



**Canterbury  
Primary  
Response  
Group**

## **MASS CASUALTY PLAN**

**Created By:**

CPRG Team

## Plan Approval

This plan was approved on the 29<sup>th</sup> day of May 2018.

Dr. P Schroeder  
Chair of the CPRG

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## Types of Mass Casualty Incident

A Mass Casualty Incident (MCI) is any occurrence that presents a serious threat to the health of the community or disruption to the health services, or causes (or is likely to cause) numbers or types of casualties that require special measures to be implemented by appropriate responding agencies, including ambulance services, DHBs (e.g., hospitals, primary care and public health) and the Ministry, in order to maintain an effective, appropriate and sustainable response. The main types of MCIs are listed in Appendix 1, together with a list of historical examples. MCIs fall into two main categories: **no notice** and **rising tide**. These may occur onshore (i.e., within New Zealand) or offshore (i.e., in another country). Both types of incidents have the potential to overwhelm health services by creating a surge in demand.

**No-notice** incidents happen suddenly, with little or no warning. A no-notice incident may occur in isolation, or a series of incidents may occur consecutively or concurrently. A no-notice incident could be caused by an earthquake, an explosion, a serious transport accident, a tsunami, or a series of simultaneous incidents (e.g., multiple bomb blasts), and can result in a large and immediate increase in the number of casualties.

A no-notice incident that produces a large number of seriously injured people is likely to have serious immediate and ongoing implications for local, regional and national health services.

**A Rising-Tide** incident, sometimes known as a slow-onset incident, produces a surge in the number of casualties over time. It may result from a single event, such as a hazardous material incident, which produces no immediate casualties but where over time a growing number of people present with health effects resulting from the incident, or from a consecutive series of events (related or unrelated).

Some rising-tide incidents may be extremely difficult to detect. Discrete groups of patients presenting with signs and symptoms at a range of health care facilities may only be linked by epidemiological tracking.

This type of incident is likely to have a greater and more sustained effect on the primary sector in the immediate vicinity, possibly with an increased need for community-based resources. A rising tide incident may also have a much greater public information management requirement in order to ensure that members of the public who may have been affected by the incident seek appropriate medical help.<sup>1</sup>

A mass casualty incident will likely cause a large scale health emergency within the Canterbury region and will require a coordinated approach to manage any health response. Experience from the Canterbury earthquake in February 2011 demonstrated the need for all health services to be prepared and coordinated to be able to respond in a timely and effective manner.

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<sup>1</sup> New Zealand Ministry of Health Emergency Plan: Mass Casualty Plan 2011 pp 1 & 2.

## Introduction

The Canterbury Primary Response Group (CPRG) Mass Casualty Plan focuses on the processes, structures, and roles to support and coordinate General Practice, Community Pharmacy, Community Nursing and other Primary Health Care Providers in the readiness for, response to, and recovery from a mass casualty incident (MCI).

This mass casualty plan is a subset of the CPRG Emergency Plan and any response shall be managed within the context of that plan. It is also linked to the CPRG Pandemic Plan in particular relation to 'a rising tide' situation.

## Goals

- To promote a collaborative, coordinated and supported health response to mass casualty incidents within the Canterbury region.
- To actively work in collaboration with national (MoH), local (CDHB) and St John ambulance planning and responses to such incidents.

## Expectations

The following expectations underpin this plan:

- That this plan supports and recognises the Canterbury health sector's MCI plans and other planning by the Ministry of Health (MoH), the Canterbury DHB and St John Ambulance in relation to MCIs.
- That the CPRG will develop, maintain and exercise this MCI Plan and response management and coordination in conjunction with the CPRG Emergency Plan.
- That CPRG will lead and coordinate local readiness, capability and response amongst General Practice, Community Pharmacy, Community Nursing and other Primary Health Care Providers within the CDHB region.
- That the CDHB role and responsibility as funder and provider of specialist, acute and trauma health services with their region shall be acknowledged.
- That this plan expects an acceptance of Primary Health Organisations (PHO), Community Pharmacies, Community Nursing and other Primary Health Care Providers to support this plan and the CPRG role during an MCI.
- That the rights of all primary and community health providers to continue their services to existing patients and support increased demand and where necessary to allow services to be reshaped to meet changes in demand and funding shall be recognised.

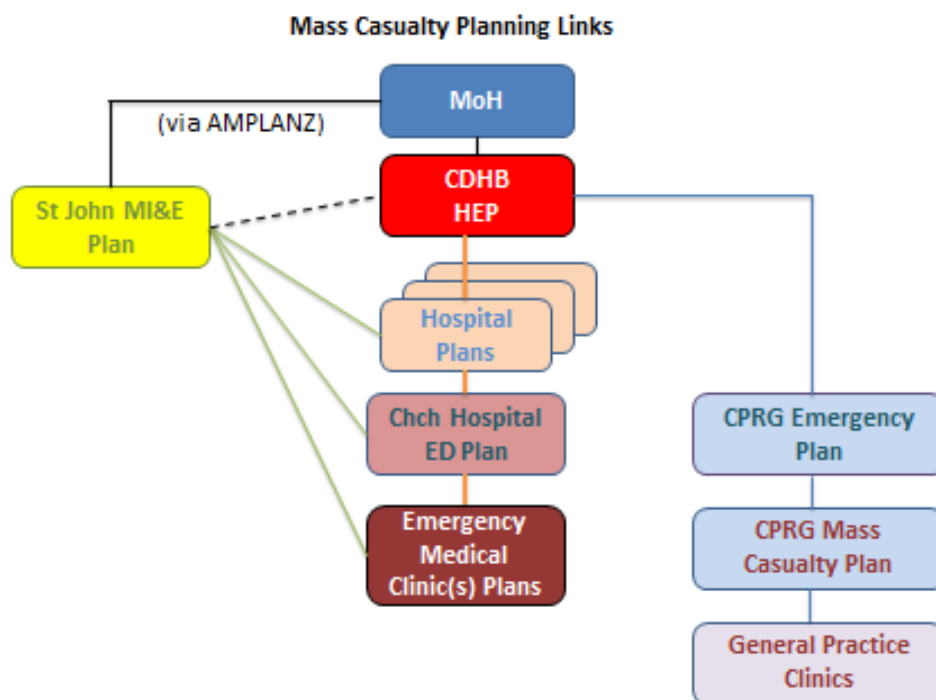
## Plans

The New Zealand health emergency plans for MCIs:

Ministry of Health Emergency Plan	<a href="https://www.health.govt.nz/our-work/emergency-management/national-health-emergency-plan">https://www.health.govt.nz/our-work/emergency-management/national-health-emergency-plan</a>
Ministry of Health Mass Casualty Action Plan	<a href="https://www.health.govt.nz/search/results/Mass%20Casualty%20plan">https://www.health.govt.nz/search/results/Mass%20Casualty%20plan</a>

Canterbury DHB Emergency Plan	In house plan
Canterbury Hospitals	In house plan
Christchurch Hospital Emergency Department	In house plan
St John Ambulance Mass Casualty Plan	Amplanz
24 Hour Surgery Plan	In house plan
Moorhouse Medical Plan	In house plan
Riccarton Clinic Plan	In house plan

Figure 1: MCI Planning Links



All these plans link and provide support for the Canterbury health sector in managing any response to MCIs.

For the purpose of this plan no-notice MCI responses differ from those of the rising-tide; the former being a sudden onrush of casualties, the second a build-up. Both have the ability to impose limitations or strains on the provision of health services.

Each will be covered separately in this plan.

### No-Notice Incidents

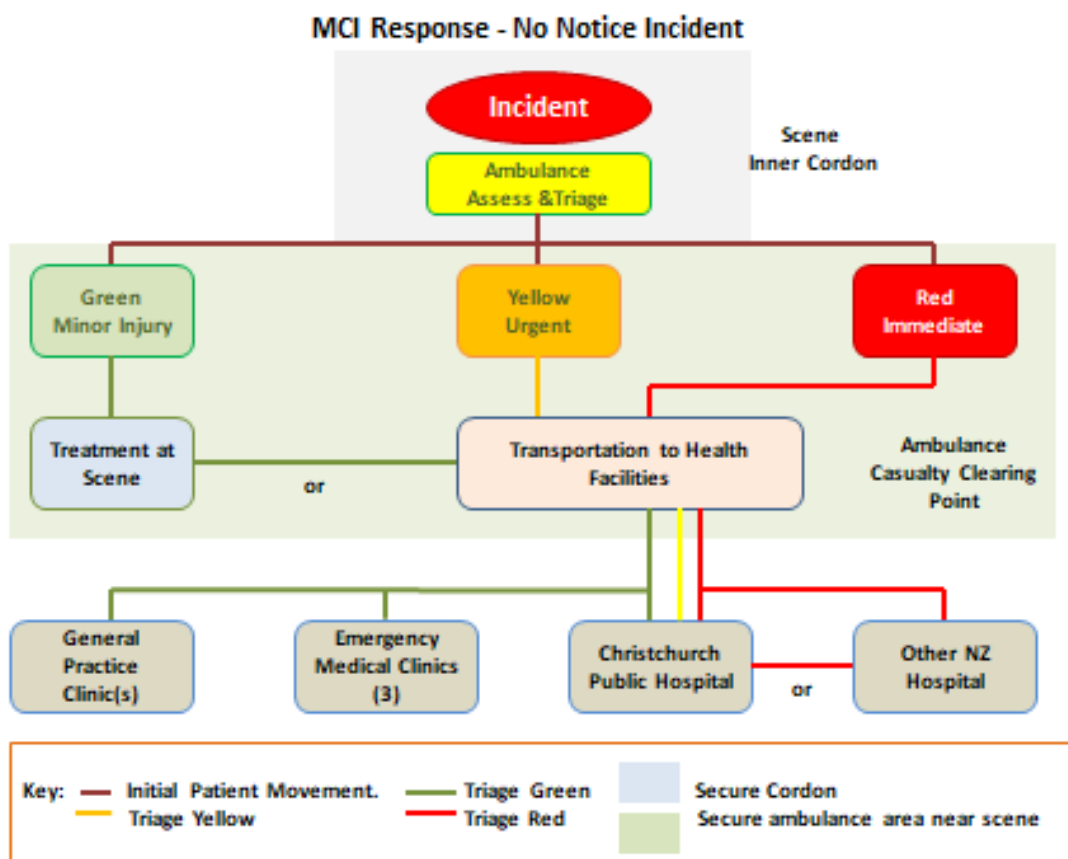
The general expectation with no-notice MCIs, is that the ambulance service will be notified and attend the scene along with Police and Fire and Emergency. The national Coordinated

Incident Management System (CIMS) will apply at the scene with cordons being established to maintain control and allow emergency services to work unimpeded.

An inner cordon will be established around the immediate scene, with a wider cordon put in place to contain response activities such as vehicle and staff staging, and for the health response, a **casualty clearing point**. At this location patients from the incident will be reassessed and re-triaged and sorted for priority for transport to an appropriate medical facility for treatment. St John Ambulance have produced a casualty flow chart in planning for an 'on field' incident at Christchurch International Airport. This is attached as Appendix B.

Such a facility for treatment can include the hospital emergency department, urgent care medical clinics, specialist hospital centre (e.g., burns unit) or general practice clinic. Some of the minor injured could be treated on site and released by ambulance personnel.

Figure 2: Patient flow from No-Notice MCI



### Primary Care Response

The primary care response to this type of MCI differs by reason of location. In an urban locality, a general practice clinic could be requested to provide support for the treatment of the minor (Green Triaged) injured in cases where the Emergency Department and emergency clinics are unable to manage the workload.

The CPRG function in an urban situation will be to:

- Activate the CPRG Emergency Plan and assist the CDHB and Ambulance Incident Controller(s) by establishing suitable facilities to receive patients
- Survey facilities likely to be available
- Coordinate any resourcing requirements to support them.

In a rural or semi-rural locality a general practice team could be called upon to assist at the scene and/or the casualty clearing point.

The CPRG function in a rural or semi-rural situation will be to:

- Activate the CPRG Emergency Plan and assist the responding practice with resourcing requirements
- Survey facilities likely to be available
- Coordinate any resourcing requirements to support them
- Assist the CDHB and Ambulance Incident Controller(s) by establishing suitable facilities to receive patients
- Assess any ongoing support required for the practice and staff who attend the MCI scene.

## **Rising-Tide Incidents**

The most common example of this type of incident is the annual influenza-like illness season and pandemic outbreaks. In such cases the CPRG Pandemic Plan outlines the required response.

However, this creeping increase in patient numbers may also become apparent through monitoring by general practice teams. This would be particularly evident if the increases were as a result of a hazardous material or contamination incident that caused patients to suffer symptoms and present at the practice for a time after the actual event.

The CPRG function in this situation will be to:

- Activate the CPRG Emergency Plan and, if necessary, the Pandemic Plan
- Provide advice to practices on epidemiological tracking
- Monitor primary health practices and their ability to cope with workloads
- Coordinate any resourcing requirements to support them
- Provide CDHB Incident Controller with reports on the primary health situation
- Provide regular situation updates to primary practices
- Establish suitable facilities to assess and treat patients if existing practices are unable to
- Survey facilities likely to be available
- Coordinate any resourcing requirements to support them
- Assess any ongoing support required for any practice and staff who treat those affected.



## **Contamination**

Contaminated presentations such as those near industrial locations and the urgent care clinics need to be aware of and should make provision for protection of staff, the contaminated, and other patients.

Fire and Rescue NZ have the capability for on-scene decontamination if required, dependent on their availability.

## **Assumptions**

The following assumptions are made in respect of this plan:

- That the ambulance service will control the health response at the scene of an MCI.
- That patients will be transferred to Christchurch Emergency Department unless that facility is unable to cope.
- That in such a case patients will be diverted according to triage status to other facilities, based on their capacity.
- That the first line of such diversion(s) will be to urgent care medical clinics (24 Hour Surgery, Riccarton Clinic, and Moorhouse Medical Centre).
- That these clinics have in place a means to activate and respond with extra staff to manage their workloads.
- That primary health practices should only receive patients within their scope of practice, ability and capacity.
- That CDHB will control and coordinate the health response beyond the scene to both no-notice and rising-tide MCIs.

## **Communications**

Communications will be managed in accordance with the CPRG Emergency Plan.

## **Activation and Deactivation of this Plan**

This plan shall be activated and deactivation in accordance with the guidelines on page 10 of the CPRG Emergency Plan.

## **Review of MCI Plan**

This plan shall be reviewed by the CPRG every two years and/or following any activation.

## Appendices

### Appendix A: Types and Classifications of Mass Casualty Incidents

- Transportation accidents
- Infrastructure collapse
- Weather/nature event
- Biological – e.g., anthrax, smallpox, flu, pneumonic plague
- Chemical – e.g., chlorine, sulphur mustard, sarin
- Conventional – e.g., improvised explosive device
- Food borne – e.g., botulinum neurotoxin
- Nuclear or radiological – e.g. 1KT or 10KT explosion

#### Planning Considerations for Staffing Capabilities

Acuity Level	Staffing Capabilities
<b>Red</b>	Advanced Cardiac Life Support (ACLS) / Basic Life Support (BLS), Paediatric Advanced Life Support (PALS), Trauma certification and/or ED experience; Critical Care Certification and/or experience.
<b>Amber</b>	ACLS (preferred by not required); BLS; speciality experience if needed (psych, paeds, obstetrics, other)
<b>Green</b>	BLS; speciality experience if needed (paeds, obstetrics, wound, orthopaedic, other)
<b>Expectant</b>	Experience in hospice, oncology, pain management, etc.

<https://www.urmc.rochester.edu/medialibraries/urmcmedia/flrtc/documents/wny-hospital-medical-surge-planning-for-mass-casualty-incidents.pdf>

## Appendix B: St John Airport Scenario Flowchart

