

MANAGING MASS CASUALTY:

THAT NIGHT IN LITTLE INDIA

PROFILE



TEXT BY

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“ By failing to prepare, you are preparing to fail. ”

Benjamin Franklin

Emergency physicians (EPs) are used to working in a chaotic and unpredictable environment and will definitely agree with the above saying. Many of us would have been involved in either the planning of our respective hospitals' civil emergency response plans or the execution of these carefully thought out plans at the various disaster response drills conducted by the Ministry of Health.

In my department, we frequently encounter patients arriving unannounced at our doorstep (eg, patients from mass food poisonings, casualties from multi-vehicle collisions or patients from suspected infectious disease outbreaks). Each day, we come to work not knowing what is in store for us...

A TURN OF EVENTS

It was an uneventful evening on 8 December 2013, when the EPs for the afternoon shift were going about their usual activities in the emergency department (ED) – supervising resuscitation of ill patients and helping medical officers with their consultation of the ED patients. Everything was as usual until about 9 pm, when the Singapore Civil Defence Force (SCDF) paramedics who conveyed two injured casualties from the Little India area mentioned that there was an ongoing riot in Little India. The EPs sensed trouble and immediately asked if there were more casualties going to be sent to our ED. However, the paramedics were uncertain of the situation too.

Soon, more casualties were being sent our way and they arrived in groups of ten to 15 people. The senior doctors quickly decided that the ED could potentially get overwhelmed and would not be able to contain all the casualties. The decision to open our decontamination facility to house all the casualties from the riot was thus made. In consultation with the head of department, hospital disaster plans

were not activated as the injuries sustained by most of the casualties were musculoskeletal injuries and were not life-threatening. The team felt that they could handle this surge in addition to the usual ED crowd. In total, 36 casualties were seen and treated in the ED. Only one patient required inpatient admission.

CONTROLLING THE SITUATION

The senior doctors were cognisant of the departmental disaster workflow on how to manage mass casualty incident and knew the ED operations during peacetime and disaster mode well. Having good situational awareness also helped them realise quickly that the evening of 8 December 2013 was not going to be a usual ED shift, as they could sense the impending surge of casualties arriving at our doorstep. The quick decision to open up our decontamination facility to hold all the casualties prevented the regular ED clinical areas from being overcrowded by both our usual ED patients and casualties from the riot.

The doctors' ability to think on their feet also ensured the safety of the

staff and the general public. There were armed policemen who were brought in as casualties and our doctors activated the nearest police post for arrangement to disarm them in the ED. In the decontamination facility, injured rioters were kept separated from the policemen and SCDF ambulance crew. A team of doctors and nurses were quickly assembled to take care of these casualties from the riot, while the rest of the team took care of the other ED patients. This ensured that usual ED patient care and treatment were not compromised as a result of this unforeseen surge in ED attendance.

The team worked as one throughout the night and everyone was glad when the shift was over and all the patients were well taken care of.

PUTTING PLANS INTO PRACTICE

This is the first riot that most of us have witnessed in Singapore and it illustrated some very important points. Firstly, a good working relationship between the ED staff and the SDCF paramedics ensured that we received

first-hand information that a riot was taking place well before it was announced through the official channels. Having a good idea of the department disaster response plan, being able to analyse the situation well and make swift decisions, even if it means that one has to deviate slightly from the planned response, and excellent team work are important factors that determine how well a team leader can guide the team through such a chaotic shift, while also ensuring that the well-being of the staff and the patients are taken care of.

These traits make the job of an EP very unique and different from the rest of the disciplines, as our training has taught us to think on our feet and to expect the unexpected. Last but not least, the fact that patients arrive unscheduled at different times of the day with varying acuities and numbers definitely makes each of our lives as an EP a very exciting one! ◆