorial – Dr Andrew Bacon, Chief Medical Coordinator, Medical Displan Victoria

“If we do our job really well, the public won’t even know we exist.”

I made that comment in 1982. The next year, much of southeastern Australia burned in the Ash Wednesday Bushfires with major loss of life and property; and Medical Displan Victoria (MDV) suddenly went from a small, metropolitan resource to a statewide group of medical practitioners who could respond to major incidents. Today there are fifty Area Medical Coordinators (AMCs) who volunteer their time to train and respond when they are needed. Some AMCs function as Central Medical Coordinators, others as Regional Coordinators, but most are invaluable resources on the ground, helping, listening, organising and responding. The linkages between the AMCs, hospitals, medical personnel, state ambulance services, and first aid organisations, are tested and used across the whole of Victoria.

Counter-disaster planning and response has to work from both ends of the system. At the top of the hierarchy, there must be responsiveness to new hazards leading to evolution of policies, training sessions and exercises. From those on the front line, there has to be dedication to a task for which no amount of training will completely prepare the individual for the personal impact experienced during a disaster.

The MDV office in Fitzroy has three functions: i) the executive of the Medical & Health committee of the State Emergency Response Plan; ii) the office of the Medical Coordinator Squad; iii) a central office for medical coordination of high profile and potentially hazardous planned events, such as the Formula One Grand Prix. The professionalism of the agencies and institutions that meet in committees on a regular basis ensures that the health needs of the community are rehearsed at mass gathering events and then actually fulfilled in major



emergencies. The expertise of each participating organisation is enhanced by interaction with others who share a common goal. For most of 2002 it was business as usual, although the ripples of September 11th, 2001 in New York indicated a higher risk of terrorist acts around the world. Appropriate experts told us that, worldwide, 70 to 80% of terrorist acts involve explosives, and to evaluate the risks meant re-reading the reports from Northern Ireland, listening to the stories of those who had actual experience of such events, and thinking carefully about what it all means here.

Planning to respond to the scene of such a major incident meant that ambulance and hospital teams would have to work side by side on scene. This in turn indicated that the time was right to develop the MIMMS programme – Major Incident Medical Management and Support. The core course is taught across the world, and there is now an Australia-wide development of the original UK programme. Historically, hospital staff have had limited professional exposure to the pre-hospital environment and an incomplete understanding of the restrictions, hazards and overwhelming scene that assaults the senses.

The Bali bombing in October 2002 emphasised the risks we face. The actual response for Victoria was logistics: how to repatriate and treat injured Victorians. The total workload for ambulance and retrieval personnel was well within the normal day-to-day resources of the State. The linkages and networking that are a product of countless committee meetings and day-to-day interaction ensured that all necessary personnel were available and eager to help. The key organisation in this incident was the Office of Emergency and Critical Care Services, co-located with Medical Displan. Medical and nursing staff in major hospitals in Melbourne experienced the frustration of waiting for news, a desire to get into action, and the realisation that even on the peaceful island of

Mission Statement

The mission of Medical Displan Victoria is to coordinate all of the necessary health-related activities of planning, preparedness and response to an emergency with the potential for mass casualties in the State of Victoria.



Medical Displan
Victoria

Bali there is vulnerability to anarchy and chaos that is today's global terrorism.

Medical Displan works behind the scenes in many major gatherings each year. Where there is a significant risk of an incident involving large numbers of the public, then one or two medical coordinators may be pre-positioned to assist in the event of a realised need. Access to a site such as the Formula One Grand Prix is very restricted and all services have to be established inside the perimeter. At many events our involvement is limited to the planning stages, chairing meetings of health agencies, assisting in writing a health plan for the event, etc. The World Masters Games in October 2002 was a good example of the system, linking the promoters, sports medicine

volunteers, first aid organisations, ambulance, hospitals and municipal officials to provide a coordinated system that evaluated the risks at each of more than 62 venues. This went a long way to ensure that the 24,886 participants in the 29 sports had the safest possible environment to enjoy their events.

Each year brings fresh challenges, new problems and renewed enthusiasms and, as this editorial is being written, those predictions are unfolding. The commitment of every agency, staff members and volunteers alike, will maintain the amazing traditional resource that is the good fortune of the State of Victoria.

Andrew Bacon

Annual Medical Displan Seminar/Exercise

The Annual Medical Displan 2002 Seminar/Exercise was held in Echuca, Victoria, at the Port of Echuca Motor Inn Conference Centre during the weekend 9/10 November, with attendance from all Medical Displan agencies throughout Victoria together with other response agencies and observers from interstate, the Commonwealth Government and Defence.

The field exercise setting was based on an explosion aboard a River Boat with subsequent rescue and mass casualty management required to cope with a large number of injured persons who required distribution to a number of treatment centres outside Echuca in the surrounding towns in the region.

The scenario required an all-agency approach with first aid agencies and rescue services working together to support the Rural Ambulance Service, as well as cooperating with emergency services from New South Wales. New South Wales technically is responsible for emergency response to incidents on the River Murray as the NSW border finishes at the high water mark on the Victorian side of the river. Cross-border emergency response arrangements are jointly in place for both NSW and Victoria.



An exercise Medical Team was provided from the Echuca Hospital with Local Doctors supporting the Hospital in coping with casualties requiring treatment at the Echuca Hospital Emergency Department.



All agencies responding under the Local Government Emergency Management arrangements in Echuca were able to test and exercise plans and procedures and to activate recovery actions in the region. It was most notable that all agencies were able to work together on a scenario that enabled defined roles to be tested.



Area Medical Coordinator Register

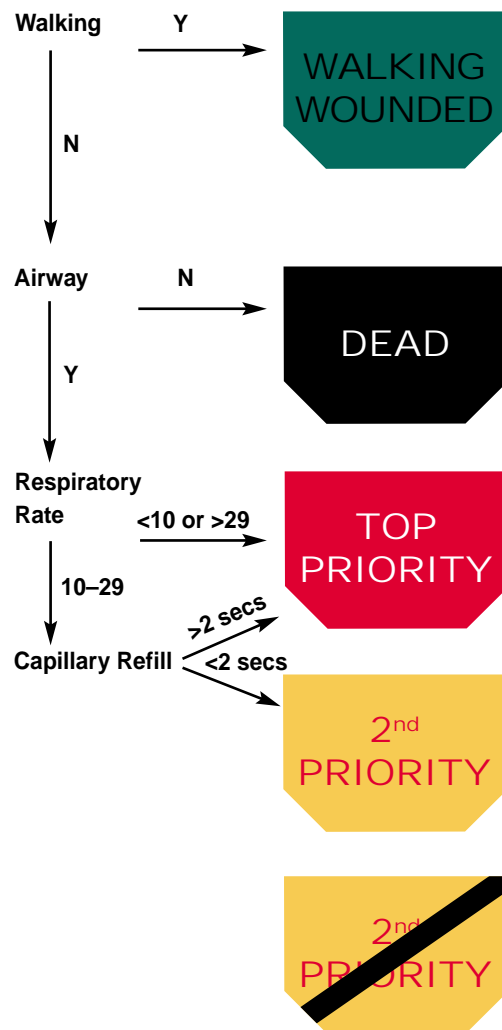
These contact numbers are for routine calls.

In an emergency, contact should be via ambulance control (000).

| Police Region Old | Police Region New | Medical Coordinator | Town | Office |
|------------------------------|---|---|---|--|
| ALPHA Melbourne | R1 – Melbourne Division | Dr R Lowen | | 9816 3392 |
| BRAVO Prahran | R1 – Melbourne Division | Dr M Westmore | | 9895 4861 |
| CHARLIE Moorabbin | R1 – Moorabbin Division | Dr G Sansom | | 9288 2211 |
| DELTA Frankston | R5 – Frankston Division | Dr J Wassertheil | | 9784 7206 |
| ECHO Dandenong | R5 – Dandenong Division | Dr D Vissenga | | 9247 3865 |
| FOXTROT Knox | R4 – Knox Division | Dr B McIlroy | | 9426 6300 |
| GOLF Nunawading | R4 – Nunawading Divn | Dr J Moloney | | 9276 3176 |
| HOTEL Heidelberg | R4 – Rosanna Division | Dr D Mansie | | 9818 1471 |
| INDIA Broadmeadows | R3 – Broadmeadows Divn R3 – Mill Park Division | Dr C Hogan Dr C Hogan | | 9744 5061 9744 5061 |
| JULIET Altona North | R2 – Altona North Divn | Dr J Epstein | | 8345 6666 |
| KILO Geelong | R2 – Geelong Division | Dr R Fawcett Dr J Virgona Dr C Sutherland | Geelong Geelong, East Colac | 5226 7686 5222 4955 5231 5500 |
| LIMA 1 Warrnambool | R2 – Warrnambool Divn | Dr P O'Brien Dr R Brough | Warrnambool Warrnambool | 5563 1666 5560 3222 |
| LIMA 2 Hamilton | R2 – Warrnambool Divn | Dr D Ford Dr A Wark Mr P Kierce | Hamilton Hamilton Hamilton/Portland | 5572 2422 5571 0222 5523 1100 |
| MIKE 1 Ballarat | R2 – Ballarat Division | Dr G Campain Dr B Fensling | Cardigan Ballarat | 8405 8000 5320 4279 |
| MIKE 2 Horsham | R2 – Horsham Division | Dr A Wolff Dr M O'Sullivan Dr D Leembruggen | Horsham Horsham Horsham | 5381 9111 5382 0011 5382 0011 |
| NOVEMBER 1 Mildura | R3 – Mildura Division | Dr J Russell Dr G Murphy | Mildura Mildura | 5022 3333 5022 1488 |
| NOVEMBER 2 Swan Hill | R3 – Mildura Division | Dr G Williamson | Lake Boga | 0409 500 979 |
| OSCAR 1 Bendigo | R3 – Bendigo Division | Dr B Street Dr D Murphy Dr G Bourke Dr J Grounds | Bendigo Bendigo Bendigo Riddells Creek | 5454 6000 5454 6000 5454 6000 0407 287 684 |
| OSCAR 2 Shepparton | R3 – Shepparton Division | Dr J Guymer Dr M Geaboc Dr J Teh | Shepparton Shepparton Echuca | 5821 5633 5832 2322 5482 2800 |
| PAPA 1 Wangaratta | R4 – Wangaratta Division | Dr P Duggan Dr G McCallum Dr R Barkas Dr M Robinson Dr J Moran Dr W Twycross | Wangaratta Bright Corryong Mt Beauty Wodonga Mansfield | 5722 0111 5750 1050 02 6076 1733 5754 4003 02 6051 7111 5775 2591 |
| PAPA 2 Seymour | R4 – Seymour Division | Dr P Kelly Dr E Jarman | Benalla Seymour | 5762 1022 5793 6100 |
| QUEBEC 1 Morwell | R5 – Morwell Division | Dr R Widdowson Dr D Pedler Dr L Malzinkas Duty Doctor | Traralgon Traralgon Wonthaggi Foster | 5173 8000 5173 8181 5672 1333 5682 2088 |
| QUEBEC 2 Bairnsdale | R5 – Bairnsdale Division | Dr M Chapman Dr I Nicolson Ms M Goss Flt Lt D Tran | Bairnsdale Sale Sale East Sale | 5152 5145 5144 4111 5143 8770 5146 6261 |
| WHISKY Water Police | Water Division | Mr E Williams (Liaison) | | 9419 3533 |

Triage Labels

Triage Sieve



Green Label

Walking wounded, psychologically wounded. Minor injuries but capable of walking. Hospital admission unlikely.
OR
Uninjured but psychologically damaged. Urgent counselling required.

Black Label

For the dead. Medical officer must certify death on card. Body the responsibility of Police/Coroner's Office.

Top Priority

Severely injured, in need of urgent medical care. Urgent, quick, simple, minimal treatment. Stabilise prior to transportation.

2nd Priority

Significant injuries – condition can wait.

2nd Priority

(Black stripe to be added by Triage Officer) Extensive medical care will jeopardise survival of other casualties.

| | | | |
|---------------------|--------------------------|-----------------|----|
| UNCONSCIOUS | <input type="checkbox"/> | NAME (if known) | No |
| RESPONDS TO STIMULI | <input type="checkbox"/> | | |
| DROWSY | <input type="checkbox"/> | | |
| FULLY CONSCIOUS | <input type="checkbox"/> | | |
| Time | | | |
| TREATMENT GIVEN | | | |

Reverse

No: Patient loading Number (for ambulance management)
Time: First triage
Treatment given /
Reasons for delay: (2nd priority only)
Injuries:
Name: (if known)

Contact Information

Office of the Medical Displan Coordinator

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55 Victoria Parade
Fitzroy Vic 3065
Australia
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Internet: <http://www.health.vic.gov.au/displan>

Staff:

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Executive Officer
Ms Dorothy Manuel
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