



Disaster Management Medical aspects of CBRN

Congres Rode Kruis 26 Okt 24

Blankenberge



Jan VAES



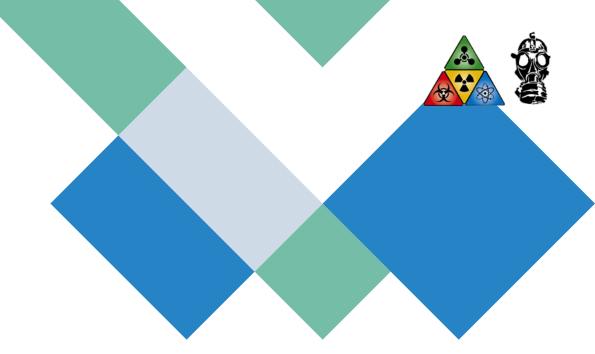
Nurse Specialist

DIR-CP-Ops

Advisor on MDM & Med CBRN Belgian Armed Forces

AGENDA

- 1. Introduction VUCA
- 2. Medical Disaster Management
- 3. CBRN
- 4. Awareness First Responders
- **5.** Take Home Messages

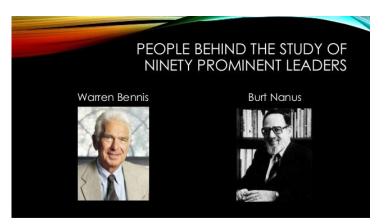




1. VUCA















22 May 1967 - INNO - 359 dead





8 Aug 1956 **Marcinelle - 262 dead**







23 Dec 1958 – Zichen-Zussen-Bolder 18 dead - Roosburgramp





25 Apr 1966 – Walfergem Asse 10 dead children



15 Feb 1961 - Plane crash Berg 73 dead



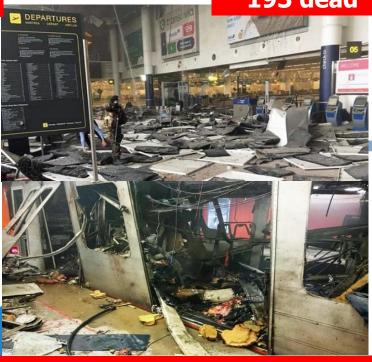
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Heizeldrama 1985 39 dead



Herald 1987 193 dead



Brussel 22 Mar 2016 32 dead >340 blast injuries



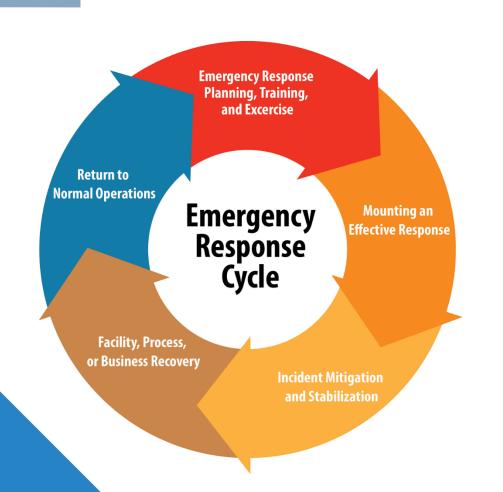
Floodings Belgium Jul 2021 31 dead

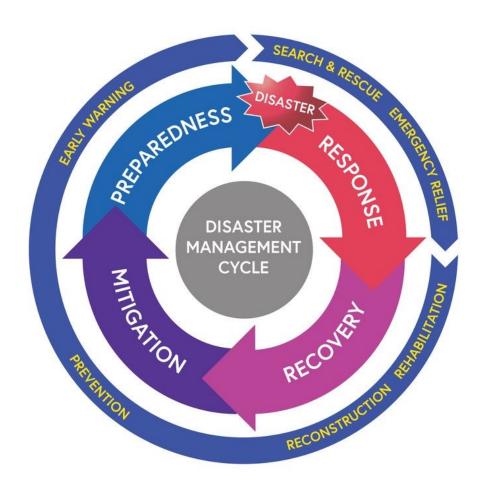


Switel 1994 15 dead 164 burn injuries



2. Disaster Management







- □ **D1** Fire Department
 - ❖ Fire Dpt zones (35 since 2015)
- □ D2 Medical Services
 - ❖ MMT PIT Ambulances Red Cross
- □ D3 Police
- ☐ CP-Ops : Led by DIR-CP-Ops



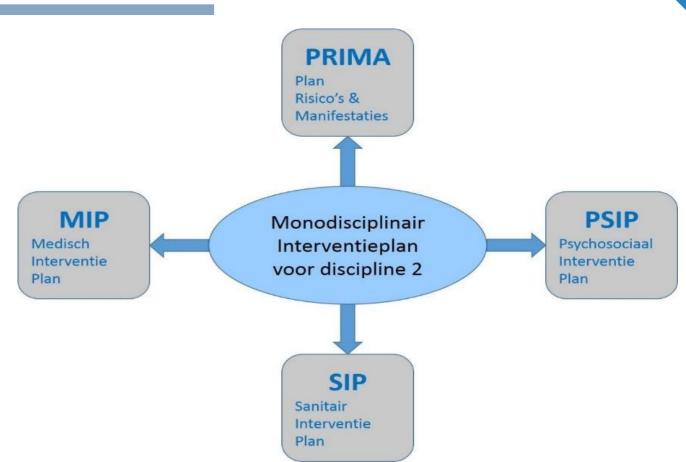


















3. CBRN

- □ Chemical substances
 - ❖ Toxic Industrial Chemicals (TIC)
 - Chemical Warfare Agents (CWA)
- □ Biological agents
- □ Radiological and Nuclear materials









e/E - BLAST

CBRN? CBRNe? CBRNE? NRBC?

- CBRNe: explosives as a mean of dispersal to CBRN substances
- CBRNE: explosives are used as the primary weapon itself





DIM – what's happening...















Tokyo 20 March 1995 - GB



- □ 13 killed by CWA Sarin (GB)
- Aum Shinrikyo
- 50 heavily injured
- >5000 people with temporary visual problems
- Secundary contaminations















SARIN attack - Subway Tokyo 20th March 1995

Japanese study published by Tokuda in Resucitation in 2006, 10 years after the sarin gas attacks advocates early management in three parts:

- · Emergency decontamination
- Respiratory resuscitation
- Antidotes
- > lead to increase the victims' chances of survival

Prehospital management of sarin nerve gas terrorism in urban settings: 10 years of progress after Tokyo subway attack.

Y. Tokuda and al. Resuscitation (2006) 68, 193-202









Sarin attack - Khan Cheikhoun (Syria) 87 peoples were killed





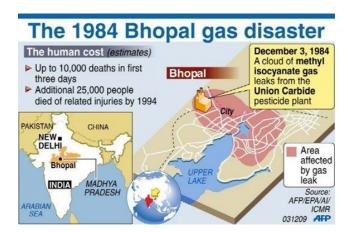




Toxic Industrial Chemicals (TIC)

- ☐ Industrial use + transport of...
 - Chlorine (CI)
 - ❖ Phosgene (cocl₂)
 - ❖ Methyl isocyanate (C₂H₃NO)
 - ★ Ammonia (NH₃)
 - **❖ Fluor** − (F)













Port of Beirut – 04 Aug 2020

- > NH4N03
- > 218 deaths
- > 7000 injured

$$\begin{bmatrix} H \\ H \\ H \end{bmatrix} + \begin{bmatrix} O \\ H \\ O \end{bmatrix}^{-}$$



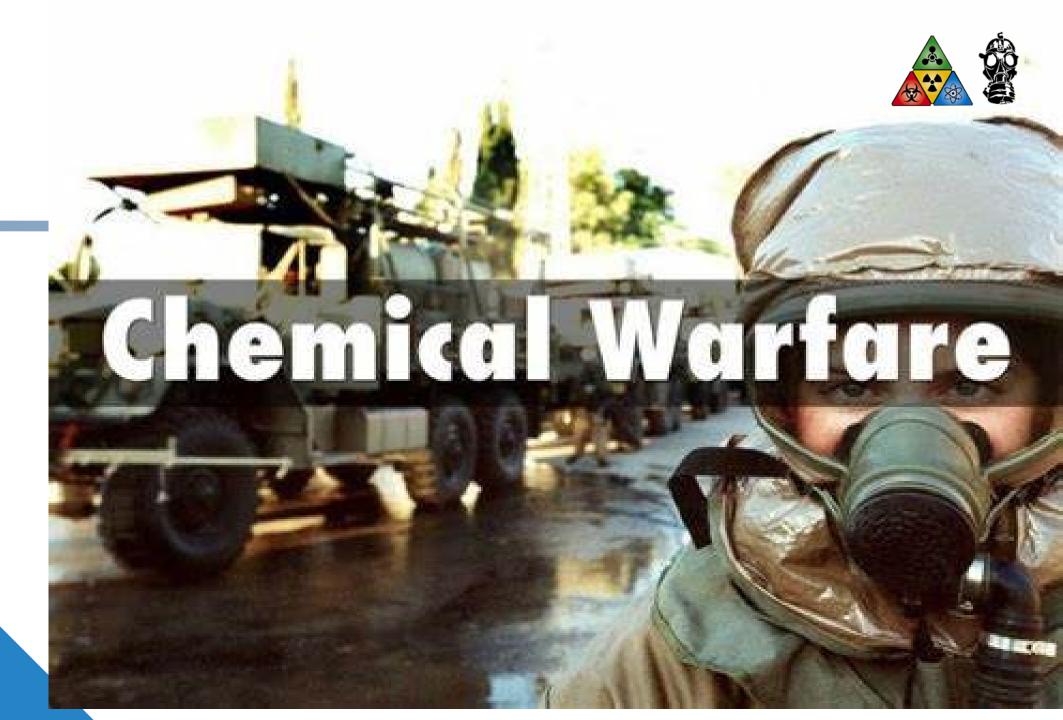






NIGHTLY NEWS

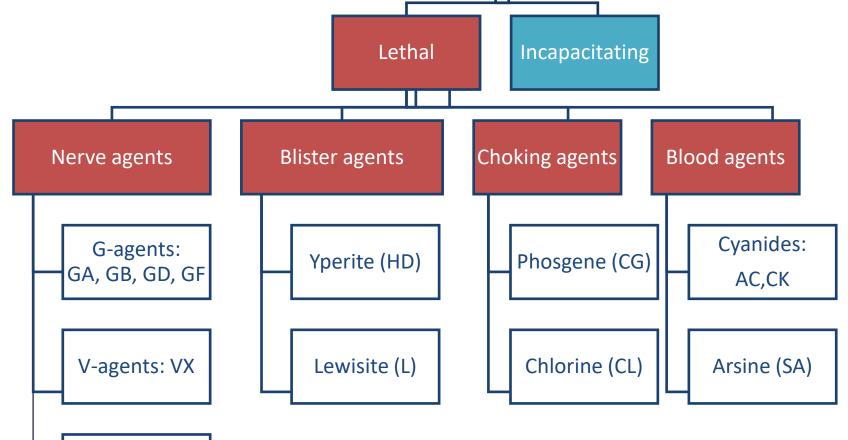
CWA







4th Gen. agents (FGA's)



CWA





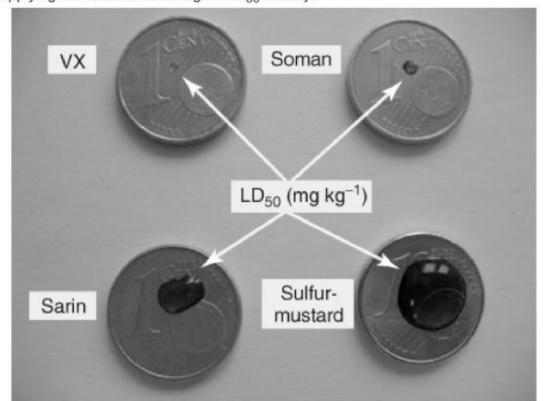
Relevance of CWA



- Military use Syria.
- Terrorist use Tokyo, ISIS.
- Homeland security Salisbury incident.
 - Counter terrorist use Moscow theatre incident.

Toxicity levels – LD50

Figure 3.2 Comparison of the amount of indicated chemical warfare agent, applying skin contact effecting an LD₅₀-toxicity.









Blister Agents









Major toxidromes







Injection, USP



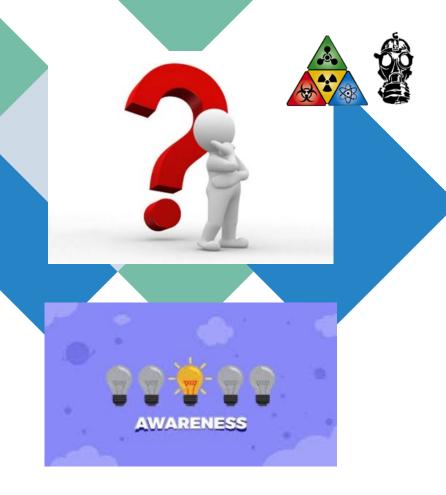
Organophospates

Opioids

Cyanides

4. Situational awareness

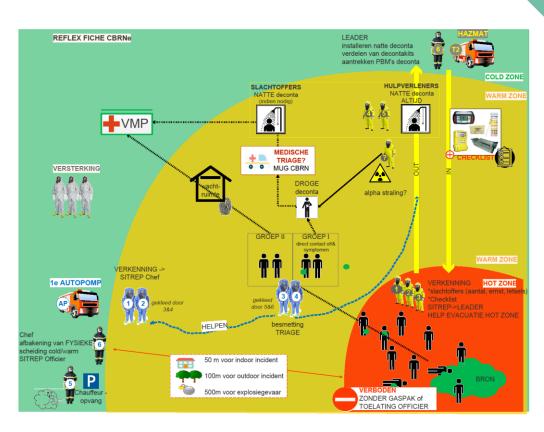
- □ "rupture of normality"
 - Death birds, animals, unconscious,...
- ☐ 1-2-3 rule
 - 1 unconscious → possible
 - 2 unconscious \rightarrow ??
 - 3 unconscious → CBRN
- ☐ **Toxidromes** (same symptoms)
 - unconscious, respiratory distress, sweating, blurred vision, convulsions, pinpoints, hypersalivation, tearing eyes,...
- ☐ **Sensitive** locations
 - Schools, stations, airports, closed spaces, cinema, NATO/EU buildings, ... (crowded places)





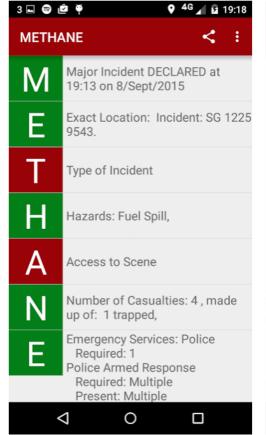
On site management – C4

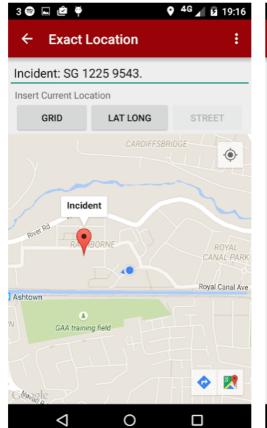
- □ Command Control Coordination Communication
- \square **RV punt** \rightarrow upwind (PEB!)
- ☐ SitRep & scaling up (NC 112) → METHANE
- ☐ **CP-Ops** assessment (MKO)
 - specific plan of <u>action</u>
 - **◆ D1** (AGS) D2 D3 − D4 − D5
 - ❖ AGS
 - Decontamination? (Civil Protection)
- □ PPE : **If No PPE** → **STAY OUT**

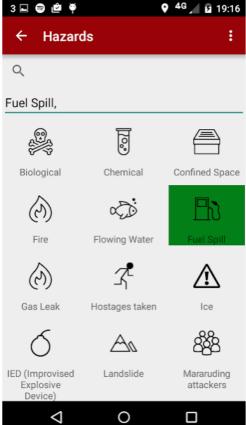




METHANE reporting







Treatment Protocol - HASTY



REMOVE³-protocol









Med TP - Deliberate (MARCHE)²

TCCC/TECC	CBRN				
Massive Bleeding	М	Mask casualty			
Airway	A	Antidotes			
Respiration	R	Rapid Spot Decontamination			
Circulation	С	Countermeasures			
Hypothermia/ Head Injury		Hypothermia from decon/ AMS – head injury or agent?			
Everything else	E	Extraction			

С	Consciousness	Convulsions	Unconscious / Convulsions	Reduced → unconscious	Agitated / Confused	Normal, reduced or altered	Altered
R	Respiration	Increased or reduced → stopped	Increased or stopped	Reduced → stopped	Increased	Increased	Increased
E	Eyes	Pinpoint pupils*	Normal / Large pupils	Pinpoint pupils	Large pupils / Blurred vision	Normal	Normal / Large pupils
s	Secretions	Increased*	Normal	Normal	Dry mouth / Thirsty	Normal / Sputum	Normal
s	Skin	Sweaty	Plink → blue	Normal / Blue	Flushed / Dry	Warm → pale Non-blanching rash	Varied
Other features		Vomiting Incontinence Slow pulse	Sudden onset		Fast pulse	Fast pulse Fever (>38.3°C) Bio-syndrome* No radial pulse	High temperature (>38°C)

Cyanide

Nerve agent

Opiate

(Morphine)

Atropine

Sepsis

Heat stroke

CRESS

^{*} Pinpoint pupils (and/or increased secretions) may be delayed if skin absorption or eye protection worn.

^{* &#}x27;Bio-syndromes' include: respiratory, cutaneous (skin), lymphadenopathy, haemorrhagic, gastrointestinal, and neurological (central & peripheral).



5. Take Home Messages

- 1. Situational CBRNe Awareness
- 2. MDM (MIP/PIP/BIP)
- 3. CBRN not standalone!
- 4. DIM Toxidromes
- 5. Buy some time
- **6. MCM** R³ & (MARCHE)²
- 7. STAY SAFE



