

**Module:** Public Health Disaster Planning for Districts  
**Organization:** East Africa HEALTH Alliance, 2009-2012  
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**Resource Title:** Session 2.2: Mass Casualty Incidents and Communication in Disasters

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**Introduction:** Mass Casualty Incidents are usually associated with a very rapid rise in the number of affected people and response operations can only make a difference if they act fast to save as many lives as possible. In this session, we shall describe the features of Mass Casualty Incidents and how the technique of 'triage' can be used to assist those who need help most urgently. In the second part of the presentation, we shall look at the importance of proper communication in disaster situations.

### **General Objective**

The general objective of this session is to describe the key considerations in handling Mass Casualty Incidents, and communication processes in a disaster situation

### **Specific Objectives**

By the end of this session, participants should be able to:

- Define a Mass Casualty Incident
- Justify the importance of the immediate response in MCIs
- Explain the techniques of triage in MCIs
- Explain the importance of good communication in disaster situations
- Outline the key principles underlying good communication in disaster situations

### **Teaching and learning strategies**

Stories, Presentation, Brainstorming

### **Resources Required**

#### **Presentation:**

We shall now have a presentation on Mass Casualty Incidents and Communication in Disaster situations. During the presentation, we shall refer to two the Case Studies below for brainstorming

#### **Case Studies for Brainstorming**

**Story 1: The Bus Collision**

*(Let a volunteer read for the class)*

*A bus collision with a fuel tanker occurred at a known black-spot in a certain district in country X. The accident was disastrous: The bus was carrying at-least 70 people and 19 people died on spot. The local village leaders were the first to arrive on the scene but they were immediately overwhelmed by what they saw. People were muddled up in blood and scrap, and there was a lot of screaming – the local officials did not know what to do and whom to help first. They sent a message to the local police and health workers – the first team of health workers arrived after 45 minutes because the nearest hospital was 50 Km away and lacked an ambulance. The police itself arrived after 30 minutes because their Patrol vehicle was at the time of the accident, deployed for another operation. Some community members had already taken to stealing valuable items from the un-conscious people. Other people were siphoning fuel from the oil tanker. At about the time that the medical team arrived, a deafening explosion occurred and a disastrous fire started at the scene. Passengers who could not move, including those who were trapped in the wreckage, those who had broken their limbs and those who were un-conscious were all trapped in the fire; in addition, many community members that were siphoning fuel were also trapped; in that instant, the death rate tripled. It was rumored that the fire was started accidentally when one of the people siphoning petrol tried to light a cigarette. The normally quiet village was turned into a deadly mess.*

**Challenge:** What things went wrong in this scenario?

**Story 2: Communication Failure Following the Outbreak in District X**

*(Let a volunteer read for the class)*

In a certain district X, the residents were thrown into panic when a man died suddenly due to a strange disease. It was not known at first that this was a case of viral hemorrhagic fever. When Ebola was confirmed two weeks later, the entire parish was thrown into confusion and fear. Health workers fled from the health units. About 6 agencies came to intervene but there was no particular order. For the first 3 days of the operation, there were no proper interventions because the different agencies were squabbling over who should take control of the incident. Each agency would send out different messages and in the end, many vital logistics were under stoked while non-vital logistics were over stoked. To prevent panic, the public health officials tried to conceal some information but through the grape-vine, the communities received all the information anyway, and often times it was distorted and resulted into more panic. Meanwhile, the press reported only the most inflammatory statements. Because of

the confusion among those intervening, there seemed to be different accounts of events everyday. Although the epidemic was controlled after 4 months, the health officials in that country are not happy with the way communication was handled in the early weeks of the disaster.

**Challenge:** What is the moral of this story?