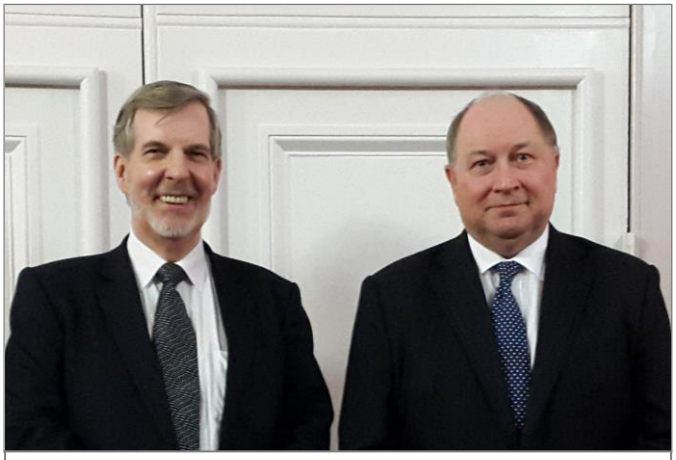
Minutes of the Eighth Ordinary Meeting

Held on Thursday 9th March 2017

'Just A GP'

Dr Peter Holden, General Practitioner, 'First Attender' at RTAs and disasters for years and Class 1 Police driver

Tavistock Square Bomb



Left to right: Mr Derek Machin and Dr Peter Holden

Peter Holden is a GP Principal, medico politician, and an Immediate Care Physician based in the East Midlands. He is a Strategic Medical Adviser to the East Midlands Ambulance Service and a member of the DH Emergency Preparedness Resilience and Response Clinical Reference Group.

Drawing upon his knowledge arising from 20 years' service as medical aircrew on his local air ambulances where he undertakes critical care interventions on the seriously ill and injured he described how such skills when coupled with his specialist training as a major incident commander were brought to bear when he led the rescue attempt following the bus bombing at BMA House on 07/07/2005. He also touched upon the new GMC recognised subspecialty of Pre-Hospital Emergency Medicine (PHEM).

Major incident management requires several concepts to be absorbed and understood

- The difference between a serious incident and a major incident. The former may require the deployment of specialist skills to the scene whereas the latter requires special arrangements by the service (NHS) to cope with the incident. What is a major incident for one emergency service may not be for another service.

- The aim is business continuity management obtained through prior planning and joint inter-service exercising of major incident plans. Best results are obtained when personnel are asked to perform an extension of their ordinary job but under unusual circumstances.

- Major incidents are either
    - simple – where the civic **and** utility infrastructure is intact
    - compound – where civic **or** utility infrastructure is inoperable
    - compensated – where (clinical) demand is less than (clinical) capacity
    - uncompensated – where (clinical) demands exceed (clinical) capacity
    - Big Bang – such as a transportation accident or terrorist incident
    - rising tide – such as a pandemic

- The UK has a well-developed multiagency response for major incidents and definitions do not depend upon numbers of casualties. Planning is based on an all hazards approach as it is impossible to predict whether, when, where or what type of emergency will arise.

- Unless caught up in a major incident as it occurs, medical staff should **not** proceed to the scene unless instructed. The police and fire service maintain tight cordons around such incidents and will not permit entry without proper personal protective equipment as part of a planned response.

- Alien to most doctors is that major incidents are command and control scenarios and discipline is vital and being the senior consultant irrelevant! Do as you are told by the incident commander!

- Those asked to become involved in major incident management are recruited on the basis of attitude, aptitude, skill, knowledge and not upon rank or post held.

- Key concepts concerning treatment
    - treatment frequently precedes formal clinical diagnosis
    - the target is to do the most for the most
    - accept that you will take casualties - failing which you will take more than you need to
    - accept that you will make mistakes
    - **understand the difference between optimum care and acceptable care**
    - this is the reverse of conventional clinical teaching and practice.

- Remember to keep accurate records as there will always be an inquest and often a public enquiry many years after the event

- Be on leave when it happens

Dr Peter J P Holden
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