
8. IMPLEMENTATION OF A MASS CASUALTY MANAGEMENT SYSTEM

The implementation of a Mass Casualty Management System must follow a well defined process, planned and managed jointly by the National Disaster Coordinator and the Health Disaster Coordinator.

A. PHASE 1 - ADOPTION AS NATIONAL POLICY

The Ministry of Health will function as a catalyst in the process and will assume the responsibility of presenting the objectives and principles of the Mass Casualty Management System to the political directorate of the country. Phase 2 of the implementation process will commence as soon as the decision is taken to:

- Incorporate this response strategy into the National Disaster Policy
- Endorse the proposed implementation process

B. PHASE 2 - SENSITIZATION

Sensitization at all levels and in all sectors is imperative for the successful implementation of the Mass Casualty Management System. The National Disaster Coordinator and the Health Disaster Coordinator share responsibility for sensitization which can be achieved through the following steps:

1. National Consultation

A one-day meeting of decision makers and managers (from the public and private sectors) at which national policy will be enunciated and the outline of the system introduced. The aim of this consultation is to foster general consensus and commitment.

2. Sectoral Consultation

Within each sector, vertical consultations will be organized to present the Mass Casualty Management System and define the specific role of each sector within the system. The aim is to obtain consensus from each sector regarding its role and the linkages with the other sectors.

3. Multisectoral Consultation

Multisectoral consultation brings together management staff of all involved sectors with the objective of obtaining consensus for the multisectoral approach and commitment to an implementation agenda.

4. Community Sensitization

Representatives of community groups and non-governmental organizations will be invited to the national consultation. Broad sensitization of the community will occur simultaneously with the implementation process through the media and other community communication channels. The community will be integrally involved in the

development of the district component of the National Mass Casualty Management Plan.

C. PHASE 3 - TRAINING

Training should be conducted utilizing a multisectoral approach. A core of persons from relevant sectors will be trained as mass casualty managers through a series of workshops and small exercises. Each manager will be individually responsible for training of the staff in his/her sector. In case of a mass casualty event, those core persons will function as the managers of their specific teams.

A national mass casualty management exercise will be organized as soon as a basic level of preparedness exists in order to strengthen the linkages between sectors and for practical application, to evaluate the implementation.

Training in Crisis Management will be conducted for politicians and top level managers.

D. INSTITUTIONALIZATION OF THE SYSTEM

Sustainability of the MCMS relies on the degree of institutionalization. Each country/territory should ensure that several basic actions are taken. Given the limited resources available in countries in some regions, it is highly advisable to utilize a common approach within the region.

1. National Emergency Act

Regulations under this Act should incorporate the defined role of the key managers of the Mass Casualty Management System (see Annex 1).

2. Job Description

The responsibility of each officer in Mass Casualty Management should be included in his or her standard job description, which will also detail minimum requirements to fulfill this function (see Annex 2).

3. Training

All physicians, nurses, Police Officers, Fire Officers, and other emergency responders must be trained in Mass Casualty Management before their graduation or official assignment to work. All related schools and training institutions must incorporate Mass Casualty Management training into their curricula.

Annual training sessions with drills must be organized at various levels. This is aimed at upgrading the level of knowledge and maintaining the state of readiness.

Emergency services must observe minimum requirements and be able to function as defined at the regional level.

Main district health care facilities and Accident and Emergency Departments should be equipped with sufficient emergency medical kits containing equipment and supplies for treating a minimum of 25 casualties.

E. MAINTENANCE OF A MASS CASUALTY MANAGEMENT SYSTEM

The Mass Casualty Management System must be evaluated annually through a simulation exercise which will take place as part of the annual training. Every two years, this exercise will constitute a component of a national simulation exercise, organized to test the National Disaster Response Plan.

In the event of a large mass casualty incident during the year, the annual simulation exercise will be replaced by a debriefing/evaluation session.

The National Disaster Coordinator, with the direct support of the Health Disaster Co-

ordinator has overall responsibility for the management of the system. The Ministry of Health, through the Health Disaster Coordinator, has the added responsibility of ensuring the highest quality of care delivery.
