



Emergency Medical Services System Response

Emergency Department Response

Surgical Department Response

Intensive Care Unit Response

Radiology Response

Blood Bank Response

Hospitalist Response

Administration Response

Drugs and Pharmaceutical Supplies

Nursing Care

Managing Surge Needs for Injuries: Hospitalist Response*

PURPOSE

Within 4 hours, leverage the knowledge and skills of hospitalists to treat 300 patients injured from explosions and to sustain care for 72 hours.

BACKGROUND

The Madrid, Spain, 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 explosions occurred almost simultaneously on commuter trains in Madrid, killing 177 people instantly and injuring more than 2,000. On that day, 966 patients were taken to 15 public community hospitals. More than 270 patients arrived at the closest facility between 8:00 a.m. and 10:30 a.m.

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 emergency personnel responding to multiple communities.

GOAL

Within 4 hours, surge staff, resources, and space will be available to treat at least 300 patients injured in an explosion that require acute inpatient and intensive care for 72 hours.

REQUIRED RESOURCES

- ◆ Supplies, equipment and staffing (physicians, nurses, technicians, and support staff) to support surge response efforts.
- ◆ Mechanism to implement disaster care protocols. Mechanism should include methods to rapidly step down suitable patients (for example, from intensive care unit to floor and from floor to elsewhere).
- ◆ Mechanism within individual hospitals for placing hospitalists into real-time roles, enabling them to allocate and ration resources, serve as advisors, and function as outreach arms of incident command.



*Although the term *hospitalist* is used in this template, this category may include other attending physicians of multiple specialties as well as resident physicians and physician extenders/mid-level providers who are supervised by an attending physician.

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

ASSUMPTIONS

- ◆ Effective clinical response to a bombing event with a surge of patients will require coordination and cooperation among multiple medical specialties.
- ◆ Hospitalists will be an integral component of identifying available hospital beds, discharging patients, caring for patients, and providing additional support during the response.
- ◆ Hospitalist staff will be familiar with the hospital disaster plan, their individual roles and responsibilities, and the roles and responsibilities of all essential departments.

ACTION STEPS

1. Educate and train hospitalists regarding responsibilities for rapid discharge of patients.
2. Educate and train hospitalists on other potential responsibilities during a surge event.
3. Develop a system for using just-in-time training protocols for hospitalists during a surge event.
4. Develop protocol to implement tiered staffing for hospitalists.
5. Establish a responsibility with leadership positions. Incorporate ongoing responsibility into operations chief and medical branch director job descriptions to ensure uniform use of resources given the varied skills and knowledge of the hospitalists.
6. Consider using a rapid response team model to access additional support and information.

EVALUATION

- ◆ Conduct an exercise that tests the action steps.
- ◆ Critique the exercise against the response plan.
- ◆ Revise policies and procedures based on the outcomes of the exercises.

For more information, visit <http://emergency.cdc.gov/masscasualties>.