

Chief Fire Officer is in control of the site until it is declared 'fire safe', after which site control is passed to the Police Site Controller. Access to the site will be through a cordon controlled by the Police, who may restrict passage to uniformed, identified emergency services. Medical Teams required on-site will be transported by the Ambulance Service, ensuring legitimate access to the site.

## Health and Medical Resources On-site

The first health or medical responders to the site of a disaster will almost invariably be the Ambulance Service, whose initial task is to assess the situation and notify the Coordination Centre of the need for additional resources, before attempting any triage or treatment of casualties.

Additional ambulance resources are mobilised and dispatched to the scene as required and available. This will include an Ambulance Site Commander. The Ambulance Service notifies the Medical Controller, who determines the need to direct a designated Medical Commander to proceed to the site. The Medical Commander, working in collaboration with the Ambulance Commander, may require Disaster Medical Teams on-site; this is conveyed to the Medical Controller, working from the Medical Emergency Operations Centre, located within the Ambulance Coordination Centre.

The decision to dispatch Disaster Medical Teams to the site is made by the Medical Controller. This will depend on the relative need for specific medical expertise at receiving hospitals and the needs on-site, bearing in mind the capability of the Ambulance Service in prehospital management. The decision will be influenced by such factors as overwhelming numbers of casualties, prolonged time for evacuation to hospital, inaccessibility and possible trapped casualties. It is not lightly undertaken.

Disaster Medical Teams will be transported by the Ambulance Service, and will be responsible to the Medical Commander on-site.

## Site Organisation

Organisation of the site for the triage and management of mass casualties will be undertaken by the Ambulance Commander in consultation with the Police Site Controller and the Medical Commander. A suitable area as close as practicable to the 'impact' is selected for triage, treatment and dispatch. It is within this area that medical teams will work, and not at the impact site, from which casualties will be moved by ambulance personnel. Medical teams may be sent into the impact area to treat entrapped casualties. This will be decided by the Medical Commander in consultation with the Ambulance Commander.

## Accountability

Medical Teams on-site are responsible to the Medical Commander, and not to the their hospitals of origin. Ambulance personnel are responsible to the Ambulance Commander. These two Commanders work in consultation, with tasks apportioned according to availability of appropriately skilled personnel. For example, the Triage Officer will be selected according to clinical competence and experience, not seniority. Where there is a difference of opinion on clinical matters, the decision of the Medical Commander shall prevail.

Relief of medical teams and individual members will be determined by the Medical Commander, who will request replacements as required. From the Medical Controller, individual teams will be stood down by the Medical Commander, and medical personnel will be evacuated from the site at the conclusion of the incident, on the directive of the Medical Controller.

## Volunteers

Persons volunteering their services at the site of a disaster will require to pass a police cordon, and be under the control of the Police Site Controller. Those whose capabilities may be useful in the medical area will be assessed by the Medical Commander, who will direct their activities. All personnel within this area will be responsible to the designated Medical Commander, irrespective of their medical seniority and capabilities.

## MEDICAL ROLES AT DISASTER SITES

### Medical Commander

Normally expect to be transported by Ambulance vehicle.

On arrival at scene:

1. Make contact with Ambulance Commander.
  2. Obtain Medical Commander's kit, including communications equipment.
  3. Receive update of situation:
    - estimation of numbers of casualties and types of injuries;
    - available resources on-site, both personnel and material;
    - location of casualties and information on any trapped casualties;
    - any specific hazards e.g. inflammable or toxic spills with potential for further damage or injury.
  4. Assess situation in terms of need for medical teams, special resources and special hospital requirements.
  5. Contact the Medical Controller and inform of assessment of situation, in particular the need for disaster medical team(s) on site.
  6. Maintain regular contact with the Medical Controller through radio or other communications medium.
  7. Nominate a Triage Officer, based on clinical capability. Note that the Ambulance Commander may have already identified the most appropriate person to be Triage Officer, based on known clinical competence and experience.
  8. Ensure adequacy of Triage Area and Treatment Area, and request any modifications through the Ambulance Commander.
  9. Supervise triage and treatment of casualties brought to the Triage Area, and thence to the Treatment Area.
  10. Liaise with the Ambulance Commander on the proposed dispatch of casualties to appropriate hospitals.
  11. Inform the Medical Controller of dispatch of casualties to hospitals.
- Note that in the event of overwhelming numbers of casualties, the decision