multi-victime avalanche accidents Human factors

a four years experience

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Mass-casuality accidents in mountains ICAR medcom form 2015

type of accident	country CH	year	total N °casualities	dead	severely injured	injured	problems
winter	Valsorey	26.03.2011	11 caught 10 burried	5	4	2?	residual danger too many helicopters
	Ayer Barneuza	01.04.2011	7 caught 4 burried	3	0	?	lack of medical material (AED)
	Bec Etagnes	13.02.2013	6 caught	2	0	4	pediatric victims
	Masserey	05.01.2014	6 caught 4 burried	4	0	0	psychological adversity medical material
	Pte Ronde	09.01.2014	6 caught 1 burried	1	0	5	meteo-logistic no beacon=40 rescuers terrestrial
summer !!	Pte Mourti	19.07.2014	6 caught 3 burried	2	1		unexpected no beacon
	Col des Mines	29.01.2015	5 caught 1 burried	1	0	0	meteo no beacon relational diff
	Pigne d'Arolla	27.03.2015	6 caught 4 burried	1	0	1	meteo accu LUCAS
	Pte Tsavolyre	12.04.2015	4 caught 3 burried	2			
	Gd St.Bernard	21.04.2015	6 caught 4 burried	4	0	1	meteo access

Valsorey 26.03.2011

Repartition victimes

1. 13h50 sititing – stunned GSC 15 Patzl evac.

2. 13h58 part.hurriedi (ndden) GSC 15 Petzl evac.

8. 14h01 enseveli complet (pied visible) GSC 12 Petzl evac.

4. 14h07 enseveli complet GSC 12 Combi-carrier evac

14h10 enseveli complet GSC 15 Combi-carrier evac

14h20 enseveli complet GSC 15 Combi-carrier evac

14h30 enseveli complet GSC 5 Combi-carrier evac CHUV

14h44 enseveli complet Naca 7

s. 14h46 enseveli complet Naca 7

10. 14h49 enseveli complet Naca 7

11. Non retrouvée → 18.05.2011





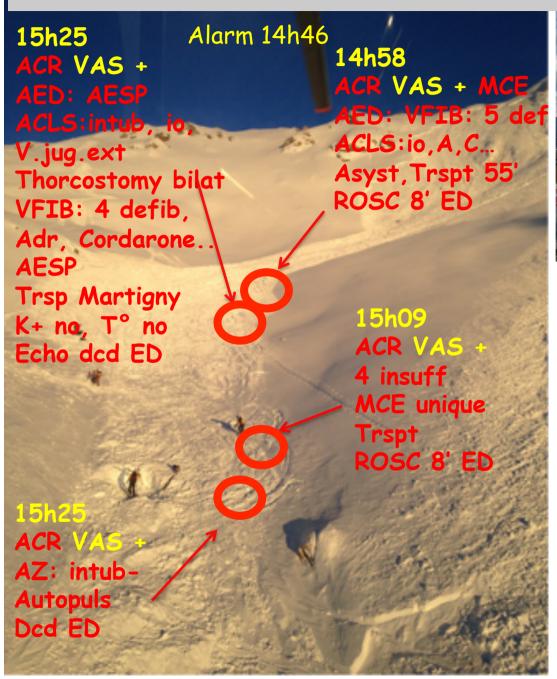














All 4 ACR transported

2 cardiac rythme o/site

VFIB / AESP

2 ROSC at ED after 8'

2 ad ICU

2 organ donors...

Mourti 19.07.2014





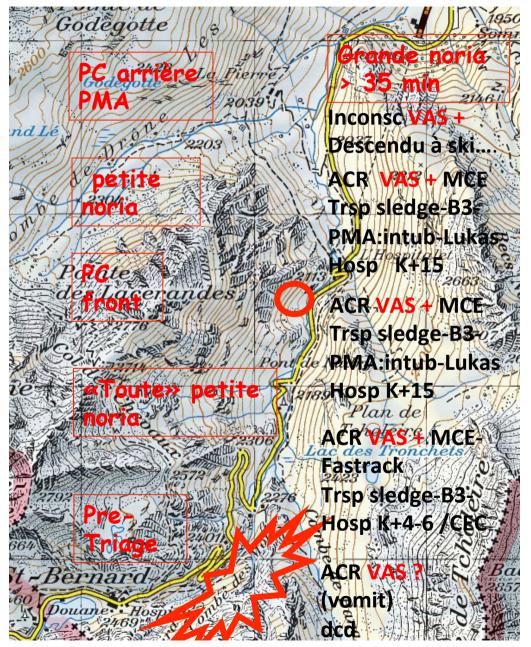








Grd St.Bernard 21.04.2015



22.02.2015, 09:25 - MartignyActualisé le 22.02.15. 14:31

L'avalanche du Grand-Saint-Bernard fait une quatrième victime



23.02.2015, 18:03 - ValaisActualisé le 23.02.15, 19:36

Les avalanches ont déjà tué 25 personnes depuis le début de l'hiver



multi-victime avalanche accidents

a four years experience

human factors !!

time is pressing multi-victim = several severe patients in one single intervention logistical challenge



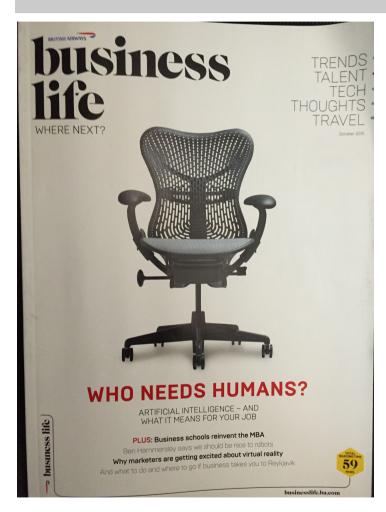








why human factors?















training













... you can anticipate everything...















Human Factors Victim

- level of experience
- level of material
- risk behavior...











HF: dispatch center 911-112-144

- lack of avalanche accidents knowledge
- no daily business = supplemental stress
- difficult localisation
- difficult communication
- lot of rescue services (guide-heli-dog-..)
- time is brain...











HF: rescue service

- intern « dispatch-center »
- lack of avalanche accidents knowledge
- no daily business = supplemental stress
- difficult communication
- lot of team members (guide-heli-dog-..)
- time is brain...
- there are other missions on-going
- anticipation : number of helicopters
 - fuel











HF: rescuers HF « by victim »

- psychological state of the implicated
- age of victims
- personal acquaintance rescuers-victim
- victim's equipment (beacon-AirBag...)
- burrial time (rapid access vs terrestrial...)
- stress of dispatch center repercussion











HF: rescue team pilot

- type of helicopter
- weather conditions
- difficult localisation
- difficult access
- experience of rescue team
- number of helicopters :
- number of rescuers :
- number of rotations:
- type of rotations: sling, winch, dogs...
- vitim's number and medical conditions











HF: rescue team guide

- weather conditions
- avalanche localisation
- difficult access
- residual risk : recco flight
- comprehension of mechanism : witness inquiry
- cumulation of fonctions: multi-tasking management, technical, medical..
- communication : rescue channel
- experience of rescue team:
- localisation : beacon, Recco, dog
- extraction: technical, medical
- number and type of rescuers : management
- type of intervention: sling, winch,
- anticipation: night mission?
- every avalanche has its own dynamic (vs highway MVA)











HF: rescue team medical

- access to the site: personal mountain experience, terrestrial, sling,
- access to the victime:
 - localisation phase
 - extraction phase
 - rapid access to head
- lack of equipment :
- hostile environnement for BLS-ACLS
- inadequacy of equipment : wind-cold-insufficient number
- unclear victims conditions:
 - patent airways, time, T°?
 - health conditions: either severe (REA=1doc+AED/pat) or minime
- anticipation: dispatch to hospital, no direct communication, via dispatch center











HF: task specialists

- task specialists:
 - dog handler
 - ski-patroller
 - mountain rescuers:
 - mountain guides, probers
- task specialists :
 - non-professionnel
 - not experienced
 - rare occasions to be dispatched











multi-victim avalanche level of performance

Levels of performance		Latency	Example		
		[sec]	Emergency medicine	Mountain rescue	
Skills-level	with training	≥ 0,06	Installation of an i.v. line	Using the winch hook	
	without trainig	~ 0,3			
Rules-level	with briefing	~ 2	Expected resuscitaion in the ED	Radio communication	
	without briefing	≈ 15	Unexpected resuscitaion in the field	Assess the avalanche risk	
Knowledge-level		> 45	Gascow Coma Scale	Looking for the right route	

V.Lischke, Training Center, Bad Tölz, 2012











HF in multivictim avalanche (1)

- MVA stratégies highway vs avalanche:
 - in 5 y never engaged MVA-container
 - professional (routine, organized) vs non-professional (rare, no pre-established hirarchy, relationship between diff groupes)
- time is life
- geography
 - acces
 - localisation
 - extrication : small noria by helicopters
- technique saves life :
 - technical kits are ready,
 - confidence in technical skills = garant of success ?











HF in multivictim avalanche (2)

- ACLS comes second :
 - 1 medical kits/patient not ready doc, AED,ACLS,carrier, 1+-Autopuls
- communication
 - diff channels between type of rescuers
 - helicopters: number, diff compagnies, language
 - via dispatch center, not directly
- multi tasking management :
 - ... we can not anticipate everything ...











... but we have to deal with it...











