August 2025 · No. 3 · 8th year

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ORGANIZATION| E INSERTION TECHNIQUE | MEDICINE

Hospital interface

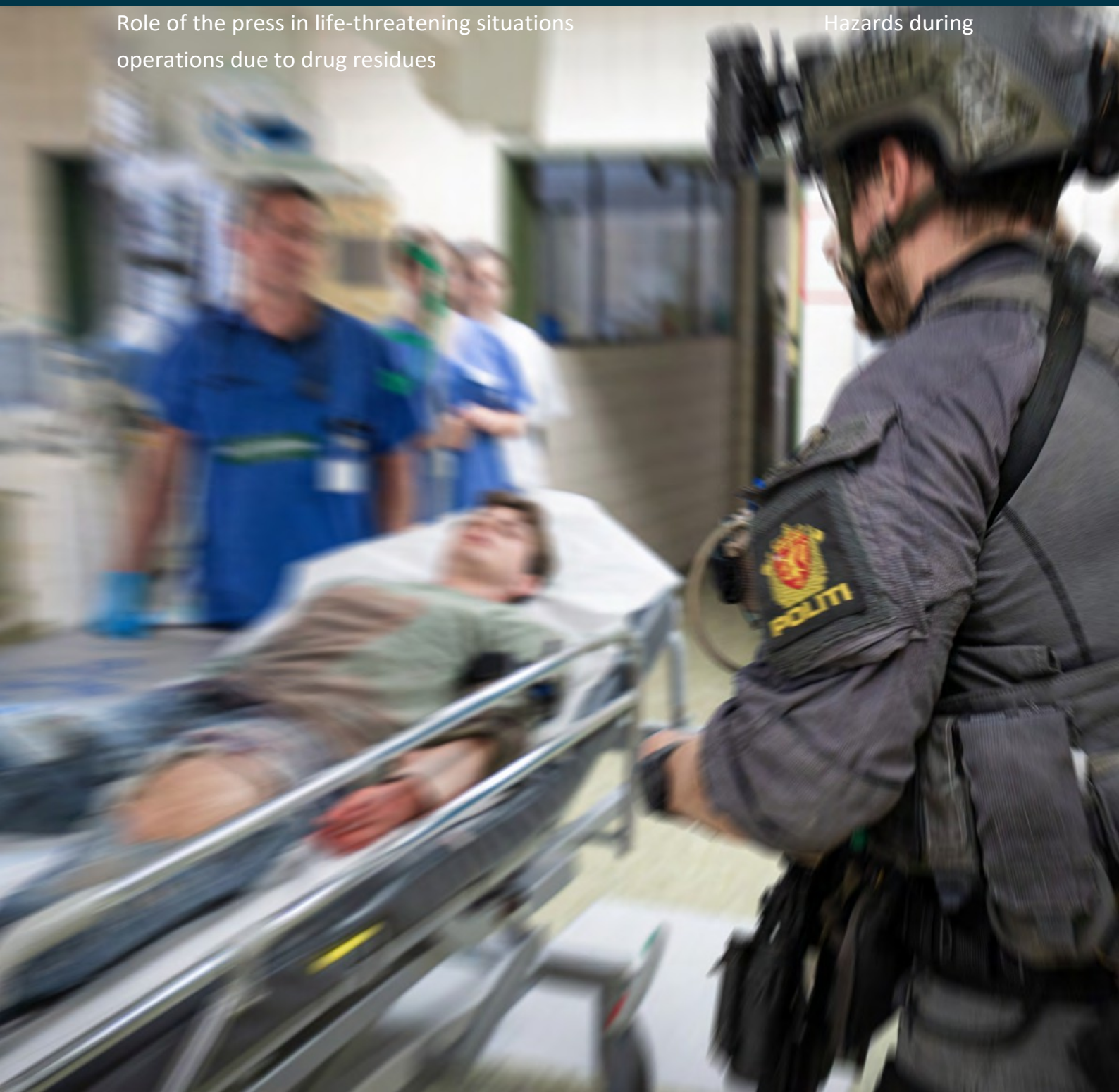
Role of the press in life-threatening situations

TREMA zone concept

operations due to drug residues

De-escalation training

Hazards during



CONTENTS

3 2025

Cover image: GSG 9

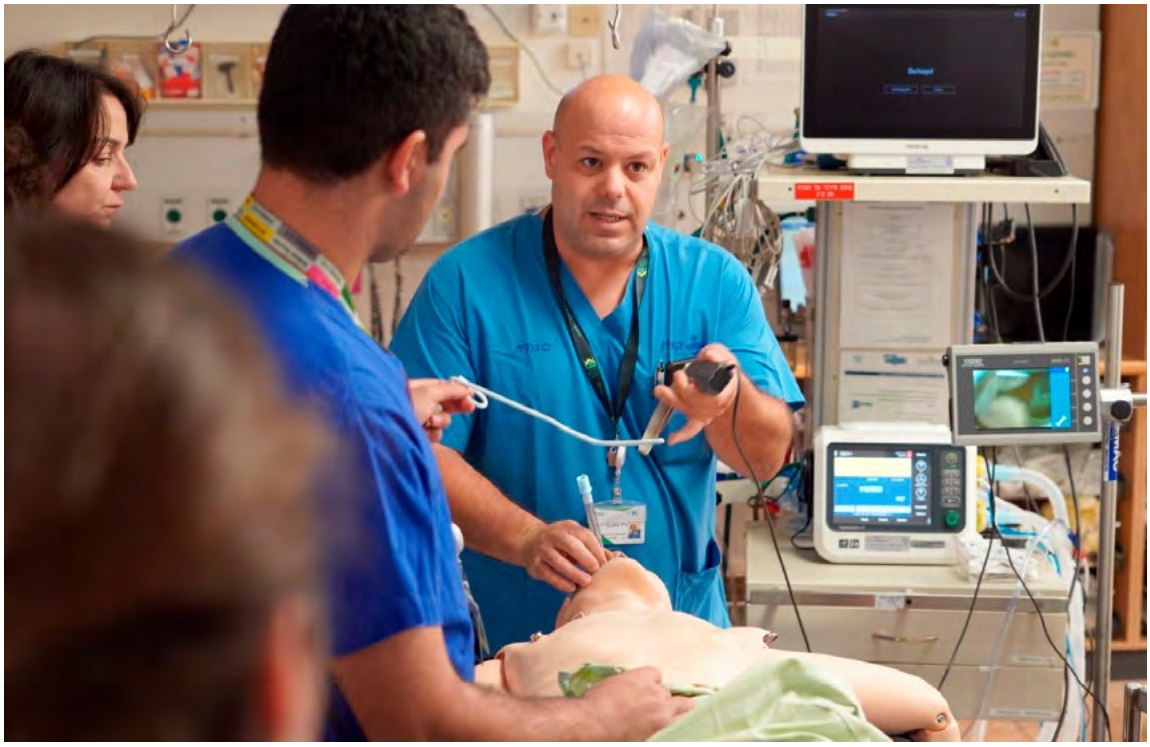


Fig. 1: Dr. Alon Bar in the simulation center of the Kaplan Medical Center

The attack on October 7, 2023:

A turning point for Israel's emergency medicine

The continuous sound of sirens, gunshots, and the screams of the wounded shattered the quiet Saturday morning of October 7, 2023. It was supposed to be a holiday, Simchat Torah, the Festival of the Torah. But in an instant, a festive moment turned into a national emergency, leaving thousands of victims and changing the face of the country. Amidst the chaos, with streets blocked by gunfire and hundreds of terrorists murdering their way through cities, medical teams found themselves in an unprecedented situation. The rescuers were forced to find a way to reach the victims. The events were a drama of survival, heroism, and improvised action by volunteers on the front lines and in the hospitals in the background. October 7, 2023, redefined the limits of emergency medicine.

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Volunteers risk their lives

When the drama began in the south and thousands of rockets filled the sky, United Hatzalah volunteers were the first medical unit on the scene, operating under fire. With 1,253 active volunteers in the southern region and 410 emergency vehicles, they treated hundreds of injured people directly on site in the initial phase and transported 739 of them to hospitals. However, these figures only give a small impression of the dramatic and chaotic first hours of the attack. The usual "scoop and run" evacuation method was not feasible due to sniper fire and roadblocks. The United Hatzalah volunteers, many of them residents of the captured communities themselves, had to make a decision that deviated from previous procedures. Instead of waiting for an evacuation, they set up decentralized triage points in private yards and secure parking lots. This was

emergency medical assistance that came to the people and took place under constant fire until evacuation became possible.

In Ofakim, the first triage center was opened at 7:30 a.m. on Beit Vagan Street to take in civilians who had fled the inferno on foot. At 7:40 a.m., another gathering point for the injured was set up at the local police station. In Heletz, a central stabilization point with an improvised helicopter landing pad was organized at 10:56 a.m. There, in coordination with police forces and a ground operations commander from Unit 669, several seriously injured people were treated and flown out by BK-117 helicopters.

By 12:30 p.m., the first United Hatzalah logistics vehicle had delivered tons of medical supplies to this location, which had now developed into a fully operational triage clinic with ALS (advanced life support) and BLS (basic life support) teams. Even in the kibbutzim of Be'eri, Kfar Aza, and Shuva—where the fighting was at its peak—volunteers performed life-saving emergency measures, including intravenous fluid administration and blood loss control.

Each volunteer on site was equipped with modern medical equipment, including tourniquets (CAT®/SAM®), emergency bandages, and lightweight tactical stretchers. This equipment, combined with continuous training and intensive drills, enabled the volunteer responders to provide effective assistance within seconds of arrival.

United Hatzalah also deployed a fleet of evacuation helicopters, including two BK-117 aircraft manned by air rescue teams and capable of transporting two seriously injured patients in a lying position. These capabilities, combined with new developments such as hemostatic dressings, ready-to-use field clinics and so-called rapid response vehicles (SUVs or small cars equipped with ALS equipment) proved crucial. But the price of helping was high: 13 United Hatzalah volunteers were injured, six were murdered or killed in action. Seven relatives of volunteers were and nine killed. Even under fire, United Hatzalah distributed tons of medical supplies, hygiene items, and food to emergency personnel and evacuated families. A total of 1,200 paramedics, civilians, and soldiers received psychological support from United Hatzalah's crisis intervention teams. In doing so, the organization broke with conventional assumptions about emergency response and proved that where there is no way, footprints are left behind.

The Kaplan Medical Center in emergency mode

45 km north of the inferno, at the Kaplan Medical Center in Rechovot, another drama was unfolding. The hospital, a 600-bed Level II trauma center, switched to emergency mode even before a mass casualty incident was officially declared. This readiness, which made the hospital a role model, underscores the importance of forward planning in extreme situations.

The enormous challenges posed by the events of October 2023 highlight a harsh reality for the healthcare system: all medical professionals must be highly qualified in trauma and emergency care, regardless of their daily specialization. These events made it abundantly clear that inadequate preparation for a mass casualty incident leads to increased morbidity and mortality. Recognizing this importance, the Kaplan Medical Center proactively strengthened its emergency preparedness. The measures to be implemented focused on comprehensive medical

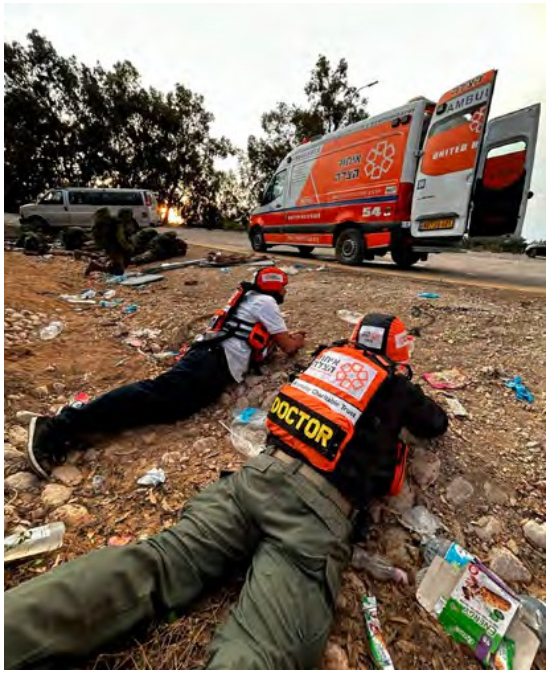

Fig. **2:** United Hatzalah volunteers seek shelter on the ground during a rocket attack.

Housewide protocols for mass casualty incidents and general emergency situations, including employee training and administrative readiness.

The real challenge is to maintain a high level of operational readiness in routine operations.

The Kaplan Medical Center's approach to emergency preparedness is cross-sectoral and involves all levels of hospital staff: from strategic management to administration and transport logistics. This holistic integration ensures that all operational units can work together in a coordinated and smooth manner, even under high pressure.

In addition, Kaplan Medical Center regularly implements and practices comprehensive hospital-wide protocols for emergencies and mass casualty incidents, which include the following key aspects:

- Regular training: ongoing drills and training for all emergency teams
- Structured lockdown protocol: measures to secure the hospital in the event of external threats, e.g., rapid discharge of patients, activation and distribution of prepared emergency equipment, and standardized procedures
- Clear emergency roles: clear responsibilities for specific personnel during mass casualty incidents and emergency situations
- Advanced alerting system: efficient mechanisms for requesting Additional medical and support personnel from outside the hospital.

Fig. 3: Volunteers from United Hatzalah evacuate victims on October 7, victims to a helicopter of the Israeli Defense Forces (IDF) Air Rescue Unit 669.

It is important for everyone involved to recognize that emergency preparedness is particularly complex because the nature of events is constantly changing. While spontaneous events such as earthquakes or bus accidents require an immediate response, wars and certain security-related incidents offer a critical window of opportunity for rapid preparation for mass casualty scenarios. The real challenge lies in maintaining a high level of operational readiness during routine operations. Especially in quiet times, thorough planning and effective training are crucial to avoid overload in an emergency.

The strength of the Kaplan Medical Center model was put to the test once again on June 15, 2025, when a rocket struck 400 meters in front of the hospital entrance and 63 injured people arrived at the same time. The Kaplan Medical Center proved that continuous practice and appropriate preparation trigger reflexive automatic responses that enable such events to be handled efficiently and professionally.

Key observations during this incident confirmed the benefits of this preparation:

- Rapid activation of protocols: Emergency protocols were activated immediately, enabling resources to be allocated in a timely manner.
- Infrastructure adaptation: A temporary emergency room was quickly set up in the B area (surgical emergency room) to compensate for the renovations taking place in the main shock rooms at the time, which is proof of forward-looking emergency planning.
- Preliminary discussions: Essential initial briefings for emergency room staff and doctors, nurses, and administrative staff on duty took place before the official declaration of a MANV, which significantly increased operational readiness.
- Efficient personnel and resource management: Emergency room staff worked 12-hour shifts, supported by two daily team meetings. Proactive discharges created bed capacity. Applicable guidelines for reducing material consumption and blood transfusions (only with the approval of a senior physician) were further optimized through resource utilization.

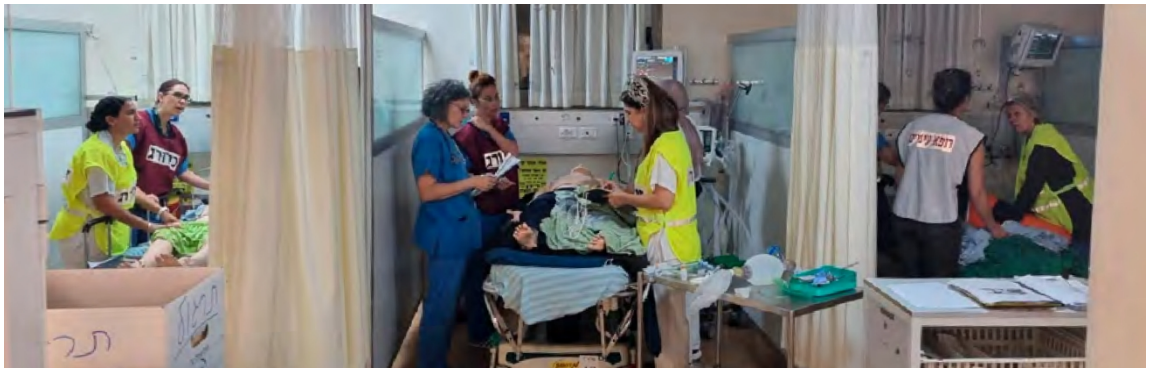

Fig. 4: Medical staff at Kaplan Medical Center during a mass casualty incident drill

- Smooth patient flow and triage: Initial admission was well organized, with a specially assigned physician supervising registration and the distribution of identification vests. The nursing teams responsible for the "ambulatory injured" were praised for their efficient triage and care. The surgery department established a clear, one-way admission process with a ward for primary and secondary examinations.
- Effective communication and specialized roles: Communication among medical staff was ensured via mobile phones and radios, which were kept charged at all times. The clearly defined role of eFAST specialists (for point-of-care ultrasound examinations, POCUS) ensured the targeted deployment of qualified personnel.
- Timely logistics and documentation: Important medical equipment, such as tetanus vaccines, was immediately available in the emergency room. Temporary patient records were efficiently managed until complete digital registration was completed.
- Strategic prioritization of surgical procedures: During the incident, operating rooms were primarily reserved for life-saving procedures (e.g., abdominal trauma or vascular injuries) rather than orthopedic surgeries. This reflected strategic clinical decision-making until a clearer picture of the overall situation was available.

Kaplan Medical Center's proactive and systematic approach to emergency preparedness through robust hospital-wide protocols and continuous staff training has proven to be a best practice model for improving medical readiness during unpredictable crises. The effective management of the

The latest MANV also highlights the significant added value of continuous training, simulation-based courses, and clearly structured emergency plans to ensure optimal treatment outcomes in critical situations. These initiatives underscore that preparedness is not a static state, but an ongoing dynamic process—essential for the resilience of modern healthcare. This program served as the basis for a more comprehensive national initiative.

Preparation, constant training, and the ability to improvise in the field are the key to saving lives under fire.

The lessons of October 7: Medicine at both ends of the crisis

The events of October 7 were a harsh lesson for the State of Israel, including its medical system. The story of United Hatzalah and Kaplan Medical Center is one of determination, innovation, and uncompromising resilience. While United Hatzalah was the first organization on the scene, operating under fire and setting up improvised triage points amid the chaos, Kaplan Medical Center provided pre-hospital backup, translating triage principles into an efficient hospital model. Both organizations operated at their respective ends with a high degree of professionalism and dedication, proving that preparation, ongoing training, and the ability to improvise in the field are key to saving lives under fire. The lessons learned from these events are not only situation-specific, but form the basis for a more comprehensive national plan to ensure medical resilience in future emergencies.