What We Do …

The Israeli National E.M.S System

- Pre-hospital care
- National Blood Services
- Emergency Medicine Instruction
- National Red Cross Society
- Civil Auxiliary Service To The I.D.F (Israel Defense Forces)

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M.D.A. Resources

- 1,545 Employees
- 11,450 Volunteers
- 1 National Medical Dispatch Center (NMDC)
- 11 Regional Dispatch Centers
- 115 Dispatch posts
- 160 A.L.S. Ambulances
- 499 B.L.S / I.L.S Ambulances (including emergency storage)
- 172 B.L.S / I.L.S Ambulances in remote locations
- 94 First Responders motorcycles
- 24 Multi Casualty Response Vehicle (M.C.R.V)
- 1 Air Med Unit

System Activation

- 101
- Regional Dispatch Centers
- National Medical Dispatch Center (NMDC)
- MDA Command and Control System
- 3 tier medical response
- Basic / Intermediate Life Support Ambulances
- Advance Life Support Ambulances
- MDA First Responders
Scenarios

- Conventional Multi Casualty Incident (M.C.I), Mega M.C.I
- Haze Mat incidents, Toxicological Multi Casualty Incident (T.m.c.i)
- Radiological incidents
- Biological scenarios
- Natural Disasters
- War time

Terrorism

Preparedness For Emergency Scenarios

- Integrated Doctrine
- Guidelines and Protocols
- Personal Protection Equipment
- Designated Gear, C & C Accessories
- Basic Training, Continues Education Programs
- Combined Training Programs, Drills And Exercises
- Emergency Agencies Coordination
- Alertness Inspection
- Level Of Alert
Preparedness

- Drill
- Equipment
- Education of “know how”
- Doctrine & guidelines

Medical response

- Emergency Medical Services
- Volunteers (medical)
- HealthCare providers in the community
- Hospitals
- Military medical corps
Who we cooperate with?

Magen David Adom

- Israel fire & rescue
- Hospitals
- Israel national police
- Health care in the community
- IDF medical corps
- IDF home front command
- IDF air force
- Local authorities
- IDF medical corps
- Emergency division MOH
- Ministry of environmental protection
- NEMA national emergency management authority
- Israel fire & rescue
- Hospitals
- Israel national police
- Health care in the community
- IDF medical corps
- IDF home front command
- IDF air force
- Local authorities
- Emergency division MOH
- Ministry of environmental protection
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Cooperation mean:
- Doctrine, Procedures, army regulations
- Training, Drills, Exercises
- R&D
- Routine scene response
- Emergency scenarios response
- Debriefings, mutual conclusions Drawing
- Lessons learned & assimilation

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Bus stop bombing
Jerusalem March 23th

* First call - 15:05
* First unit at scene - 15:07 (BLS), 15:10 (ALS)
* First evacuation - 15:14

* 40 casualties: 1 critically, 3 severe, 5 moderately, 31 mildly.
* 6 ALS units, 37 BLS units, 1 MVRC, 14 Motorcycles
* 95 units of blood and blood components

Years Of Terrorism

30,595 Terrorist attacks since 9/29/00

http://www.shabak.gov.il
1,065 killed in Terrorist attacks since 9/29/00

155 Suicide Attacks

525 people were killed in Suicide Attacks
Suicide Bombers Attacks
Less Than 0.5% From The Total Number Of Terrorist Attacks
49.3% From The Total Number Of Fatalities In Terrorist Attacks

9/29/00-12/12/07

M.D.A During Years Of Terrorism 09/2000-06/2008

🌟 2,133 Terrorist Attacks
🌟 9,344 Casualties
The Suicide Bomber

"Walking Smart Bomb"

🌟 Determined To Act
🌟 Can Not Be Stopped
🌟 Have The Ability To Choose The Time And The Place

M.D.A ACTIVITY IN THE SUICIDE TERRORIST ATTACK

JERUSALEM, Sunday, 1/29/2004
The Time Frame

8:51 AM - FIRST CALL FROM BYSTANDERS ABOUT A EXPLOSION IN A BUS IN JERUSALEM

8:51 AM - M.C.I. PROTOCOL ACTIVATED

Incident Summary

08:50 08:51 08:55 08:58 09:01 09:05 09:17

FIRST CALL M.C.I. PROTOCOL ACTIVATED
FIRST UNITS ON SCENE
ON SCENE
1 ALS
13 BLS
1 MCRV

FIRST Evacuation

• A.L.S Units - 7
• B.L.S Units - 34
• M.C.R.V (multi casualty response vehicle) - 1
• Physicians - 3
• Paramedics - 15
• E.M.T / First Responders - 85

M.D.A National Blood Services Supplied 187 Units Of Blood And Blood Components To Hospitals In Jerusalem

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Casualties

37 Casualties
11 Deceased On Scene
2 Casualties - Secondary Relocated

Average Response To Suicide Bombers Attack

**First Ambulance on Scene**
4.6 MIN

**First Evacuation**
11.5 MIN

**Last Urgent Casualty Evacuated**
30.2 MIN

**Last Casualty Evacuated**
59 MIN

42 MDA Ambulances
22% A.L.S

116 E.M.S Personal
12% A.L.S

Reference: MDA medical division
Multi Casualty Incident

What's Not Simple.. Simply Won’t Be ....!!!

❖ Arrival And Primary Report
❖ Establish M.D.A Medical Command
❖ Triage & Life Saving Procedures
❖ Rapid Evacuation According To Distribution & Regulation Principles

Challenges and Difficulties
❖ Chaos Exist!
❖ Safety : Secondary Explosion
❖ Where are the casualties ?
❖ Can we save them all ?
❖ “Scoop & run” Or “Stay & play” ?
❖ Recourses & Managing
The Goal

The Goal Of All Responders Should Be:

“Save as Many lives as Possible”

Regional Dispatch Center Activities:

- “Worst Case” Scenario
- Do we Have a Situation?
- Protocol /Checklist Activation
- Response ......
- Hospital Representative Activation
- Incident Situation
- Distribution & Regulation Of Casualties
- Response To Routine Calls
- Secondary Casualties Relocation
Scene Reinforcement During M.C.I

* First Responders & Volunteers
* Crews On Alert (Ambulance’s At Home)
* Regional Mutual Aid
* Ambulances In Training Courses
* The “Market Forces” (Bystanders)
* Pagers

M.D.A LEVEL OF ALERT

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Crews En Route

* Staff Briefing
* Personal Protection Gear
* Organizing M.C.I Equipment

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M.D.A Chain Of Command In M.C.I

EMT On First MDA Ambulance

PARAMEDIC on First MDA ALS unit

MANAGERIAL Staff

Principle Of Command & Control

★ Scene Evaluation
★ Primary Report To Dispatch Center
Principle Of Command & Control...

- Scenario Evaluation
- Primary Report To Dispatch Center
- Incident Commander Declaration
- Joining Of Emergency Agencies Commanders On Scene
- Division Of Scene Into Sectors
- Team Activation To The Sectors

Crews Activity In The Sectors

- Localization Of The Casualties
- Removing Casualties From Danger Zone
- Triage & Life Saving Procedures
- Marking
- Report To Incident Commander
Conmen Injuries

- Blast Injury
- Blunt Injury
- Penetrating Injury
- Burn Injury

Filed Medical Care

Life Saving Procedures On Scene

- Air Way Control / Intubation
- Needle Application
- Hemorrhage control (Direct Pressure /Tourniquet)

Continuance Procedures On Route

- I.V. Fluids, Additional Medical Care, Etc.
- Casualties Medical Escort

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Casualties Marking

Medical Documentation

Triage For Treatment & Evacuation

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Death Percentage

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Blumenfeld A et al: The medical characteristics of MCI. Trauma Branch, IDF-Medical Corps. 2004
Principle Of Command & Control...

- Updating Dispatch Center
- Responding Agencies Coordination
- Definition Of Arrival & Evacuation Routes
- Evacuation Of Casualties A. S. A. P.

Principle Of Command & Control...

- Distribution And Regulation Of Casualties By Dispatch Center
- Continued Medical Treatment
- Staging & Treatment Site On Scene?
After The Blast

- Evacuation Of All Casualties
- Deceased On Scene
- Back To Full Operational Ability
- Debriefing

Debriefing

- Primary Data Collection
- Operational Debriefing
  - What we have done right?
  - What we have done wrong?
  - What we have done right but can done better?
  - What we have done to prepare ourselves for that we have not yet experienced?
- Medical Debriefing
- Critical Incident Stress Debriefing
What Have We Learned?

- Who Make The Decision?
- M.C.I Checklist / Protocol
- Hospitals Coordination & Notification
- Managing Within The Chaos!
- Should We Wait For The Bomb Squad?
- Scene Reinforcement & the “Market Force”
- Did We Fined All The Casualties??
- Commanders Identification

What Have We Learned?

- Emergency Agencies Coordination
- Can We Get To The Scene And Out?
- Initial Triage:
  - ‘Those How Need Immediate Life Saving Procedures And The Rest’
- Scene Clearance (Casualties & Crews)
- Secondary Casualties Relocation
- Preliminary Incident Debriefing
Appreciate your listening
And patience.....
THANK YOU!
For further information

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