Main lessons identified in the "mass burns incident management" webinar

The webinar took place on July 12, 2024.

A. Background:

- Burn is a very specific type of injury that requires unique treatment and procedures. In most of the countries, the resources for treating burn injuries are limited. A mass casualty incident with many burn casualties poses great challenge for EMS and health care systems all over Europe and the world, requires long distance transportation, and sometimes international distribution of casualties.
- In this webinar, we focused on the mass casualty incident that took place in Bucharest, Romania on October 30, 2015, as a result of a fire in the "Colective" music club.
- This was followed by two presentations about the ERCC response to mass burn incidents in Europe focusing on the burns Medevac operation in Ukrine, and the WHO secretariat work on Medevac minimum standards.

B. Speakers:

- Raaed Arafat, Romania MoH
- Ionut Lucian-Homeag, ERCC
- Roy Cosico, WHO

C. Main issues observed:

During the webinar several topics were raised:

- Poor adherence to safety measures by the club owners contributed greatly to the devastating results of the incident (156 casualties, out of them 88 mechanically ventilated. A total of 64 deceased).
- Since the event a “no regret policy” in dispatch – better dispatch and cancel resources which are not needed, than dispatch late.
- Having one dispatch system for all emergency resources is key to an effective response.
- An ad hoc team from the anesthesia department of a nearby maternity, part of the response on the field.
- Auto evacuation of victims in large numbers from the scene, complicated the control of patients arrival to the hospitals.
- More attention should be given to proper documentation, considering that a criminal investigation will follow, and the documentation is evidence.
- Following initial resuscitation measures, some patients had to be transferred to other hospitals who had the surgical capacity of burns management. The idea that every emergency department must perform lifesaving procedures and initial management of casualties, proved right.
- As soon as the number of patients severely burned is realized, it became clear that transfer of patients to other countries (with treatment capacities) is needed. 5 countries accepted patients (2 countries received patients transferred by insurance companies, independently of the state organized MEDAVAC).
- The ERCC (European Civil Protection and Humanitarian Aid, Emergency Response Coordination Centre) is the designated point of entry and coordination with the

capacities of the EU Civil Protection Participating Countries, and their possible contribution. As the ERCC is part of the Civil Protection mechanism, and its counter parts are the national civil protection systems (of the participating states), a clear coordination mechanism with the respective health authorities, prior to the incident, should be established.

- MEDAVAC was conducted by Romanian government aircrafts, as well as NATO resources (mainly to reduce flight time). This implied – civil – military cooperation.
- MEDAVAC implies involvement of many government agencies. Stakeholders must be mapped and a coordination protocol put in place – for domestic as well as international aspects.
- In order to perform the transfers, teams (doctors and nurses) were mobilized from all over Romania, as the teams in Bucharest were overwhelmed and exhausted.
- Burn assessment teams are an essential component of the operation, as they are experts that together with the local teams, will decide which patients, by what priority, and where to will be evacuated. This team can be deployed by the ERCC, and it coordinates with the EMTCC (Emergency Medical Team Coordination Cell) deployed by WHO EMT secretariat.
  In some cases, the assessment team decided that some patients were not stable enough to be transferred.
- The funding issues of all aspects associated with the MEDAVAC should be considered from the beginning of the operation.
- The WHO is in the processes of finalizing the minimum standards for MEDAVAC.
- The response created great criticism in the media. One of the issues was around the decisions of MEDAVAC. This complicated the communication the patient's relatives. A more pro-active media approach should be considered in future incidents.