



Managing Surge Needs for Injuries: Nursing Care



Emergency Medical
Service Response
Emergency Department
Response
Surgical and Intensive
Care Unit Response
Radiology Response
Blood Bank Response
Hospitalists' Response
Administration Response
Drugs and Pharmaceutical
Supplies

Nursing Care

PURPOSE

To operationalize the additional nursing resources in a community within four hours of a terrorist bomb explosion and to treat 300 injured patients for up to 72 hours.

BACKGROUND

The experiences of the Madrid terrorist bombings were used as a model to help develop solutions for managing rapid surge problems during a mass casualty event.

On March 11, 2004, 10 terrorist explosions occurred almost simultaneously on commuter trains in Madrid killing 177 people instantly and injuring more than 2,000. That day, 966 patients were taken to 15 public community hospitals. More than 270 patients arrived at the closest facility between 0800 and 1030 hours.

Federal resources should not be expected to arrive sooner than 72 hours from the time of explosion. Resources can be delayed by the time taken to deploy them and by responding to multiple communities.

GOAL

Within four hours of an explosion, mobilize the appropriate number of facilities and beds, nursing staff, and resources needed to treat 300 injured patients for up to 72 hours.

RESOURCES REQUIRED

The workload will require adequate staffing and backup personnel for the initial response, and mechanisms for notification and activation, credentialing volunteers, and for ensuring the safety and welfare of responders.

This document is a resource guide. Local needs, preferences, and capabilities of the affected communities may vary.

ASSUMPTIONS

1. Nursing personnel are essential for an effective response to a bombing, including patient care, patient tracking and information management, and logistical support.

ACTION STEPS

The solutions listed below involve providing clinical nursing for 300 patients over a 72-hour period.

- Make all physical beds available for care, including those in storage and those that can be rented on short notice. Place cots in rooms or hallways.
- Develop criteria and policy to discharge patients who can go home or be quickly transferred to long-term care.
 - Make sure each department has a procedure for mass casualty care. These procedures need to be reviewed and be accessible to the command center.
 - Departments need to determine procedures for what will be done immediately (0–120 minutes), intermediately (2–4 hours) and long term (4–24 hours).
- Notify all departments of incident and of emergency plan activation.

- Request that policies be approved by a centralized committee that oversees the emergency operations and plan.
- Update call lists. Every department should have a current list that identifies staff by their proximity to the hospital.
- Make staff aware of where to park, where to report, how to respond, etc.
- Maintain a centralized data base with staff competency skills like ACLS (Advanced Cardiac Life Support®), TNCC (Trauma Nurse Core Course), ENPC (Emergency Nurse Pediatric Course), and PALS. Identify who is competent to care for critically ill patients.
- Add on-call staff to the disaster call list.
- Maintain names of retired or unemployed staff in a hospital or health system database.
- Include Medical Reserve Corp information/lists in the emergency response plan.
- Prepare badges in advance for credentialed professional staff.
- Credential volunteers in advance. Community agencies typically manage volunteers.
- Set up a system so that the hospital can verify credentials (i.e., State ESAR–VHP).
- Ensure that staff is assigned to tasks with which they are most familiar and perform daily; do not change routine procedures.

EVALUATION

Hospitals/health systems should plan and execute a drill with EMS at least once a year. The drill should include objectives to accommodate 300 patients with beds, staffing, and resources.

Critique the completed drill, write a report, and share the findings with participants. Hospital administrators should analyze the report and make recommendations to the disaster plan. Any deficiencies should be tested in the next drill.

Planning a drill planning is expensive. Exercises must be done in conjunction with state or county/city emergency management agency staff with the resources to conduct the.