



Managing Surge Needs for Injuries: Emergency Department Response

PURPOSE

To activate additional emergency department resources needed within four hours of an explosion. These resources are intended 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 the explosion. Resources can be delayed by the time taken to deploy them and by responding to multiple communities.

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

GOAL

To establish policies, procedures, didactic training, and drills to improve institutional preparedness for treating 300 injured patients for up to 72 hours.

RESOURCES REQUIRED

There should be adequate medical, nursing, and support staff to provide initial triage, and to evaluate and stabilize 300 persons.

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

ASSUMPTIONS

1. Developed packets for each patient containing disaster bands (those from blood banks work best), manual charting forms, and manual lab and radiology order forms. These packets should be prepared in advance and stored in the ED.
2. Established procedures for obtaining additional personnel, equipment, supplies and beds; establish a mechanism for notifying and activating backup personnel.
3. Established procedures for triage, emergency identification of patients, and discharge, and quick documentation.
4. Established temporary disaster log to document basic information.

ACTION STEPS

1. Implement and drill a hospital emergency incident command system (such as Hospital Incident Command System, or “HICS”); include clinical care providers in the training and drill.

If hospital personnel (e.g., practitioners, administrators, nurses) have not trained or drilled in a hospital incident command system, learned about the National Incident Management System (NIMS), or do not understand the function of a Hospital Incident Command Center, this information should be included in training sessions.

2. Instruct clinical staff, especially surgeons and emergency physicians, about the unique aspects of blast-related injuries and care following an attack with a radiation dispersal device (RDD).
3. Establish an institutional lockdown process and drill on a regular basis; include radiation detection and decontamination of arriving patients.
4. Update the institutional call-down list and perform a functional call-down exercise.
5. Identify potential institutional surge staffing from employees with clinical training, but not currently tasked with clinical jobs.
6. Identify patient care supplies for a surge situation, such as additional IV equipment, bandages/dressings, gowns, gloves, masks, other operating room supplies, etc.
7. Develop a regional Unified Command Structure that includes local emergency management and area hospitals. This should be achieved under the guidance and leadership of the local emergency managers.
8. Identify non-patient care areas in the institution that could be converted to patient care to expand bed surge capacity.
9. Establish and drill a procedure for early patient discharge to increase bed capacity. This procedure should include evaluation of ICU patients for potential movement to a non-ICU bed and evaluation of all patients for potential early discharge or transfer to an alternative care site (internal or external to the institution).

EVALUATION

When appropriate, evaluation drills have been incorporated into the Action Steps listed above. The institutional disaster preparedness plan should be updated based on each drill experience.