



NORSK LUFTAMBULANSE  
NORWEGIAN AIR AMBULANCE



# Incident title: Prison fire

## Reporter

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Santiago de Chile 2010-2013  
Emergency Medical Services SAMU  
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**Role in incident:**  
Chief Operations Network  
Emergency Medical Services And  
Hospital System

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## Incident location



## Summary

**Country:**  Chile

On December 8, 2010 (6:12AM), the SAMU Metropolitan Santiago de CHILE (EMS) was alerted of a fire in the Prison of San Miguel with 1,900 inmates and guards inside. Most of the victims died of inhalation of smoke or toxic gases and burns (81 dead).

In addition to ambulances in EMS of Santiago de Chile with advanced life support (ALS) and basic life support (BLS) hospitals with burn units, general public and private hospitals, other EMS [100 km +/-] as well as the "centralized beds unit" were activated.

The "Centralized Beds Unit" was a unit created 5-6 years ago to coordinate needs and costs due to ICU beds always being full. It is a unit managed by nurses and doctors that overviews availability of public and private Intensive Care Units beds in the city and some regions of the country. This unit is in constant communication with EMS communication centre, Emergency Rooms and ICUs. Both are in the city and located away from the incident. Other relevant organizations like Civilian Protection and Ministry of Health were alerted of this Mass Casualty Incident in progress from EMS coordinating centre (131). On scene work consisted of: primarily triage of 466 patients who were burned (using START triage), of

whom 81 were declared dead on-scene, 20 patients were evacuated to 9 different Emergency rooms. There were 7 ambulances with ALS competency and 13 ambulances with BLS competency on-scene. No patients were transported more than 17 km in the primary evacuation, none died after 24 hours. All patients were discharged from secondary health care facilities alive.

## EMS background

**1. Was an EMS coordinating centre (the centre responsible for dispatching and coordinating EMS units on-scene) available in the affected country/ies before the incident? \***

Yes

**2. Does a dialling number to Emergency Services exist? \***

Yes

**2-1. Is there a single and unique dialling number to EMS or one common dialling number for all Emergency Services (fire, police and EMS)? \***

A single and unique dialling number

**3. Can a major incident be declared directly by the person receiving an alert at the EMS coordinating centre? \***

Yes

**4. What is the background of staff in the every-day/normal staffing of EMS services? \***

- Basic Life Support by non-EMS professional
- Basic Life Support by EMS professionals, non-physician
- Advanced Life Support by EMS professional, non-physician
- Advanced Life Support On-scene by Physician

**5. What other resources are routinely available to assist the EMS service in a normal setting? \***

- Fire brigade
- Police

**6. Other resources that can be mobilized in a major incident \***

- Fire brigade
- Police
- Voluntary organizations
- Military
- Civil protection
- Other resources / Unknown

**6-1. Please specify which voluntary**

Red Cross

<b>organizations are available *</b>	
<b>6-2. Please specify if the voluntary organizations available require authorization from police or other authorities to participate in the response phase *</b>	No
<b>7-1. Are there any regional hospital/s with trauma specialty that exists within the EMS catchment system that was affected by the major incident? *</b>	Yes
<b>7-1.1. Please state the number of regional hospital/s with trauma specialty within the EMS catchment system that was affected by the major incident *</b>	4
<b>7-1.2. Is the number given above exact or estimated? *</b>	Exact
<b>7-2. Are there any regional hospital/s without trauma specialty that exists within the EMS catchment system that was affected by the major incident? *</b>	Yes
<b>7-2.1. Please state the number of regional hospitals without trauma specialty within the EMS catchment system that was affected by the major incident *</b>	2
<b>7-2.2. Is the number given above exact or estimated? *</b>	Exact
<b>7-3. Are there any local hospital/s without trauma specialty that exists within the EMS catchment system that was affected by the major incident? *</b>	No
<b>7-4. Are there any other type of hospital/s that exists within the EMS catchment system that was affected by the major incident? *</b>	No
<b>8-1. Is a pre-hospital on-scene triage system in use daily on a national level? *</b>	No
<b>8-2. Is a pre-hospital on-scene triage system in use daily on regional levels? *</b>	Yes, but different triage systems exist in different regions
<b>8-2.1. Please specify which pre-hospital on-scene triage system/s are in use daily on regional levels: *</b>	triage start
<b>9-1. Is a pre-hospital on-scene triage system for major incidents in use on a national level? *</b>	No

<b>9-2. Is a pre-hospital on-scene triage system for major incidents in use on regional levels? *</b>	Yes, but different triage systems exist in different regions
<b>9-2.1. Please specify which pre-hospital on-scene triage system/s for major incidents are in use on regional levels: *</b>	idem
<b>10. Does the pre-hospital on-scene triage system for major incidents include direct tagging/labelling of patients? *</b>	Yes
<b>11. For those employees within the pre-hospital EMS system who are intended to work on-scene: is major incident training mandatory? *</b>	Yes

## Incident characteristics

<b>12. What was the mechanism/external factor that caused the incident? *</b>	Fire
<b>12-3. Is this incident coupled to another incident? *</b>	Yes
<b>12-3.1. Please specify which other incident this major incident is coupled to: *</b>	Aggression among inmates that lead to the fire
<b>13. What was the location of the incident scene? *</b>	<ul style="list-style-type: none"> <li>• Urban area</li> <li>• Public facility</li> </ul>
<b>14-1. Did the EMS make use of wheeled vehicles to access patients for treatment at incident scene? *</b>	Yes
<b>14-1.1. Were there any delays in accessing patients by wheeled vehicles? *</b>	No
<b>14-2. Did the EMS make use of railway system to access patients for treatment at incident scene? *</b>	No
<b>14-3. Did the EMS make use of air transport to access patients for treatment at incident scene? *</b>	No
<b>14-4. Did the EMS make use of boat transport to access patients for</b>	No

<b>treatment at incident scene? *</b>	
<b>14-5. Did the EMS access patients for treatment at incident scene by foot? *</b>	Yes
<b>14-5.1. Were there any delays in accessing patients by foot? *</b>	No
<b>14-6. Did the EMS make use of other means to access patients for treatment at incident scene? *</b>	No
<b>15-1. Did the EMS make use of wheeled vehicles to evacuate patients from the incident scene? *</b>	Yes
<b>15-1.1. Were there any delays in evacuating patients by wheeled vehicles? *</b>	No
<b>15-2. Did the EMS make use of railway system to evacuate patients from the incident scene? *</b>	No
<b>15-3. Did the EMS make use of air transport to evacuate patients from the incident scene? *</b>	No
<b>15-4. Did the EMS make use of boat transport to evacuate patients from the incident scene? *</b>	No
<b>15-5. Did the EMS evacuate patients from the incident scene on foot? *</b>	No
<b>15-6. Did the EMS make use of other means to evacuate patients from the incident scene? *</b>	No
<b>16-1. Was there damage to electrical power that affected EMS response? *</b>	No
<b>16-2. Was there damage to telecommunication that affected EMS response? *</b>	No
<b>16-3. Was there damage to other modes of communications that affected EMS response? *</b>	No
<b>16-4. Was there damage to road that affected EMS response? *</b>	No
<b>16-5. Was there damage to rail that affected EMS response? *</b>	No
<b>16-6. Was there damage to the EMS or health structure that affected EMS</b>	No

<b>response? *</b>	
<b>16-7. Was there other damage to infrastructure that affected EMS response? *</b>	No
<b>17. How many sites required separate EMS infrastructure (such as on-scene leadership and casualty clearing stations) in the response phase? *</b>	2
<b>17-1. Is the number given above exact or estimated? *</b>	Exact
<b>18-1. Was ongoing violence or risk of further violence a threat to rescuers on scene? *</b>	Yes
<b>18-1.2. Please specify the ongoing violence or risk of further violence and how this affected the rescuers on scene *</b>	families of prisoners
<b>18-2. Was fire a threat to rescuers on scene? *</b>	No
<b>18-3. Was collapsing building/s a threat to rescuers on scene? *</b>	No
<b>18-4. Was climate a threat to rescuers on scene? *</b>	No
<b>18-5. Was lack of electricity a threat to rescuers on scene? *</b>	No
<b>18-6. Was lack of water/food a threat to rescuers on scene? *</b>	No
<b>18-7. Were other hazard/s a threat to rescuers on scene? *</b>	No
<b>19-1. Was on going violence or risk of further violence a threat to patients on scene? *</b>	No
<b>18-2. Was fire a threat to patients on scene? *</b>	Yes
<b>19-2.2. Please specify the fire and how this affected the patients on scene *</b>	Evacuating of patients even though the fire in the affected tower was not fully under control.
<b>19-3. Was collapsing building/s a threat to patients on scene? *</b>	No
<b>19-4. Was climate a threat to patients on scene? *</b>	No
<b>19-5. Was lack of electricity a threat to patients on scene? *</b>	No

<b>19-6. Was lack of lack of water/food a threat to patients on scene? *</b>	No
<b>19-7. Were other hazard/s a threat to patients on scene? *</b>	No

## EMS response data

<b>20-1. Did the first medical team to arrive on-scene assume the role of medical commander? *</b>	Yes
<b>20-1.1. If possible, please provide the time the first medical team to arrive on-scene assumed the role of medical commander</b>	2010-12-08
<b>Hour</b>	06
<b>Minutes</b>	17
<b>20-1.2. Is the time given above exact or estimated? *</b>	Exact
<b>20-2. Did the first medical team to arrive on-scene begin to make an assessment of scene safety? *</b>	Yes
<b>20-3. Did the first medical team to arrive on-scene communicate a situation report to EMS coordinating centre? *</b>	Yes
<b>20-3.1. Was this done according to a pre-existing system or mnemonic? (E.g. METHANE)? *</b>	Yes
<b>20-3.2. Please describe the mnemonic used in the report to EMS coordinating centre *</b>	Similar to METHANE, not exact METHANE
<b>20-4. Did the first medical team to arrive on-scene request additional resources? *</b>	Yes
<b>20-4.1. Please specify what type of resources where requested *</b>	more ACLS, BLS ambulances; Physicians and Chief EMS
<b>20-5. Did the first medical team to arrive on-scene initiate any safety related actions? *</b>	No
<b>20-6. Did the first medical team to arrive on-scene delegate responsibility for</b>	No

<b>other tasks on scene? *</b>	
<b>21. What time was summoning of additional medical staff to participate in the medical response initiated?</b>	2010-12-08
<b>Hour</b>	06
<b>Minutes</b>	30
<b>21-1. Additional medical staff who responded to the major incident was summoned by: *</b>	EMS coordinating centre
<b>21-2. Medical pre-hospital resources used in the major incident response was coordinated by: *</b>	EMS coordinating centre
<b>21-3. Who was responsible for briefing medical staff of the situation during the pre-hospital major incident medical response? *</b>	EMS coordinating centre
<b>22-1. Was communication achieved between medical personnel at the incident? *</b>	Yes
<b>22-1.2. This communication was managed by: *</b>	<ul style="list-style-type: none"> <li>• First medical team to arrive on-scene</li> <li>• On-scene medical commander</li> <li>• EMS coordinating centre</li> </ul>
<b>22-2. Was communication achieved between the different task forces involved (police, fire fighters, health, political leaders etc)? *</b>	Yes, between all of the task forces
<b>22-2.1 Please state at which time communication between all of the task forces was initiated</b>	2010-12-08
<b>Hour</b>	06
<b>Minutes</b>	20
<b>22-2.2. Please specify between whom it was achieved *</b>	police, fire fighters, health, 6:40 political leaders
<b>22-3. Was communication achieved between the scene and the EMS coordinating centre? *</b>	Yes
<b>22-3.1 Please state at which time communication between the scene and EMS coordinating centre was initiated</b>	2010-12-08
<b>Hour</b>	06



**22-3.2. This communication was managed by: \***

- First medical team to arrive on-scene
- EMS coordinating centre

**22-4. Was communication achieved between the scene and receiving hospital/s? \***

No

**22-4.4. Why was communication not achieved? \***

Because communication to receiving hospitals was conducted by the EMS coordinating centre.

**22-5. Was communication achieved between medical response personnel and the general public? \***

No

**22-5.4. Why was communication not achieved? \***

Because the health authorities managed the communication to the general public.

**23. Describe the structure of the medical incident command during the major incident \***

1. First team to arrive; an ALS Team Ambulance, Physician EMS and Physician Chief EMS (= commander, logistics commander and operations commander).
2. EMS communication centre.

**24-1. Was VHF radio used for communication during the major incident response? \***

Yes

**24-1.1. Were there any failures with the VHF radio communication during the incident response? \***

No

**24-2. Was Tetra radio used for communication during the incident response? \***

No

**24-3. Were other type of radios used for communication during the incident response? \***

Yes

**24-3.1. Were there any failures with the other type of radio used during the incident response? \***

No

**24-4. Were mobile phones used for communication during the incident response? \***

Yes

**24-4.1. Were there any mobile phone failures during the incident response? \***

No

**24-5. Was land line telephone used for communication during the incident response? \***

Yes

<b>24-5.1. Were there any land line telephone failures during the incident response? *</b>	No
<b>24-6. Was communication to the public (such as television, social media) used during the incident response? *</b>	Yes
<b>24-6.1. Please specify mode of communication *</b>	Twitter, and MSN Messenger or WhatsApp.
<b>24-6.2. Were there any failures to communication means specified in 24-6.1? *</b>	No
<b>24-7. Were other means of communication used during the incident response? *</b>	No
<b>25. Please state communication systems in use on a daily basis *</b>	<ul style="list-style-type: none"> <li>• VHF radio</li> <li>• Other type of radio</li> <li>• Mobile phone</li> <li>• Land line telephone</li> </ul>
<b>26-1. Incident time *</b>	2010-12-08
<b>Hour *</b>	05
<b>Minutes *</b>	00
<b>26-1.1. Is the time given above exact or estimated? *</b>	Estimated
<b>26-2. Emergency Medical Service (EMS) notification *</b>	2010-12-08
<b>Hour *</b>	06
<b>Minutes *</b>	12
<b>26-2.1. Is the time given above exact or estimated? *</b>	Exact
<b>26-3. First EMS arrival *</b>	2010-12-08
<b>Hour *</b>	06
<b>Minutes *</b>	17
<b>26-3.1. Is the time given above exact or estimated? *</b>	Exact
<b>26-4. Major incident declared *</b>	2010-12-08
<b>Hour *</b>	06

<b>Minutes *</b>	12
<b>26-4.1. Is the time given above exact or estimated? *</b>	Exact
<b>26-5. Medical command established *</b>	2010-12-08
<b>Hour *</b>	06
<b>Minutes *</b>	20
<b>26-5.1. Is the time given above exact or estimated? *</b>	Estimated
<b>26-6. Time of first meeting between police / fire / medical command *</b>	2010-12-08
<b>Hour *</b>	06
<b>Minutes *</b>	30
<b>26-6.1. Is the time given above exact or estimated? *</b>	Estimated
<b>26-7. First patient evacuated by EMS (time of leaving incident scene) *</b>	2010-12-08
<b>Hour *</b>	06
<b>Minutes *</b>	45
<b>26-7.1. Is the time given above exact or estimated? *</b>	Estimated
<b>26-8. Last patient evacuated by EMS (time of leaving incident scene) *</b>	2010-12-08
<b>Hour *</b>	07
<b>Minutes *</b>	55
<b>26-8.1. Is the time given above exact or estimated? *</b>	Estimated
<b>26-9. First patient arriving in hospital *</b>	2010-12-08
<b>Hour *</b>	07
<b>Minutes *</b>	00
<b>26-9.1. Is the time given above exact or estimated? *</b>	Estimated
<b>26-10. Last patient arriving in hospital *</b>	2010-12-08
<b>Hour *</b>	07
<b>Minutes *</b>	55

<b>26-10.1. Is the time given above exact or estimated? *</b>	Estimated
<b>28-1. Were lay persons with no field care education present? *</b>	No
<b>28-2. Were non-EMS personnel with basic life support (BLS) competency present? *</b>	No
<b>28-3. Were EMS professionals who were not physicians, but with BLS competency present? *</b>	Yes
<b>28-3.1. Please state number of persons/personnel *</b>	34
<b>28-3.2. Is the number given above exact or estimated? *</b>	Exact
<b>28-4. Were EMS professionals who were not physicians, but with Advanced Life Support (ALS) competency present? *</b>	Yes
<b>28-4.1. Please state number of persons/personnel *</b>	12
<b>28-4.2. Is the number given above exact or estimated? *</b>	Exact
<b>28-5. Were on-scene physicians with ALS competency present? *</b>	Yes
<b>28-5.1. Please state number of persons/personnel *</b>	2
<b>28-5.2. Is the number given above exact or estimated? *</b>	Exact
<b>28-6. Were other type of personnel/persons present at the incident scene? *</b>	No
<b>29-1. EMS transport: Where there any EMS vehicles present at scene during the early EMS response to the incident? *</b>	Yes
<b>29-1.1. If possible, please specify the approximate numbers of EMS vehicles available at the incident scene. Returning EMS vehicles are to be counted only once. Please provide time of arrival for the first EMS vehicle.</b>	20
<b>Date</b>	2010-12-08
<b>Hour</b>	06

<b>Minutes</b>	17
<b>29-2. EMS transport: Where there any EMS helicopters present at scene during the early EMS response to the incident? *</b>	No
<b>29-3. EMS transport: Where there any EMS boats present at scene during the early EMS response to the incident? *</b>	No
<b>29-4. EMS transport: Where there other EMS transportation units present at scene during the early EMS response to the incident? *</b>	Yes
<b>29-4.1. Please specify type of other EMS transport *</b>	Rapid response vehicle (chief of EMS)
<b>29-4.2. If possible, please specify the approximate numbers of other EMS transportation units available at the incident scene. Returning EMS transportation units are to be counted only once. Please provide time of arrival for the first other EMS transportation unit.</b>	1
<b>Date</b>	2010-12-08
<b>Hour</b>	07
<b>Minutes</b>	00
<b>29-5. Civilian transport: Where there any civilian vehicles present at scene during the early EMS response to the incident? *</b>	No
<b>29-6. Civilian transport: Where there any civilian helicopters present at scene during the early EMS response to the incident? *</b>	No
<b>29-7. Civilian transport: Where there any civilian boats present at scene during the early EMS response to the incident? *</b>	No
<b>29-8. Civilian transport: Where there other civilian transportation units present at scene during the early EMS response to the incident? *</b>	No
<b>29-9. Other emergency services: Where there any other emergency vehicles present at scene during the early EMS response to the incident? *</b>	No

<b>29-10. Other emergency services: Where there any other emergency helicopters present at scene during the early EMS response to the incident? *</b>	No
<b>29-11. Other emergency services: Where there any other emergency boats present at scene during the early EMS response to the incident? *</b>	No
<b>29-12. Other emergency services: Where there any other means of transport present at scene during the early EMS response to the incident? *</b>	No
<b>30-1. Was there any equipment available on-scene to provide care for patients exposed to hazardous materials? *</b>	No
<b>30-2. Was there any search and rescue equipment available on-scene? *</b>	No
<b>30-3. Was there any alpine/rescue equipment available on-scene? *</b>	No
<b>30-4. Was equipment from the coast guard available on-scene? *</b>	No
<b>30-5. Were support vehicles available on-scene? *</b>	No
<b>30-6. Was other type of equipment available on-scene enabling EMS to do their job? *</b>	No
<b>31. Number of hospitals receiving patients *</b>	6
<b>32-1.1. Distance from incident scene where pre-hospital medical response was initiated to hospital I by air line in kilometers *</b>	0-5
<b>32-1.2. Type of hospital I *</b>	Major hospital with trauma specialty
<b>32-1.3. Were patients conveyed to this hospital by EMS? *</b>	Yes
<b>32-1.3.1. Were six or more patients conveyed to this hospital by EMS? *</b>	No
<b>32-1.4. Were patients conveyed to this hospital by non-EMS? *</b>	No
<b>32-1.5. Were patients conveyed in the first hour after the incident? *</b>	Yes

<b>32-1.5.1. Were six or more patients conveyed in the first hour after the incident? *</b>	No
<b>32-1.6. Were patients conveyed between 1 and 2 hours after the incident? *</b>	Yes
<b>32-1.6.1. Were six or more patients conveyed between 1 and 2 hours after the incident? *</b>	No
<b>32-1.7. Were patients conveyed between 2 and 3 hours after the incident? *</b>	No
<b>32-1.8. Were patients conveyed between 3 and 4 hours after the incident? *</b>	No
<b>32-1.9. Were patients conveyed after 4 hours or more following the incident? *</b>	No
<b>32-1.10. Does a pre-existing patient distribution plan exist? *</b>	No
<b>32-1.11. Please explain any pre-existing patient distribution plan/s and give any comments on decision making, delays etc. *</b>	EMS Centre Distribution by on-physician team
<b>32-2.1. Distance from incident scene where pre-hospital medical response was initiated to hospital II by air line in kilometers *</b>	6-10
<b>32-2.2. Type of hospital II *</b>	Major hospital with trauma specialty
<b>32-2.3. Were patients conveyed to this hospital by EMS? *</b>	Yes
<b>32-2.3.1. Were six or more patients conveyed to this hospital by EMS? *</b>	No
<b>32-2.4. Were patients conveyed to this hospital by non-EMS? *</b>	No
<b>32-2.5. Were patients conveyed in the first hour after the incident? *</b>	Yes
<b>32-2.5.1. Were six or more patients conveyed in the first hour after the incident? *</b>	No
<b>32-2.6. Were patients conveyed between 1 and 2 hours after the incident? *</b>	No
<b>32-2.7. Were patients conveyed between 2 and 3 hours after the incident? *</b>	No
<b>32-2.8. Were patients conveyed between 3 and 4 hours after the incident? *</b>	Yes

<b>32-2.8.1. Were six or more patients conveyed between 3 and 4 hours after the incident? *</b>	No
<b>32-2.9. Were patients conveyed after 4 hours or more following the incident? *</b>	No
<b>32-2.10. Pre-existing patient distribution plan *</b>	No
<b>32-2.11. Please explain any pre-existing patient distribution plan/s and give any comments on decision making, delays etc. *</b>	EMS Centre Distribution by on-physician team
<b>32-3.1. Distance from incident scene where pre-hospital medical response was initiated to hospital III by air line in kilometers *</b>	11-30
<b>32-3.2. Type of hospital III *</b>	Major hospital with trauma specialty
<b>32-3.3. Were patients conveyed to this hospital by EMS? *</b>	Yes
<b>32-3.3.1. Were six or more patients conveyed to this hospital by EMS? *</b>	No
<b>32-3.4. Were patients conveyed to this hospital by non-EMS? *</b>	No
<b>32-3.5. Were patients conveyed in the first hour after the incident? *</b>	Yes
<b>32-3.5.1. Were six or more patients conveyed in the first hour after the incident? *</b>	Unknown
<b>32-3.6. Were patients conveyed between 1 and 2 hours after the incident? *</b>	Yes
<b>32-3.6.1. Were six or more patients conveyed between 1 and 2 hours after the incident? *</b>	No
<b>32-3.6.2. Number of patients conveyed between 1 and 2 hours after the incident *</b>	Unknown
<b>32-3.7. Were patients conveyed between 2 and 3 hours after the incident? *</b>	No
<b>32-3.8. Were patients conveyed between 3 and 4 hours after the incident? *</b>	No
<b>32-3.9. Were patients conveyed after 4 hours or more following the incident? *</b>	No



<b>32-3.10. Pre-existing patient distribution plan *</b>	No
<b>32-3.11. Please explain any pre-existing patient distribution plan/s and give any comments on decision making, delays etc. *</b>	EMS Centre Distribution by on-physician team
<b>32-4.1. Distance from incident scene where pre-hospital medical response was initiated to hospital IV by air line in kilometers *</b>	6-10
<b>32-4.2. Type of hospital IV *</b>	Major hospital with trauma specialty
<b>32-4.3. Were patients conveyed to this hospital by EMS? *</b>	Yes
<b>32-4.3.1. Were six or more patients conveyed to this hospital by EMS? *</b>	No
<b>32-4.4. Were patients conveyed to this hospital by non-EMS? *</b>	No
<b>32-4.5. Were patients conveyed in the first hour after the incident? *</b>	Yes
<b>32-4.5.1. Were six or more patients conveyed in the first hour after the incident? *</b>	No
<b>32-4.6. Were patients conveyed between 1 and 2 hours after the incident? *</b>	Yes
<b>32-4.6.1. Were six or more patients conveyed between 1 and 2 hours after the incident? *</b>	No
<b>32-4.7. Were patients conveyed between 2 and 3 hours after the incident? *</b>	No
<b>32-4.8. Were patients conveyed between 3 and 4 hours after the incident? *</b>	No
<b>32-4.9. Were patients conveyed after 4 hours or more following the incident? *</b>	No
<b>32-4.10. Pre-existing patient distribution plan *</b>	No
<b>32-4.11. Please explain any pre-existing patient distribution plan/s and give any comments on decision making, delays etc. *</b>	EMS centre distribution by on-physician team": The EMS coordinating centre (with 2 physicians and 2 nurses on-site) coordinate and send more resources to the scene. They also coordinate patient distribution from the incident scene, communicate with ERs, centralized beds units, special ICUs, police, fire, health authorities and other relevant organizations.

<b>32-5.1. Distance from incident scene where pre-hospital medical response was initiated to hospital V by air line in kilometers *</b>	6-10
<b>32-5.2. Type of hospital V *</b>	Major hospital without trauma specialty
<b>32-5.3. Were patients conveyed to this hospital by EMS? *</b>	Yes
<b>32-5.3.1. Were six or more patients conveyed to this hospital by EMS? *</b>	No
<b>32-5.4. Were patients conveyed to this hospital by non-EMS? *</b>	No
<b>32-5.5. Were patients conveyed in the first hour after the incident? *</b>	Yes
<b>32-5.5.1. Were six or more patients conveyed in the first hour after the incident? *</b>	No
<b>32-5.6. Were patients conveyed between 1 and 2 hours after the incident? *</b>	Yes
<b>32-5.6.1. Were six or more patients conveyed between 1 and 2 hours after the incident? *</b>	No
<b>32-5.7. Were patients conveyed between 2 and 3 hours after the incident? *</b>	No
<b>32-5.8. Were patients conveyed between 3 and 4 hours after the incident? *</b>	No
<b>32-5.9. Were patients conveyed after 4 hours or more following the incident? *</b>	No
<b>32-5.10. Pre-existing patient distribution plan *</b>	No
<b>32-5.11. Please explain any pre-existing patient distribution plan/s and give any comments on decision making, delays etc. *</b>	EMS centre distribution by on-physician team": The EMS coordinating centre (with 2 physicians and 2 nurses on-site) coordinate and send more resources to the scene. They also coordinate patient distribution from the incident scene, communicate with ERs, centralized beds units, special ICUs, police, fire, health authorities and other relevant organizations.
<b>32-6.1. Distance from incident scene where pre-hospital medical response was initiated to hospital VI by air line in kilometers *</b>	6-10
<b>32-6.2. Type of hospital VI *</b>	Major hospital without trauma specialty
<b>32-6.3. Were patients conveyed to this</b>	Yes

hospital by EMS? \*

**32-6.3.1. Were six or more patients conveyed to this hospital by EMS? \*** No

**32-6.4. Were patients conveyed to this hospital by non-EMS? \*** No

**32-6.5. Were patients conveyed in the first hour after the incident? \*** Yes

**32-6.5.1. Were six or more patients conveyed in the first hour after the incident? \*** No

**32-6.6. Were patients conveyed between 1 and 2 hours after the incident? \*** Yes

**32-6.6.1. Were six or more patients conveyed between 1 and 2 hours after the incident? \*** No

**32-6.7. Were patients conveyed between 2 and 3 hours after the incident? \*** No

**32-6.8. Were patients conveyed between 3 and 4 hours after the incident? \*** No

**32-6.9. Were patients conveyed after 4 hours or more following the incident? \*** No

**32-6.10. Pre-existing patient distribution plan \*** No

**32-6.11. Please explain any pre-existing patient distribution plan/s and give any comments on decision making, delays etc. \*** EMS centre distribution by on-physician team": The EMS coordinating centre (with 2 physicians and 2 nurses on-site) coordinate and send more resources to the scene. They also coordinate patient distribution from the incident scene, communicate with ERs, centralized beds units, special ICUs, police, fire, health authorities and other relevant organizations.

## Patient characteristics

**33-1. Were more people than those who were directly affected at risk from incident (e.g number of passengers on a train/ship)? \*** No

**34-1. Gender: Were any males affected? \*** Yes

<b>34-1.1. Were six or more males affected? *</b>	Yes
<b>34-1.2. Number of males affected *</b>	20
<b>34-1.3. Is the number given above exact or estimated? *</b>	Exact
<b>34-2. Gender: Were any females affected? *</b>	No
<b>34-3. Were there any unidentified/missing victims? *</b>	No
<b>35-1. Were there any neonates (0-30 days) requiring attention of EMS? *</b>	No
<b>35-2. Were there any infants (1 month-2 years) requiring attention of EMS? *</b>	No
<b>35-3. Were there any young children (2-6 years) requiring attention of EMS? *</b>	No
<b>35-4. Were there any children (6-12 years) requiring attention of EMS? *</b>	No
<b>35-5. Were there any adolescent (12-18 years) requiring attention of EMS? *</b>	No
<b>36-1. Were there any dead on-scene/ dead before any medical care was provided? *</b>	Yes
<b>36-1.1. Were six or more dead on-scene? *</b>	Yes
<b>36-1.2. Number of dead on-scene *</b>	81
<b>36-1.3. Is the number given above exact or estimated? *</b>	Exact
<b>37-1. Were there any dead before arrival at hospital (initial treatment started, but dead before transport to hospital)? *</b>	Yes
<b>37-1.1. Were six or more dead before arrival at hospital? *</b>	No
<b>38-1. Were there any dead upon arrival at hospital? *</b>	No
<b>39-1. Were there any deaths of those admitted to the hospital within 30 days of the event? *</b>	No
<b>39-2. Is data collection of thirty day mortality of those admitted to hospital considered complete? *</b>	Yes

<b>40. Was a pre-hospital triage system used? *</b>	Yes
<b>40-1. Who performed the pre-hospital on-scene triage? *</b>	EMS personnel
<b>40-2. Which triage system was used? *</b>	triage start
<b>41-1. Were there any patients in category red = immediate? *</b>	Yes
<b>41-1.1. Were there six or more patients in category red? *</b>	Yes
<b>41-1.2. Number of patients in category red *</b>	12
<b>41-1.3. Is the number given above exact or estimated? *</b>	Exact
<b>41-1.4. Please provide the data source from which these numbers originate *</b>	Hospital and prehospital registers
<b>41-2. Were there any patients in category yellow = urgent? *</b>	Yes
<b>41-2.1. Were there six or more patients in category yellow? *</b>	Yes
<b>41-2.2. Number of patients in category yellow *</b>	7
<b>41-2.3. Is the number given above exact or estimated? *</b>	Exact
<b>41-2.4. Please provide the data source from which these numbers originate *</b>	Hospital and prehospital registers
<b>41-3. Were there any patients in category green = minor/delayed? *</b>	Yes
<b>41-3.1. Were there six or more patients in category green? *</b>	No
<b>41-4. Were there any patients in category black = deceased? *</b>	Yes
<b>41-4.1. Were there six or more patients in category black? *</b>	Yes
<b>41-4.2. Number of patients in category black *</b>	80
<b>41-4.3. Is the number given above exact or estimated? *</b>	Exact
<b>41-4.4. Please provide the data source from which these numbers originate *</b>	Hospital and pre-hospital data records

<b>41-5. Were there any patients in other categories than those mentioned above? *</b>	Yes
<b>41-5.1. Please describe the other triage categories *</b>	The on-scene situation was; -Prison: totals 1,900 inmates and guards inside. -Burned Tower Total: 466 patients of which 365 were "walking man" (patients who can walk and have no injuries) + 81 dead on-scene + 20 evacuated from Advanced Medical Point on-scene.
<b>41-5.2. Were there six or more patients in other categories than those mentioned above? *</b>	Yes
<b>41-5.3. Number of patients in category/ies as specified in 41-5.1. *</b>	99 or more
<b>41-5.3. Is the number given above exact or estimated? *</b>	Estimated
<b>41-5.4. Please provide the data source from which these numbers originate *</b>	Ministry of Health, Legal Medical Institute and Ministry of Interior.
<b>42-1. Were there patients with minor injuries? Here defines as: patients attended by EMS or medical staff at a primary health care facility, but not admitted to hospital *</b>	Yes
<b>42-1.1. Were there six or more patients with minor injuries? *</b>	No
<b>43. Was there any over-or undertriage? *</b>	No
<b>44-1. Did more than six patients seek care at a hospital? *</b>	Yes
<b>44-1.1. What was the total number of patients seeking care at a hospital? *</b>	20
<b>44-1.2. Is the number given above exact or estimated? *</b>	Exact
<b>44-1.3. Please provide the data source from which these numbers originate *</b>	Hospital and pre-hospital data records
<b>44-2. Was the total number of patients admitted to hospital six or more? *</b>	Yes
<b>44-2.1. What was the total number of patients admitted to hospital? *</b>	18
<b>44-2.2. Is the number given above exact or estimated? *</b>	Exact

<b>44-2.3. Please provide the data source from which these numbers originate *</b>	hospital and prehospital
<b>44-3. Were six or more of the admitted patients discharged within 24 hours? *</b>	No
<b>45-1. Did any patients sustain blunt trauma? *</b>	Yes
<b>45-1.1. Did six or more patients sustain blunt trauma? *</b>	No
<b>45-2. Did any patients sustain penetrating trauma? *</b>	Yes
<b>45-2.1. Did six or more patients sustain penetrating trauma? *</b>	No
<b>45-3. Did any patients sustain burns? *</b>	Yes
<b>45-3.1. Did six or more patients sustain burns? *</b>	Yes
<b>45-3.2. Number of patients with burns? *</b>	13
<b>45-3.3. Is the number given above exact or estimated? *</b>	Exact
<b>45-3.4. Please provide the data source from which these numbers originate *</b>	hospital and prehospital
<b>45-4. Did any patients sustain drowning? *</b>	No
<b>45-5. Did any patients sustain asphyxiation? *</b>	Yes
<b>45-5.1. Did six or more patients sustain asphyxiation? *</b>	Yes
<b>45-5.2. Number of patients with asphyxiation *</b>	13
<b>45-5.3. Is the number given above exact or estimated? *</b>	Exact
<b>45-5.4. Please provide the data source from which these numbers originate *</b>	prehospital and hospital
<b>45-6. Did any patients sustain hypothermia? *</b>	No
<b>45-7. Did any patients sustain intoxication/poisoning? *</b>	Yes
<b>45-7.1. Did six or more patients sustain intoxication/poisoning? *</b>	Yes

<b>45-7.2. Number of patients with intoxication/poisoning *</b>	13
<b>45-7.3. Is the number given above exact or estimated? *</b>	Exact
<b>45-7.4. Please provide the data source from which these numbers originate *</b>	prehospital and hospital
<b>45-8. Did any patients sustain infectious disease? *</b>	No
<b>45-9. Did any patients sustain acute psychiatric symptoms? *</b>	No
<b>45-10. Did any patients sustain nuclear or radiological injury? *</b>	No
<b>45-11. Did any patients sustain biological injury? *</b>	No
<b>45-12. Did any patients sustain chemical injury? *</b>	No
<b>45-13. Did any patients sustain other type of injury? *</b>	No
<b>46-1. Were any patients admitted to critical care area? *</b>	Yes
<b>46-1.1. Were six or more patients admitted to critical care area? *</b>	Yes
<b>46-1.2. Number of patients admitted to critical care area *</b>	11
<b>46-1.3. Is the number given above exact or estimated? *</b>	Exact
<b>46-1.4. Please explain how you define critical care *</b>	intubation, inhalatory injuries, cutaneous injuries
<b>46-1.5. Please provide the data source from which these numbers originate *</b>	ICU, hospital and prehospital data

## Key lessons

<b>47. During the pre-hospital emergency medical response to this major incident, were there any particular problems that may be improved in future major incidents? *</b>	Yes
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**47-1. In what area/s did the problem/s occur? \***

- Issues related to EMS situation before the major incident
- Nature of the incident itself
- The EMS response

**47-2.1. EMS background: What was the problem encountered? \***

The problem was too few ambulances due to there only being 1 ALS ambulance per 500 000 persons (in the metropolitan area. There are no ALS ambulances in rural areas).

**47-2.2. EMS background: How did responders attempt to address the problem? \***

Since 2010 the EMS is no longer a national service.

**47-2.3. EMS background: How would you recommend addressing / avoiding a similar problem at a future major incident? \***

Having enough EMS resources.

**47-3.1. Incident characteristics: What was the problem encountered? \***

overcrowding in prisons

**47-3.2. Incident characteristics: How did responders attempt to address the problem? \***

Better public policies and political coordination; fix inequities in the distribution of income and education, greater investment in prisons, greater investment in reintegration of prisoners, greater investment in emergency resources.

**47-3.3. Incident characteristics: How would you recommend addressing / avoiding a similar problem at a future major incident? \***

1.- avoid overcrowding in prisons

**47-4.1. EMS response: What was the problem encountered? \***

numbers de resources for mass casualty incident v/s habitual emergencies

**47-4.2. EMS response: How did responders attempt to address the problem? \***

EMS National

**47-4.3. EMS response: How would you recommend addressing / avoiding a similar problem at a future major incident? \***

Public policies that allow the EMS, fire and police to better assess risks (pre-incident) and greater amount of resources to be available 24/7 / 365 days for both every day normal activity and for Mass Casualty Incidents. Resources are not available 24/7 on all levels of care. Especially in major incidents with mass casualties the resources are insufficient and they are not available 24/7 (eg no on-call staff).

**48. During the pre-hospital emergency medical response to this major incident, were there any particular successes that may enhance the response to future major incidents? \***

Yes

**48-1. In what area/s did the success/es occur? \***

- Issues related to EMS situation before the major incident
- Nature of the incident itself

**48-2.1. EMS background: What element of the response went particularly well? \***

EMS centre with Emergency Physicians on-call

**48-2.2. EMS background: What recommendations would you make for the response to future major incident responses? \***

The EMS Centre is a critical point in coordination of health care resources in emergency situations

**48-3.1. Incident characteristics: What element of the response went particularly well? \***

"a single door for entry and one for exit"

**48-3.2. Incident characteristics: What recommendations would you make for the response to future major incident responses? \***

avoid overcrowding in prisons