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Lao PDR Integrated Emergency Response Training 2025

Chiang Khong Crown Prince Hospital, Chiang Rai Province, Thailand.

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Update in EMS Mass Casualty Incident: Tactical Organization and Specific Care

Frédérique LAVILLE

RN, Health manager/Nurse

SAMU 92, APHP

Chiang Rai Provincial health office
National Institute for Emergency
Medicine
Bokeo Provincial Health Office Lao
Bokeo Hospital, Lao

SAMU 92, APHP
IRESU
Chiangrai Prachanukroh
Hospital
Chiang Khong Crown Prince

With the support of the French Embassy in Lao

Specific situations

- Conventional situation + multiple victims

- Mass shooting
- Explosion
- Major fire

→ Saturation of Healthcare system

- Non Conventional situation +/- multiple victims

- CBRN event
- Dirty bomb / Terrorist attack

→ Incapacitation of Healthcare system



CONVENTIONAL SITUATIONS



Weapon and firearm injuries

- Weapons (excl. firearms) ≠ firearms <=> pathophysiological mechanism
- 2 distinct traumas :
 - Penetrating traumas:
 - Cutting
 - Crushing
 - Stretching
 - Blunt traumas:
 - Bursting
 - Breaking anatomical structures



Firearm injury

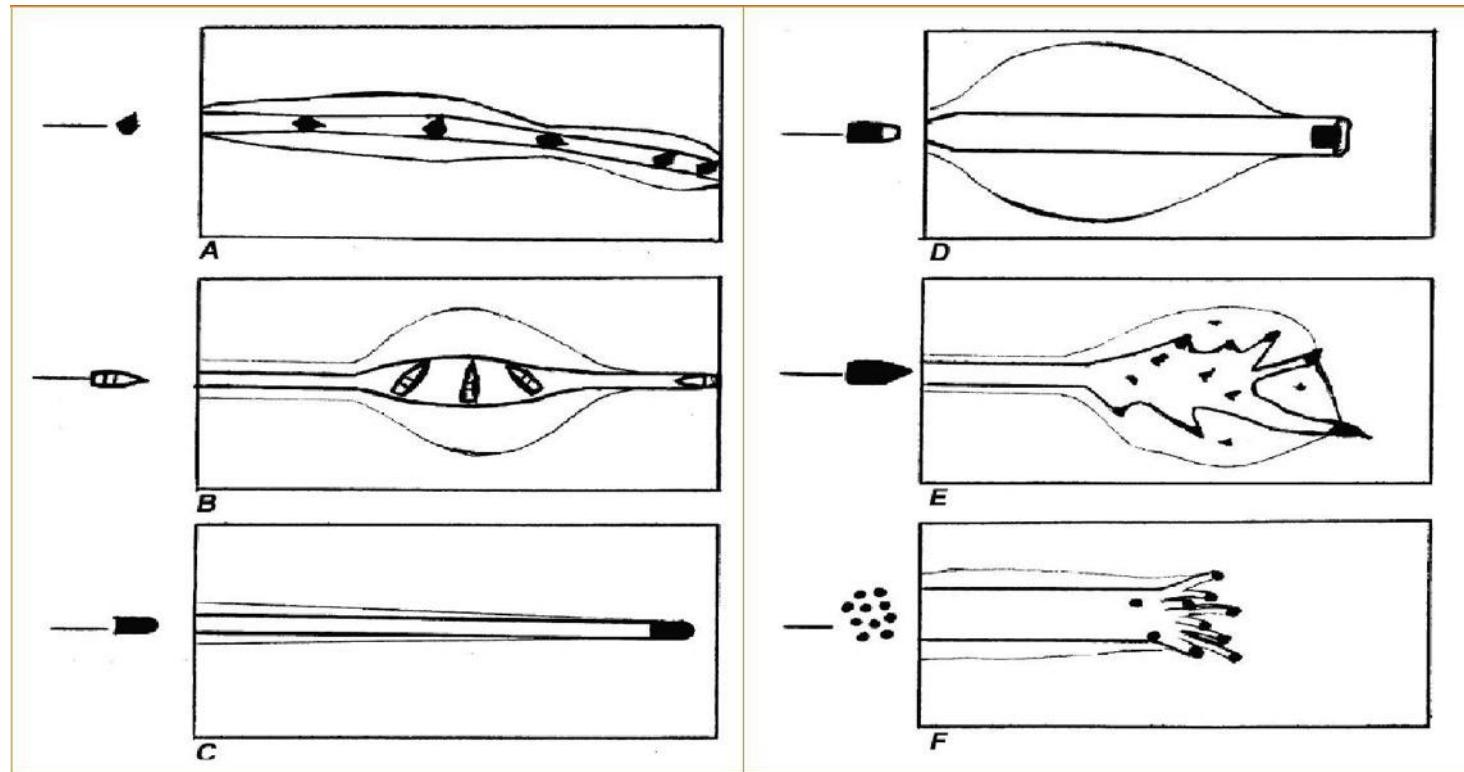
- Severity of firearms injuries depend on:
 - Types of bullets and cartridges
 - Types of firearms
 - Characteristics of affected tissues



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Terminal Ballistic and lesion



Permanent cavity \Leftrightarrow CRUSH cavity : cutting/crushing

Temporary cavity \Leftrightarrow STRETCH cavity : stretching (necrosis)

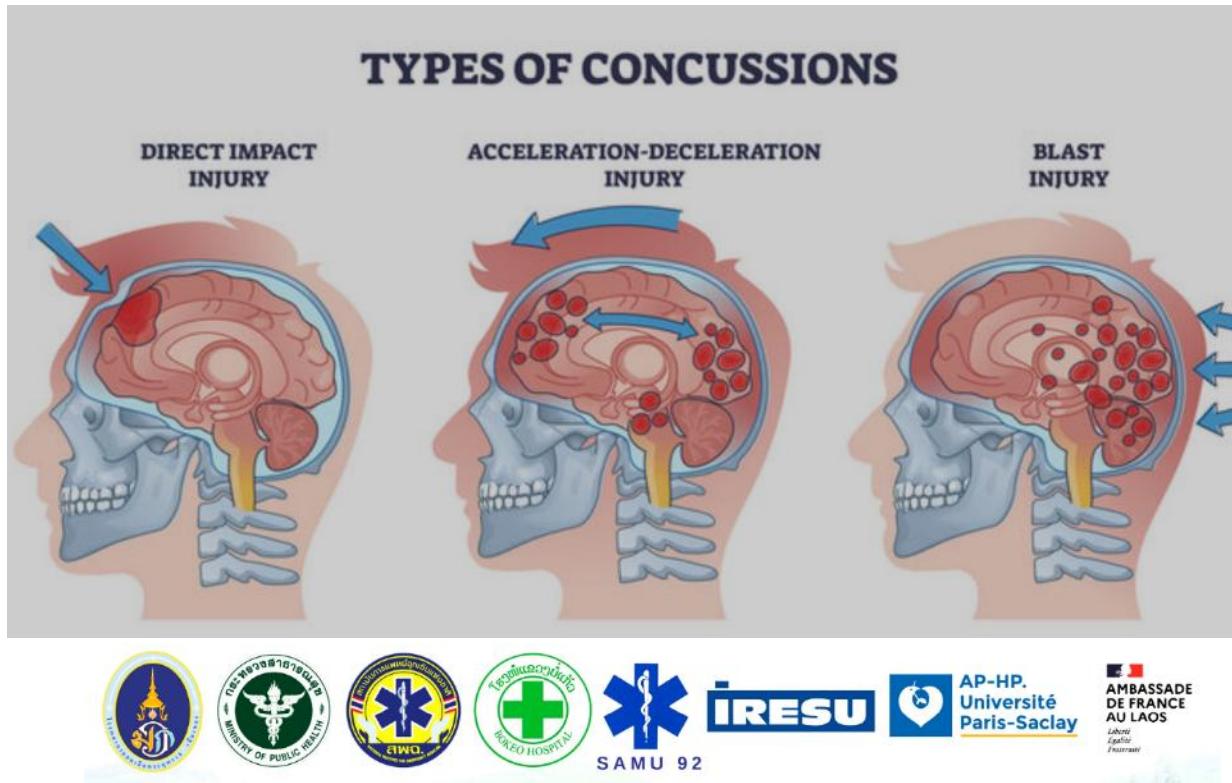


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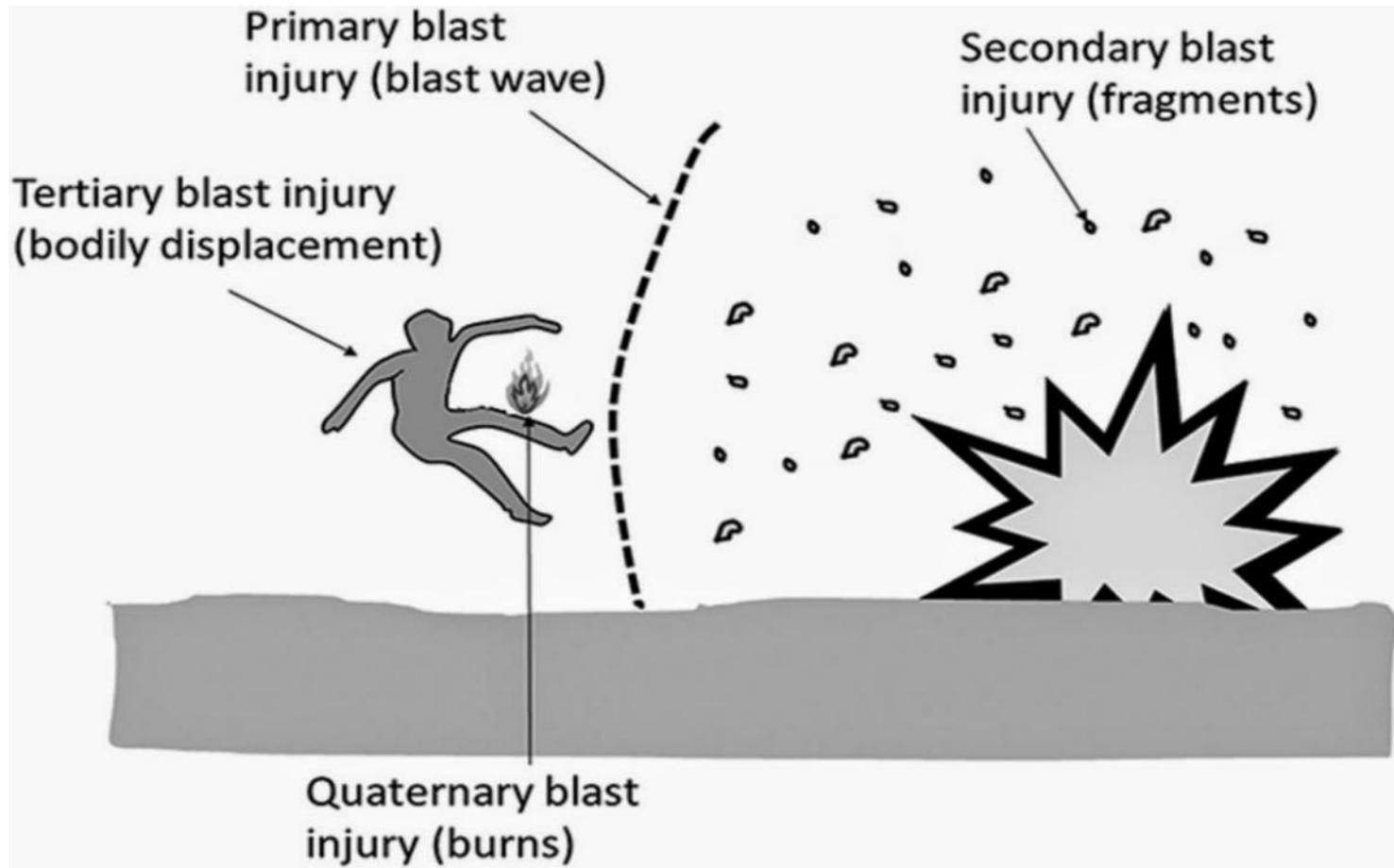


Blunt trauma

- 3 types of lesion:
 - Injuries caused by direct shock
 - Injuries caused by acceleration/deceleration
 - Injuries caused by blast effect



EXPLOSION



Treatment

- **Golden-hour**
- **Damage control**
 - CAT (Combat Application Tourniquet)
 - Hemostatic dressing (Kaolin+)
 - Compressive dressing
- **xABCDE approach:**
 - Xtreme Bleeding
 - Airway
 - Breathing
 - Circulation
 - Disability
 - Exposure

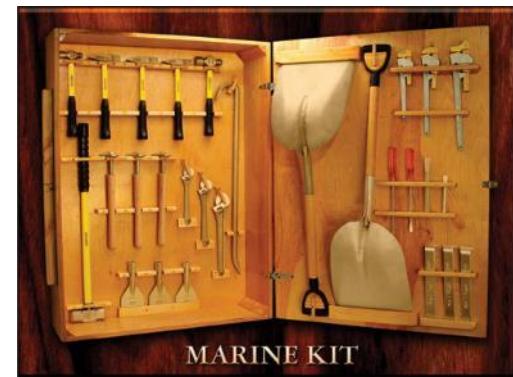


Golden hour



- The golden hour : the critical time period after a traumatic injury-
->prompt treatment prevents death.
- This term now refers to the principle of rapid intervention in trauma cases.
- Patients' chances of survival are greatest if they receive care within a short period of time after a severe injury.

Damage Control

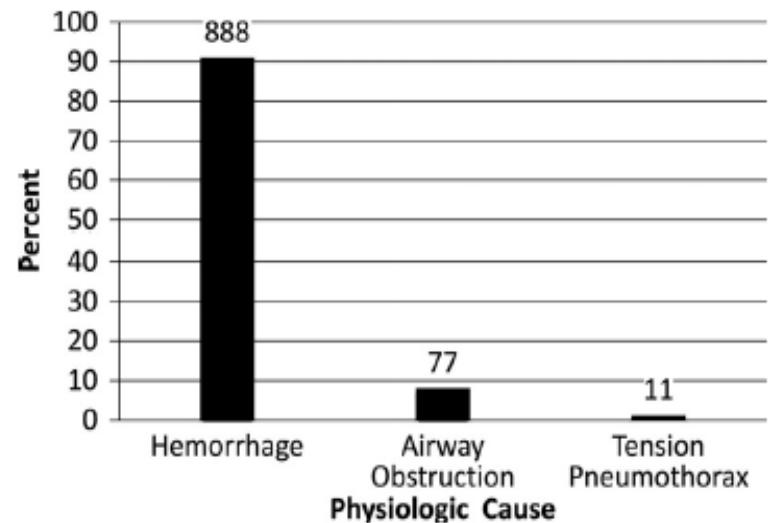


Mortality and trauma

~ 50% of early mortality in trauma is linked to hemorrhage

Hemorrhage: 83 to 87% of preventable deaths

Efforts must focus on bleeding control

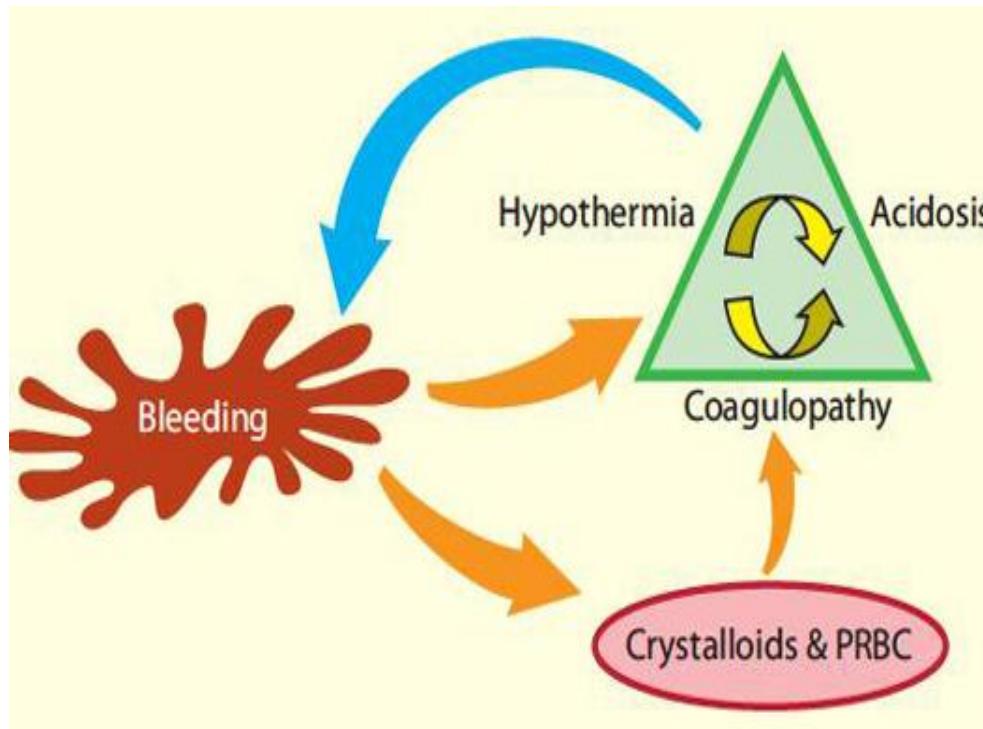


Eastridge et al. Death on the battlefield (2001-2011) J Trauma 2012



The death triad

- Bleeding =>hemorrhagic shock => vicious cycle



Damage Control Resuscitation

« Ground Zero »

Early consideration of the death triad

in 4 points :

1. Control of external bleeding
2. Control of hypothermia
3. (*Infusion / Vasopressor amines*)
4. (*Use of anti-fibrinolytic agents*)



1. Control of external bleeding

Early external haemostasis



Combat Application Tourniquet

Hemostatic dressings (packing)

Compressive dressings

Specific sites:

- scalp
- pelvis
- non compressible zone



2. Control of hypothermia



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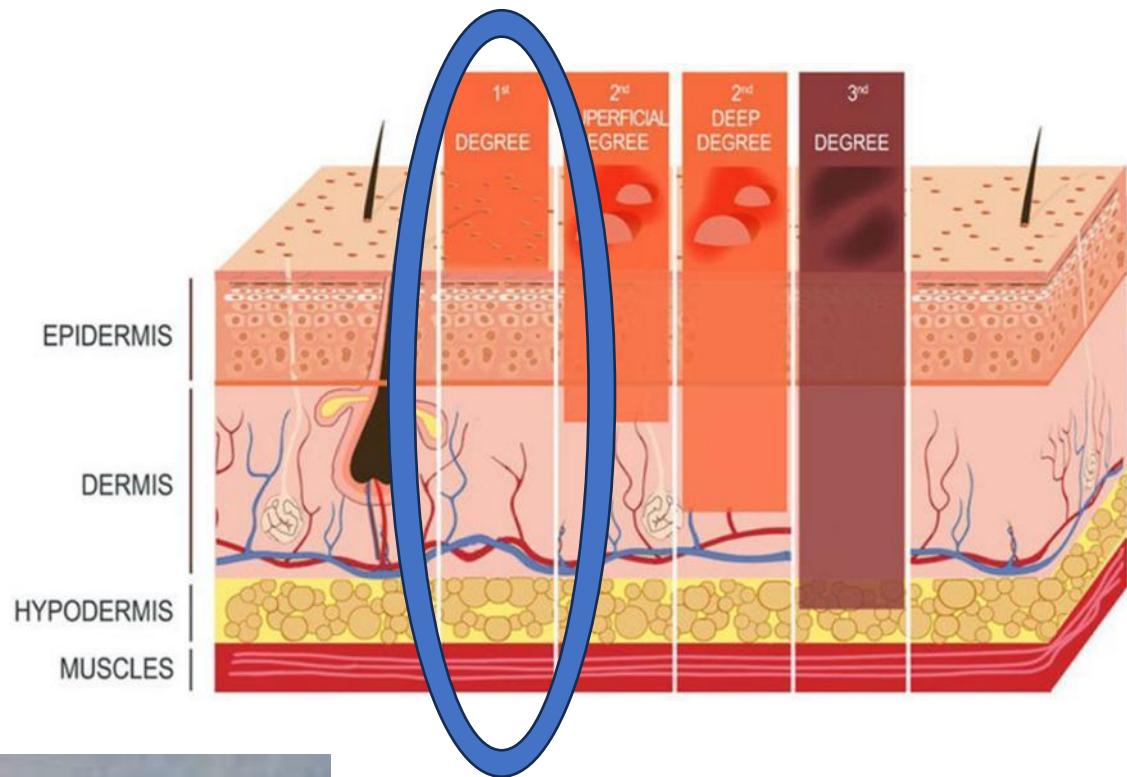
Major Fire

- Two main types of lesion :
 - Burn
 - Inhalation of asphyxiants like Carbon Monoxide (CO) or Cyanide (CN)
- Possibility of a large number of victims
- Need for EMS to begin pre-hospital care



Burns

1st degree



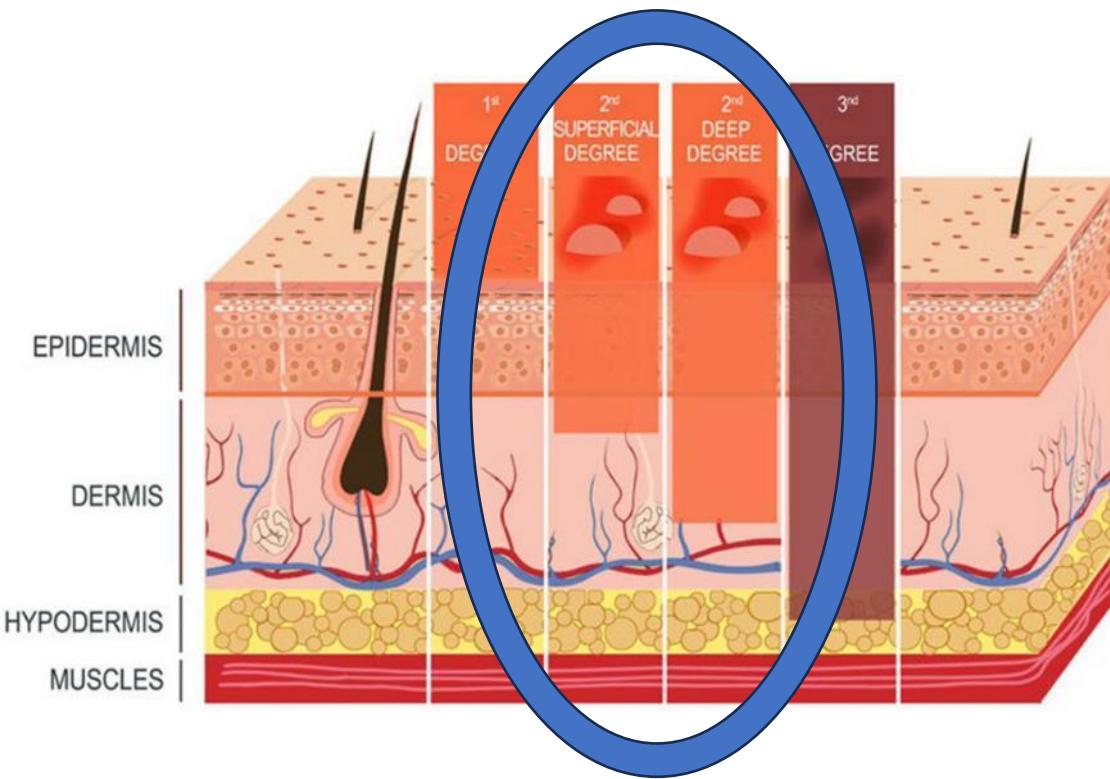
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Burns

2nd degree



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Burns

3rd degree



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NON-CONVENTIONAL SITUATIONS

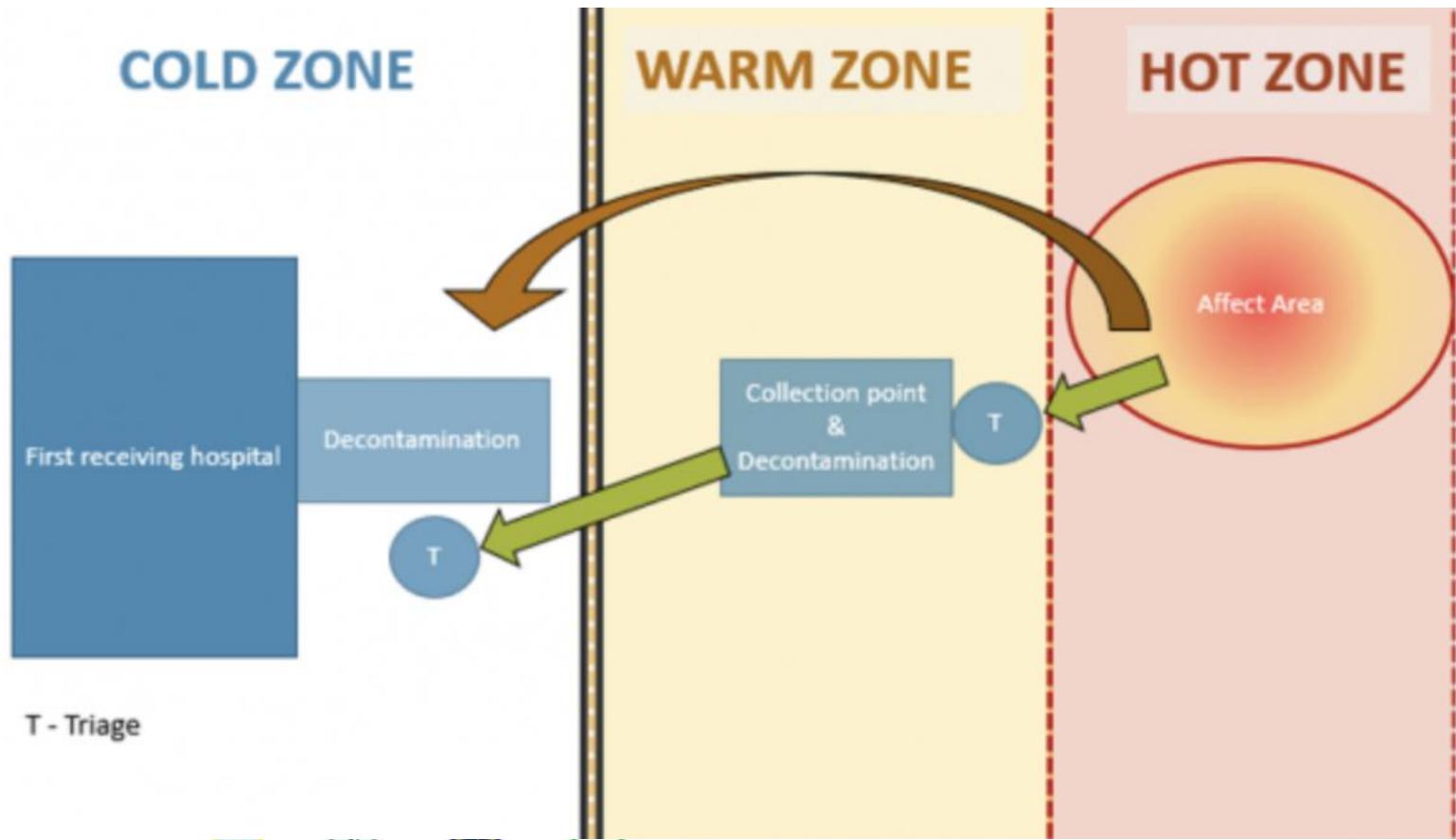


CBRN event

- The chemical and the nuclear hazards can be accidental or intentional in origin
- These events need specific adaptations :
 - Zoning adapted to medical care in the contaminated area
 - Use suits of protection
 - Decontamination process with:
 - Undressing
 - Absorbent material
 - Showers
 - Administration of antidotes



Zoning in case of CBRN event



T - Triage



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Personal Protective Equipment (PPE) for CBRN

- Protective suits

CLD



C3P

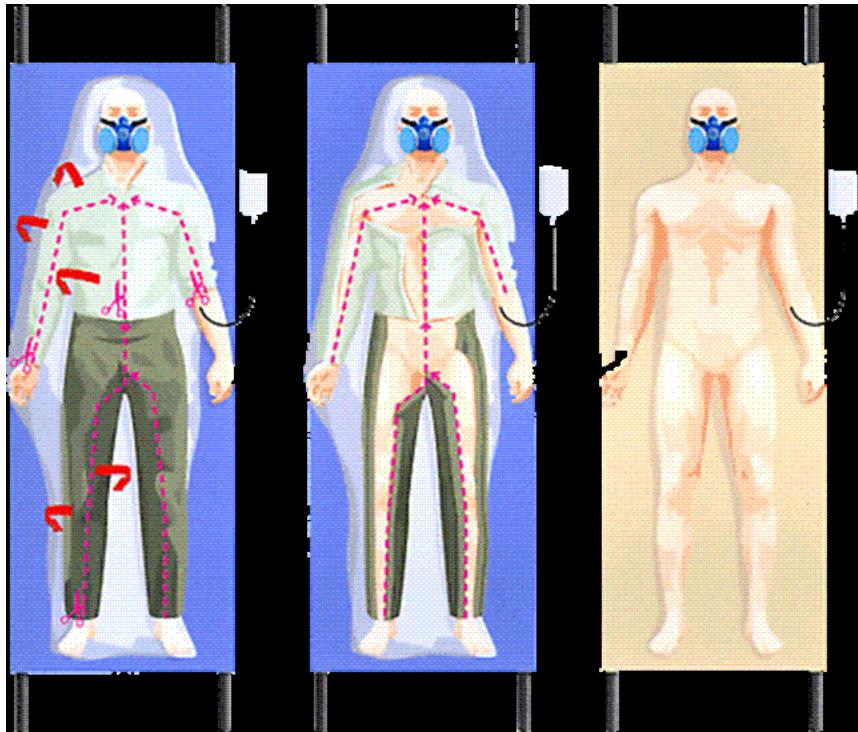


TYCHEM ®



The dry decontamination

- Undress/Absorbent material



The wet decontamination

- Mobile unit of decontamination (inflatable tent)



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The wet decontamination

- Mobile unit of decontamination (truck)



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A chemical event in a bar

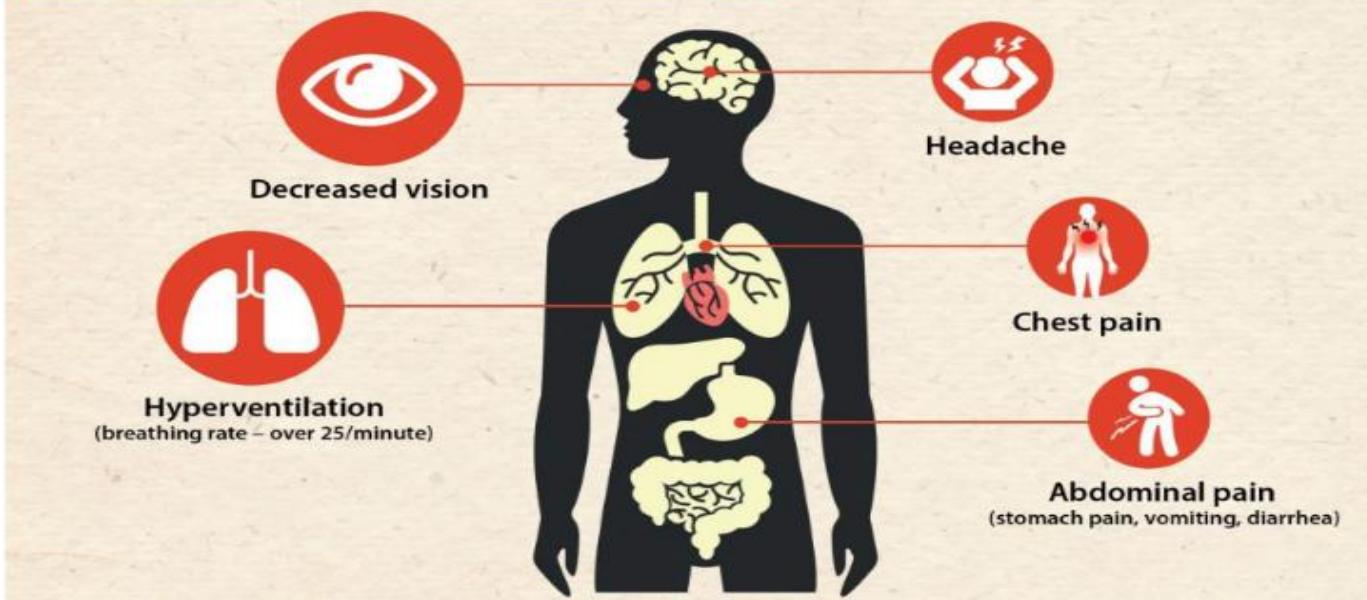


Methanol



Methanol is commonly used as an industrial alcohol. It can be absorbed into the body through ingestion, inhalation, and skin contact and metabolised into highly toxic formic acid which can lead to metabolic acidosis.

Symptoms of methanol poisoning



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Non-terrorist chemical event in the fields



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Organophosphates/Nerve Agents



FIRST AID KIT PROPOSITION



FIRST AID KIT

- Disposable gloves
- Surgical or FFP2 protective masks
- Thermometer
- Scissors, tweezers, safety pin
- Sterile compresses
- Roll of adhesive tape
- Stretch bandages
- Fabric triangle for sling
- Pre-cut adhesive bandages
- Transparent adhesive bandages
- Emergency blanket
- Antiseptic such as chlorhexidine
- Saline solution
- Makeshift tourniquet or tourniquet (fabric and piece of wood)
- Hemostatic bandage
- Compression bandage
- Glucose or sugar
- Hydroalcoholic solution
- Garbage bag



Example of a first aid kit



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KEEP
CALM
AND
DO DAMAGE
CONTROL

