

Session 1.04 – Novel Approach to Medical Mitigation of Mass Casualty Disasters

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All disasters are NOT created equal

So, it stands to reason that all disaster responses do not, of necessity, have to be identical.







Responses need to be

- Capable of handling everything from triage to staged surgical intervention
- Flexible – modular
- Scalable
- Easily and rapidly deployed
- Deployable on any platform
- Fast – on the ground and operational within 24-hours

Shelter of convenience may work



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Shelter may have to be deployed

Shelters now in use









The typical big response and the accompanying risk



**Existing health care
facility**

Disaster area

**Hundreds to thousands of
casualties**

**Existing health care
facility**



Deployed HCF



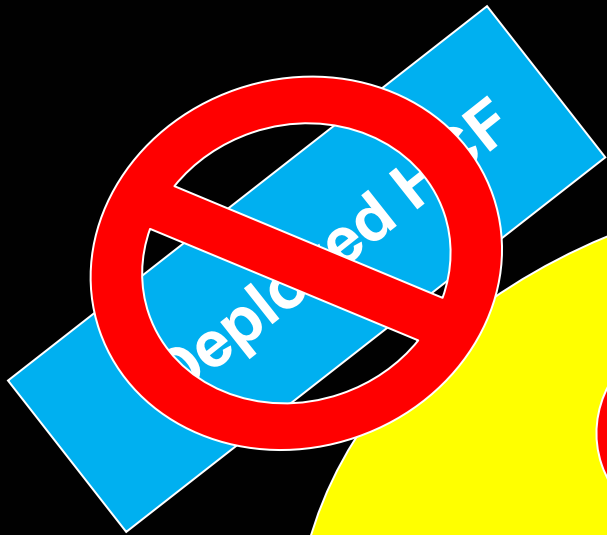
Existing health care facility

Disaster area

Hundreds to thousands of casualties



Existing health care facility



Existing health care facility

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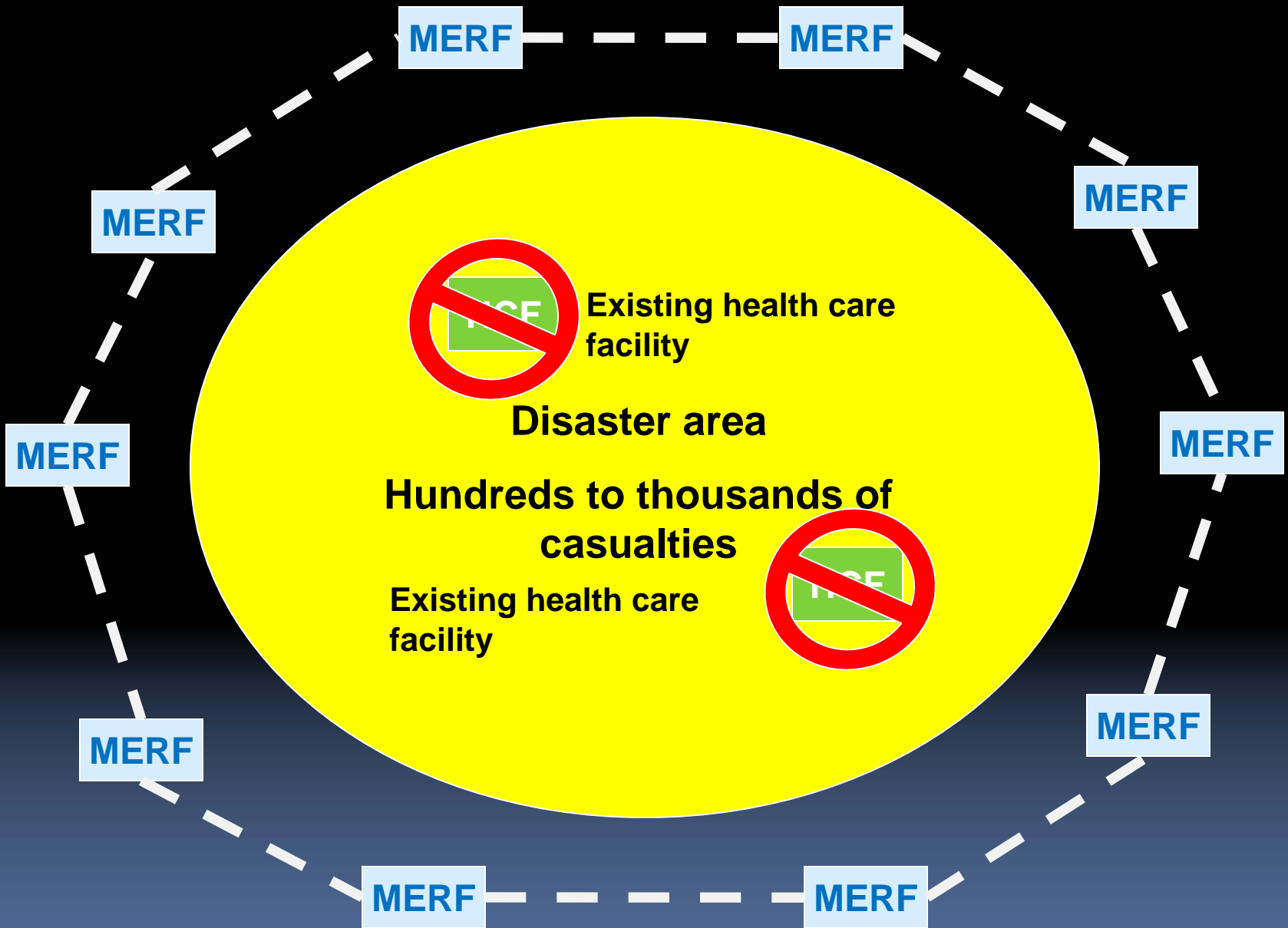
Existing health care facility

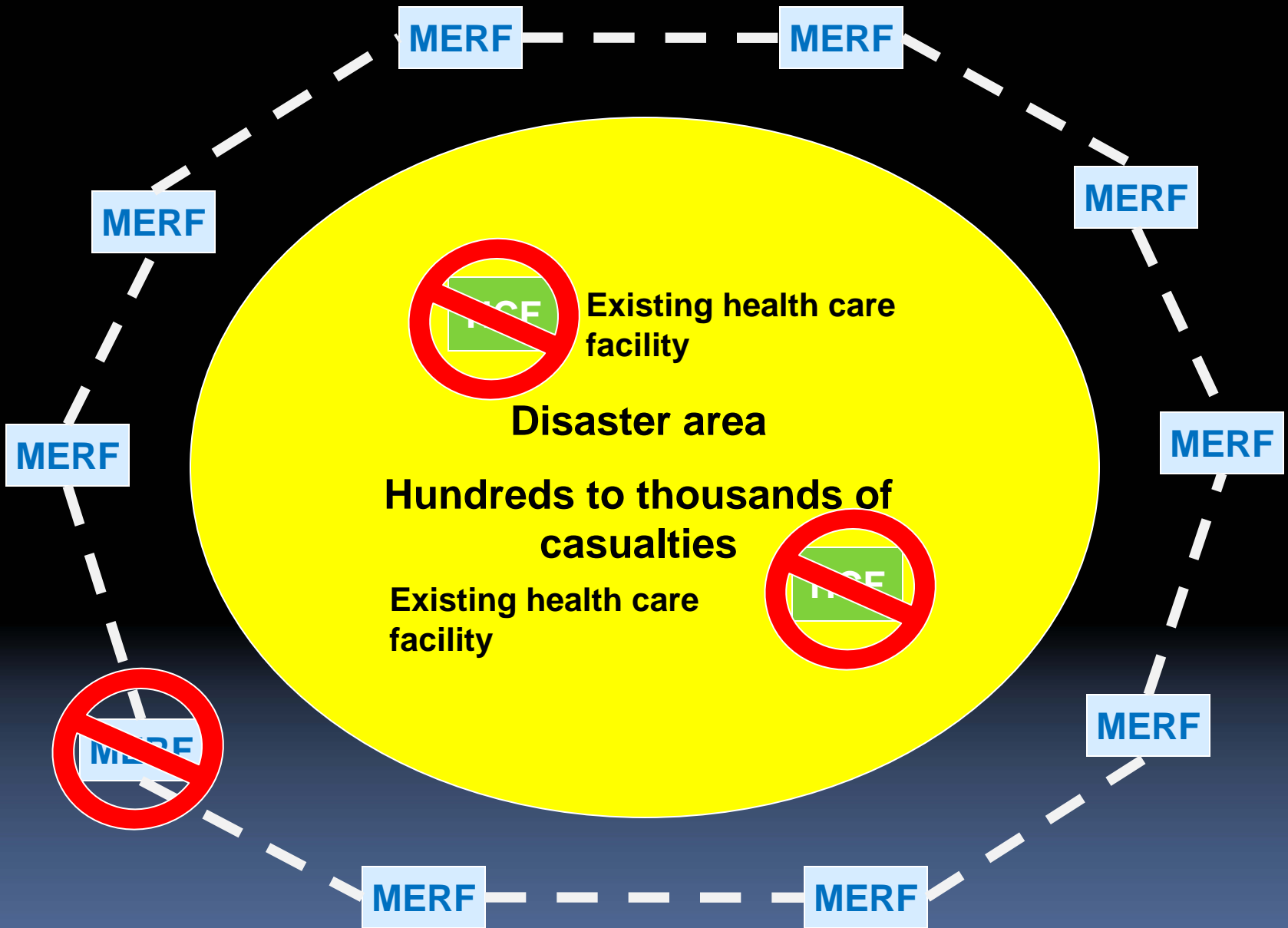


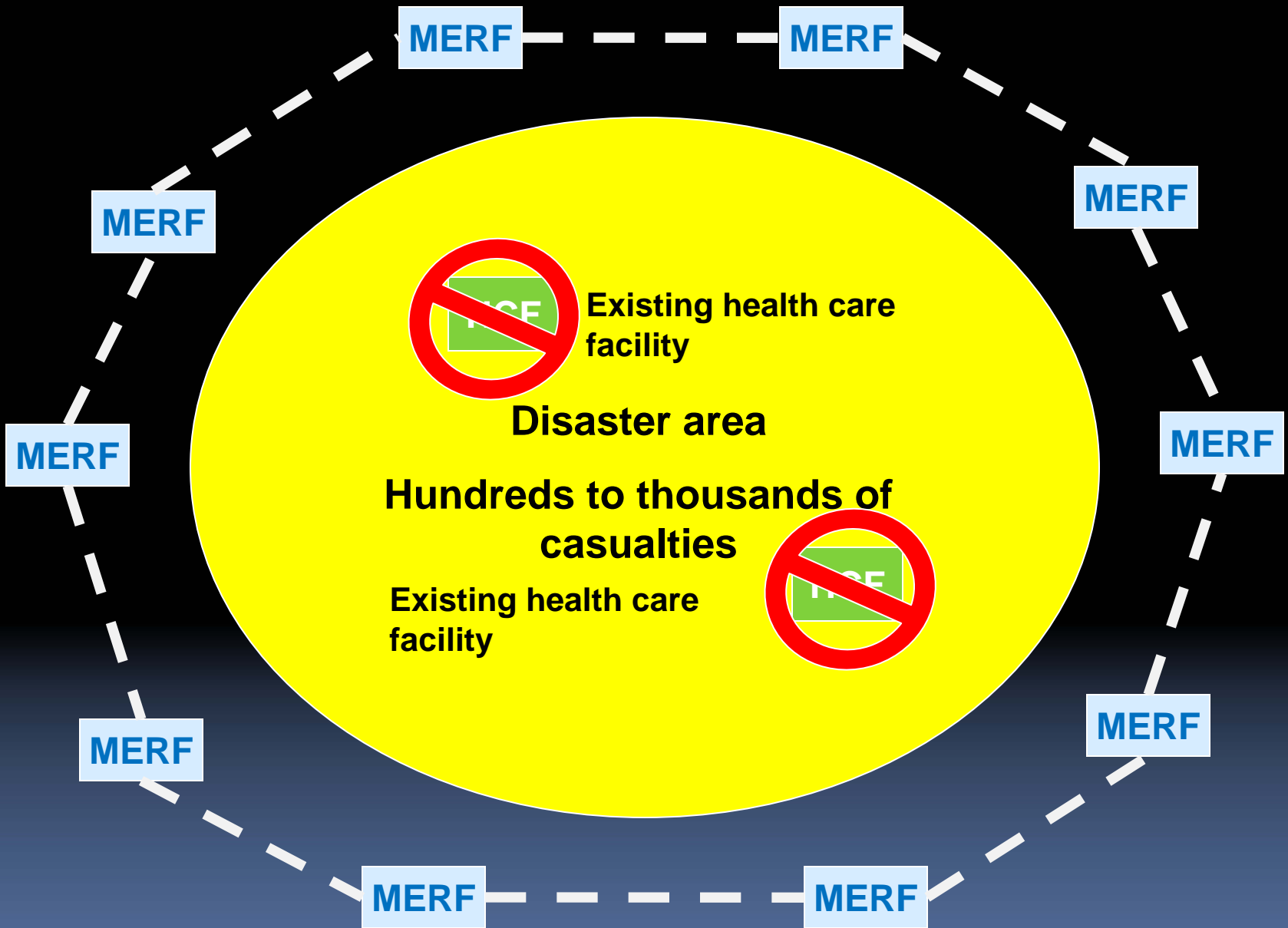
Strategic deployment of needed elements only



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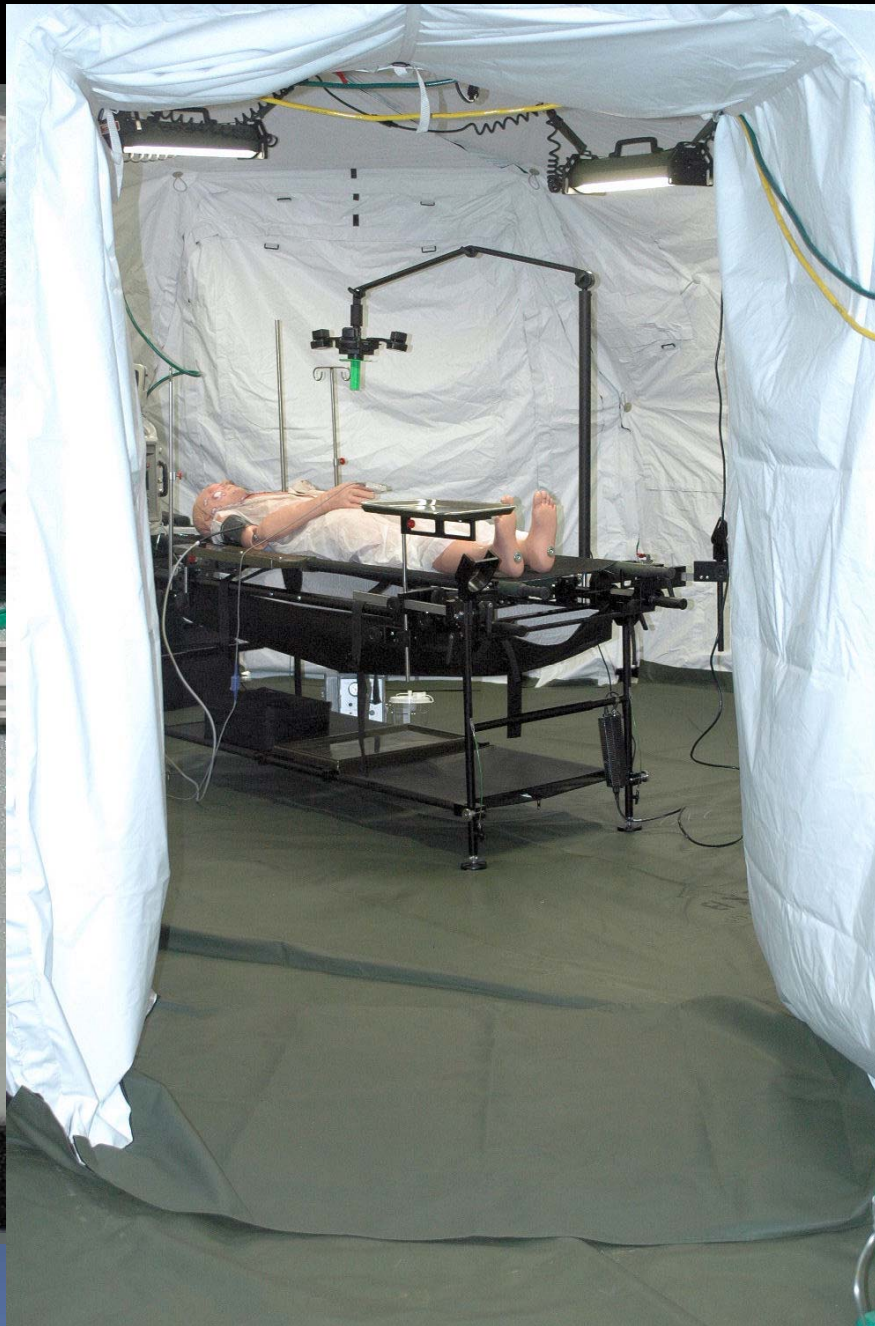
Existing health care facility



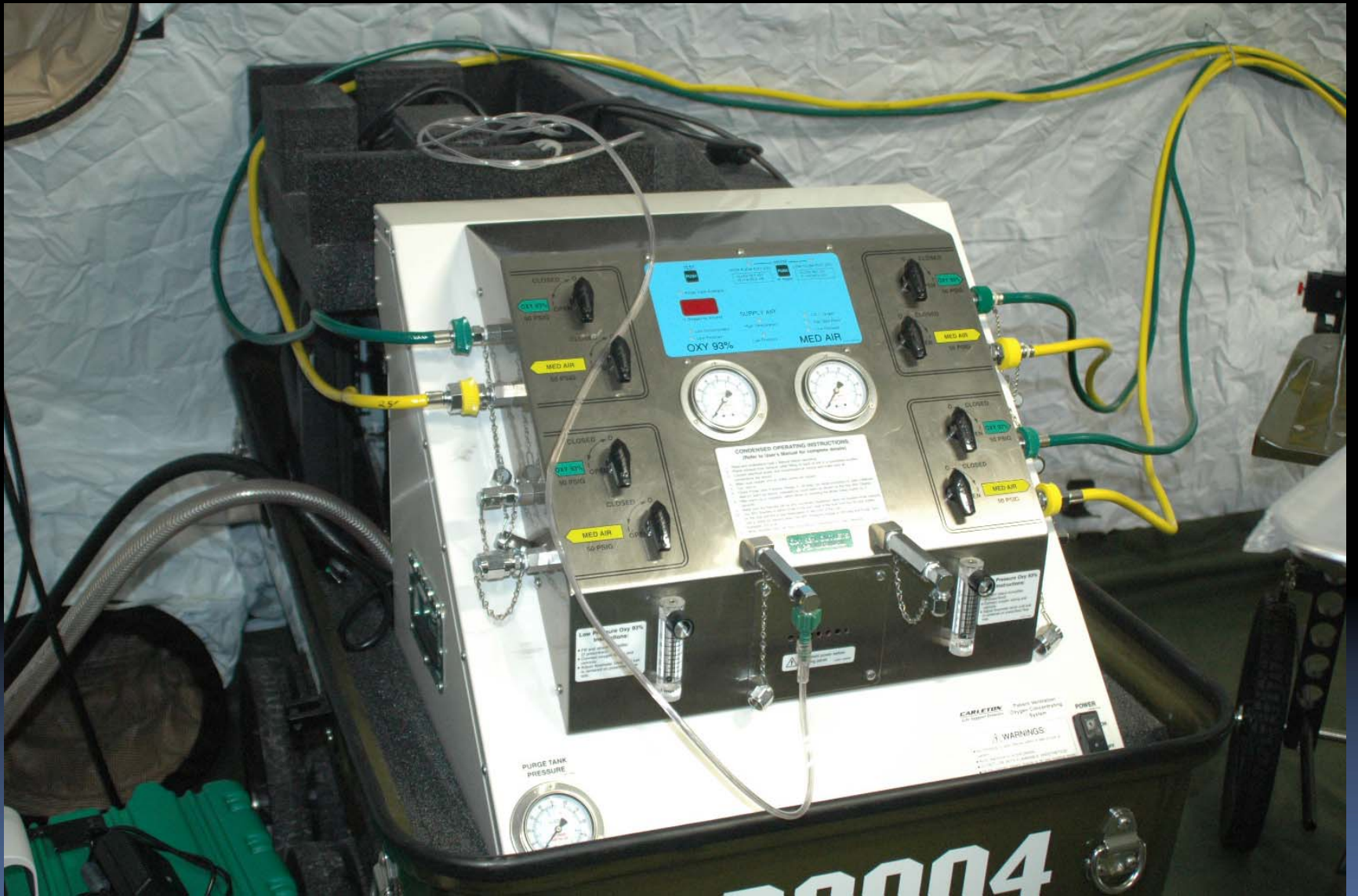
















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If shelter is needed it can be deployed but does not have to be

Result? Less cube and weight

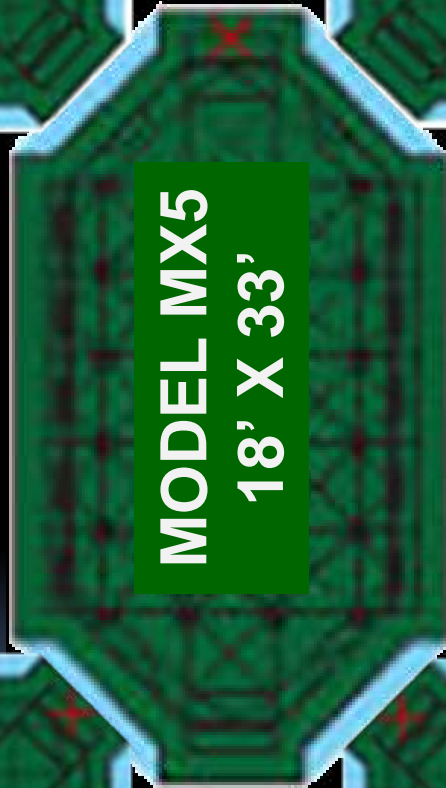
DIAGNOSTICS



SURGERY



CRITICAL CARE



MERF SHELTER MODULE

DENTAL



TRIAGE











Scalable



M.E.R.F. can provide

- Triage
- Diagnostic
- Critical care
- Surgery
- Dental
- Isolation for chem-bio exposures
- Holding
- Self-sufficiency for oxygen, power, and water

M.E.R.F. is a teaming concept

- North Coast Outfitters
- Charlie's Horse
Deployment Systems
- Welch-Allyn
- Impact
Instrumentation
- Oceanic Medical
- Global Hydration
- Lifesaving Systems
- Aseptico
- Mid-Atlantic Telerad
- Sonosite
- Zoll
- Carleton Life Support
- DHS Tech/DRASH

Cost

\$750-\$950,000 per 10-bed system determined by end-user needs

\$9-10,000,000 for 100-bed scalable capability