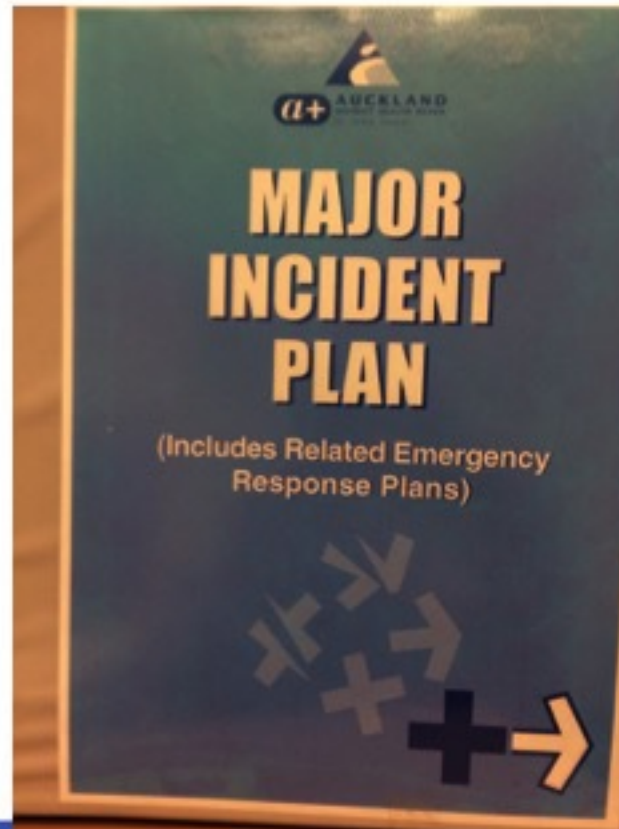


The Auckland City Hospital Mass Casualty Incident Plan

Mark Gardener
Emergency Medicine Specialist
Adult Emergency Department
Auckland City Hospital

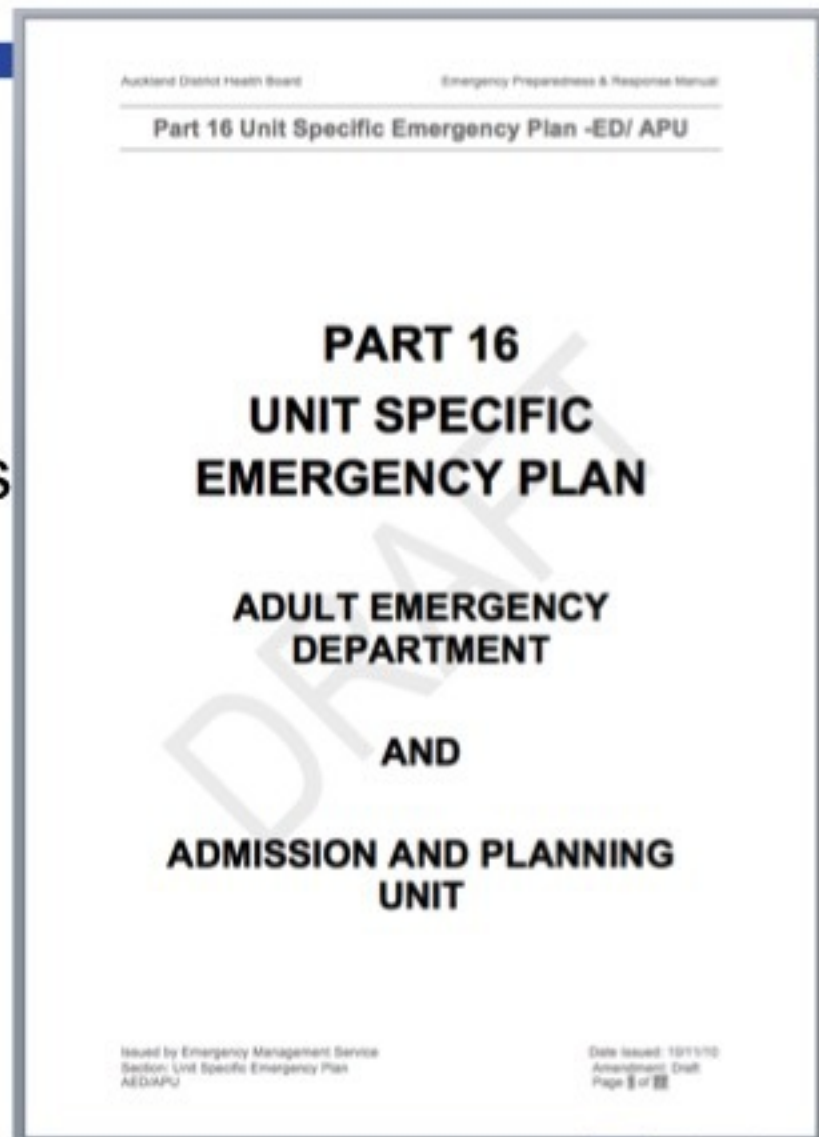


What is the essence of the plan.

- Leadership
 - with communication.
- Delegation
 - of tasks and responsibility
- Action Cards
 - so we remember the basics for rare events.
- Adaptability
 - Adapt to a changing situation.
- But doesn't replace your brain (just gets it started)


The AED Plan

- Part of the wider Unit Contingency Plan
- One place for all resources
- Take parts of the plan and use for any incident.

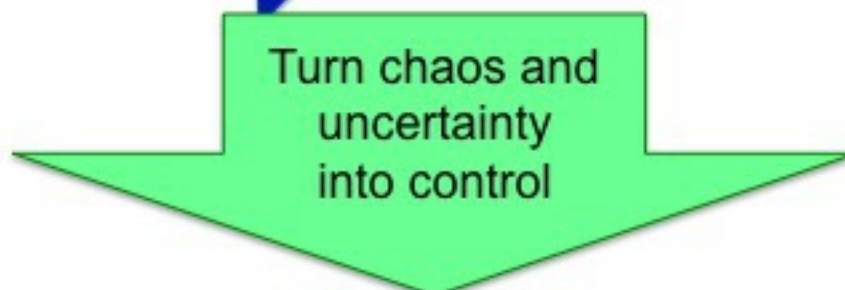


Notification

- Notified of an incident
- Decision to activate
- Empty AED and get ready.
- Or business as usual



Not sure
what do do?



Turn chaos and
uncertainty
into control



Grab your Action Card

Ebola (EVD)

ED SPECIALIST IN CHARGE

ATRIUM AREA CO-ORDINATOR

RESUS AREA CO-ORDINATOR

TRIAGE AREA CO-ORDINATOR

ACUTES AREA CO-ORDINATOR

In the event of a
Major Incident

- Take trolley to Acutes Staff Base
- Leave next to stairs opposite M1 & M2
- CCN and/or Duty Consultant to identify staff roles and distribute boxes

ED Specialist
will go to the
Major Incident
Trolley and get
their box.

CLERICAL

ED SPECIALIST

ED SPECIALIST

ED SPECIALIST

ED SPECIALIST



**ED Specialist
in Charge**

Put on vest

Delegate

- Read your Action Card
 - Reminds you to do simple things.
 - You don't have to remember everyone's jobs.
 - Give everyone their Action Card
 - Doesn't dictate how you will manage everything.
 - Allows for adaptable control.

Part 16 UNIT SPECIFIC EMERGENCY PLAN -ED/APU

ACTION CARD 4: ED SPECIALIST IN CHARGE AND CHARGE NURSE

1. Receive information on a major incident.
2. Work together using your own strengths.
3. If this influx of patients cannot be dealt with in the Emergency Department, then activate the Emergency Department Major Incident Plan.
4. Pick up your Coordinator Box when you arrive to the Radiology computer.
5. Initiate "Emptying the ED". Guidance is to be followed to coordinate this.
6. Get one clerk to give everyone ACTION CARD 4 at the APU Handover room at a designated time for a brief coordinator box.
7. Put on your Vest
8. Position yourself at Staff base initially.
9. Gain further information on the incident (teleconference) and complete the Incident Information Sheet (if required).
10. Inform the Duty Manager to activate the Hospital Major Incident Plan (unless the information has come from them).
11. Give the Orderly their ACTION CARD so the Trolleys can be moved to their designated areas.
12. At the given briefing time, report to the APU Handover Room.
 - a. Brief the current ED staff.
 - b. Allocate current staff to areas. Use the guide on the next page. Initial staff should be present on site and therefore available by asking the telephonist to page them to ED.
 - c. Allocate Coordinator positions (each has a box). You may have to delay this if not enough staff are present yet.
 - i. Triage Area Coordinator
 - ii. Resus Area Coordinator
 - iii. Acutes area Coordinator
 - iv. Atrium Area Coordinator
 - v. Clerical Coordinator

Read and
follow ACTION
CARD

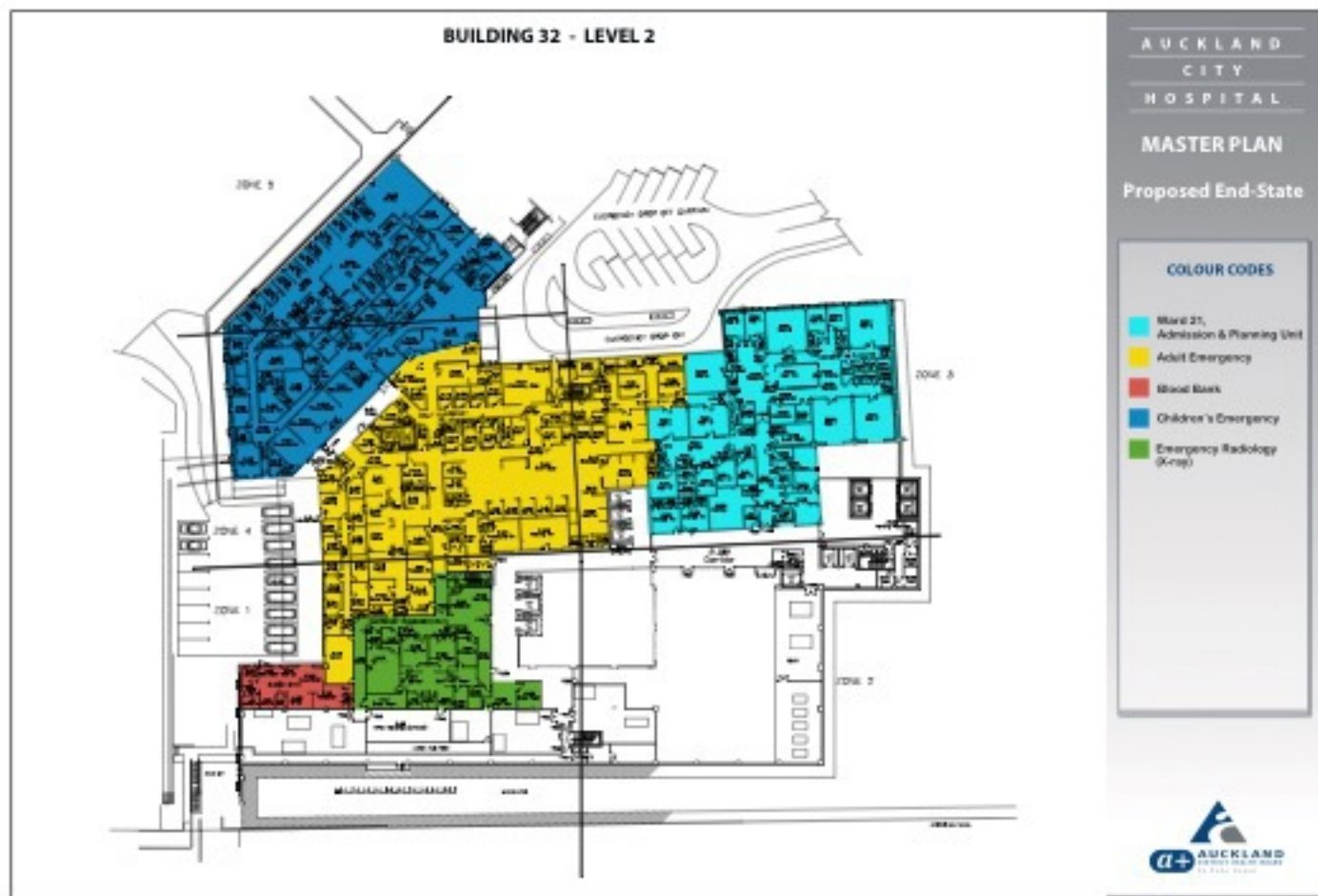
Triage

- Location
 - Ambulance corridor
 - Ambulance entrance
 - Staffed by senior staff
 - Fast
 - Difficult decisions
-
- Everyone gets Triage as the resources of space and people will be limited.

- **Immediate/Red/P1** (Triage 1 and some Triage 2)
 - Immediate care needed.
 - Critical injury, but good chance of survival if simple lifesaving measures applied.
- **Delayed/Yellow/P2** (Triage 2 and some Triage 3)
 - Significant injury, not immediately life-threatening.
 - Likely to survive if simple care given within hours.
 - Requires definitive care.
- **Minor/Green/P3** (Some Triage 3 to Triage 5)
 - Walking wounded.
 - Minor injuries requiring little care.
 - Care may be delayed
- **Expectant/Black/P4** (unsalvageable)
 - Survival is unlikely even with best care.
 - Analgesia and expectant management.

Placement

- Resus
- Acutes
- Atrium
- APU



- 4 beds spaces.
- Each gantry has double outlets.
 - Therefore potentially could have 8 patients.
- Digital radiology
 - Coming in August 2015
- POCT

- Most of the big stuff
 - Likely to be where the Trauma, Surgical and Orthopaedic doctors are heading.
- But some maybe elsewhere
 - Lesser priority.
- Resus is an area of team management
 - “Business as usual”
 - Just fast, (no delays).

The areas dictate priority of care, not type of injury.



- Team based care
 - Team Leader
 - Other members of the team.
- The overall area is controlled by a Resus Area Coordinator (EM Specialist)
 - Not to manage the patient but to manage the space.
- Surgical Coordinator

The Team Leader focuses on patient care.

The Area Coordinator controls the area.

Surgical Coordinator

- A senior surgeon.
- A decision maker.
- What surgical procedure is too occur.
- Decides who is going to do it.
 - We can't always do everyone at the start.
 - Who goes first and who waits.
- On-floor decisions.

Surgical, Orthopaedic, Vascular etc Registrars

- Go to Resus and report to the Area Coordinator.
 - Trauma call, 2nd Trauma call, Mass txt.

- Or go to Staffing (APU Handover Room) if you arrive after the start
 - Registered.
 - Allocated and Area.

- Receive your Action Card
 - Work as part of the team like you normally would.
 - Be Flexible in your role.
 - Maybe you will follow that patient to theatre.
 - Maybe you will do something else.

Other Areas

- Acutes
- Minors
- APU



Each area has reduced staff and management will vary.

Lots of gear is mobile.

Acutes

- 6 “Monitored” Rooms
- 7 Single Rooms
- 5 multi-bed rooms
- Other spaces
- Mobile gear

A variety of patients with a variety of needs.

“How can I provide the best care with the limited space and resources?”



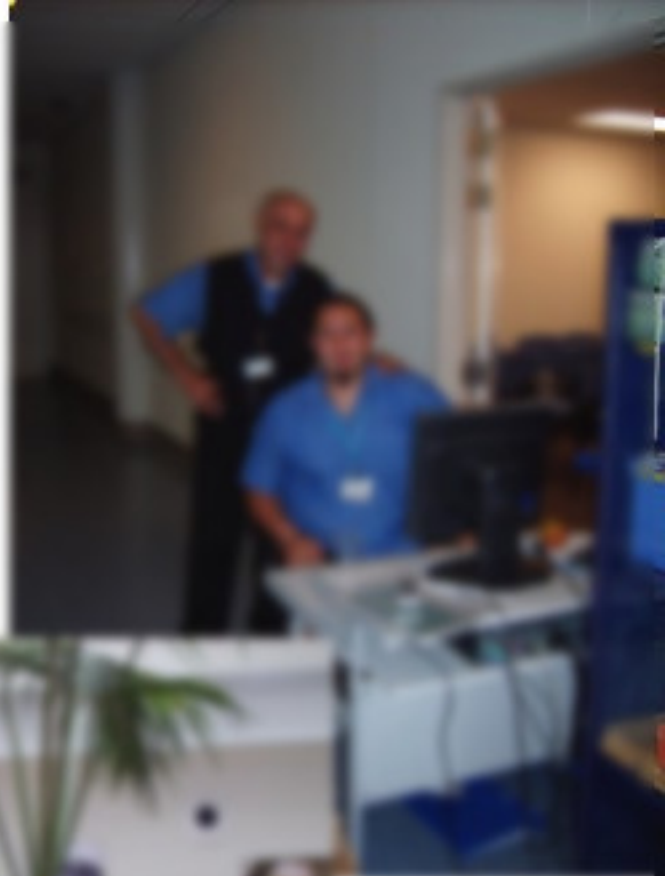
- Patients who were in ED
- New patients not related to the incident
 - Staffed by other clinicians –eg Med Reg
- This allows AED to focus on patients from the Mass casualty Incident.

- Open space
- Low acuity “walking wounded”
- Staffed by Nurse Practitioners
- Still an important group to manage.
 - Just don't want them mixed up with the complicated or complex patients.

How can I provide the immediate/urgent care these patients require?

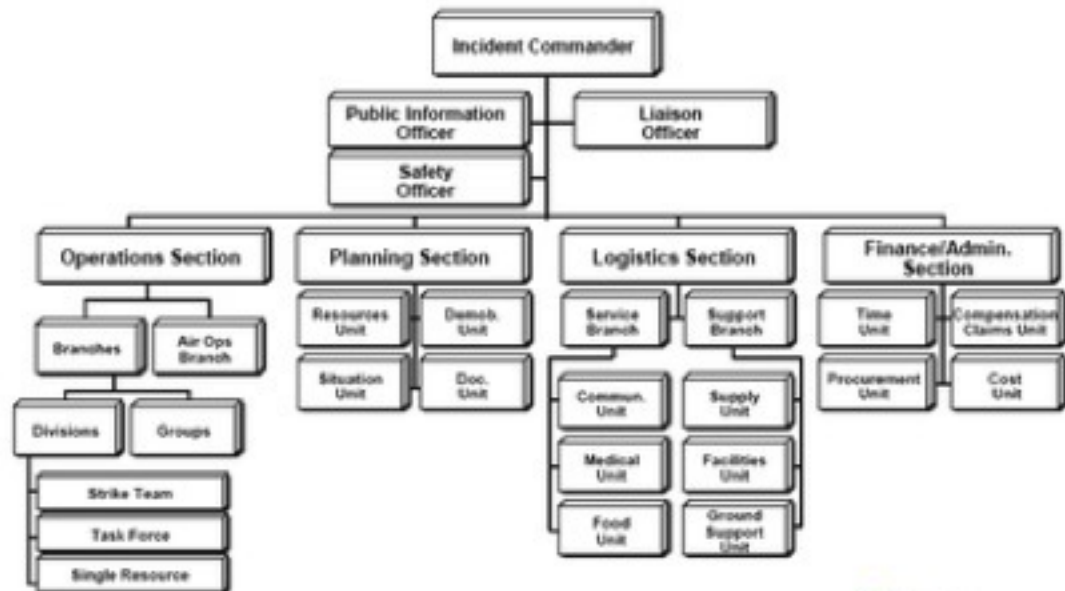
Can they be redirected elsewhere or managed later?

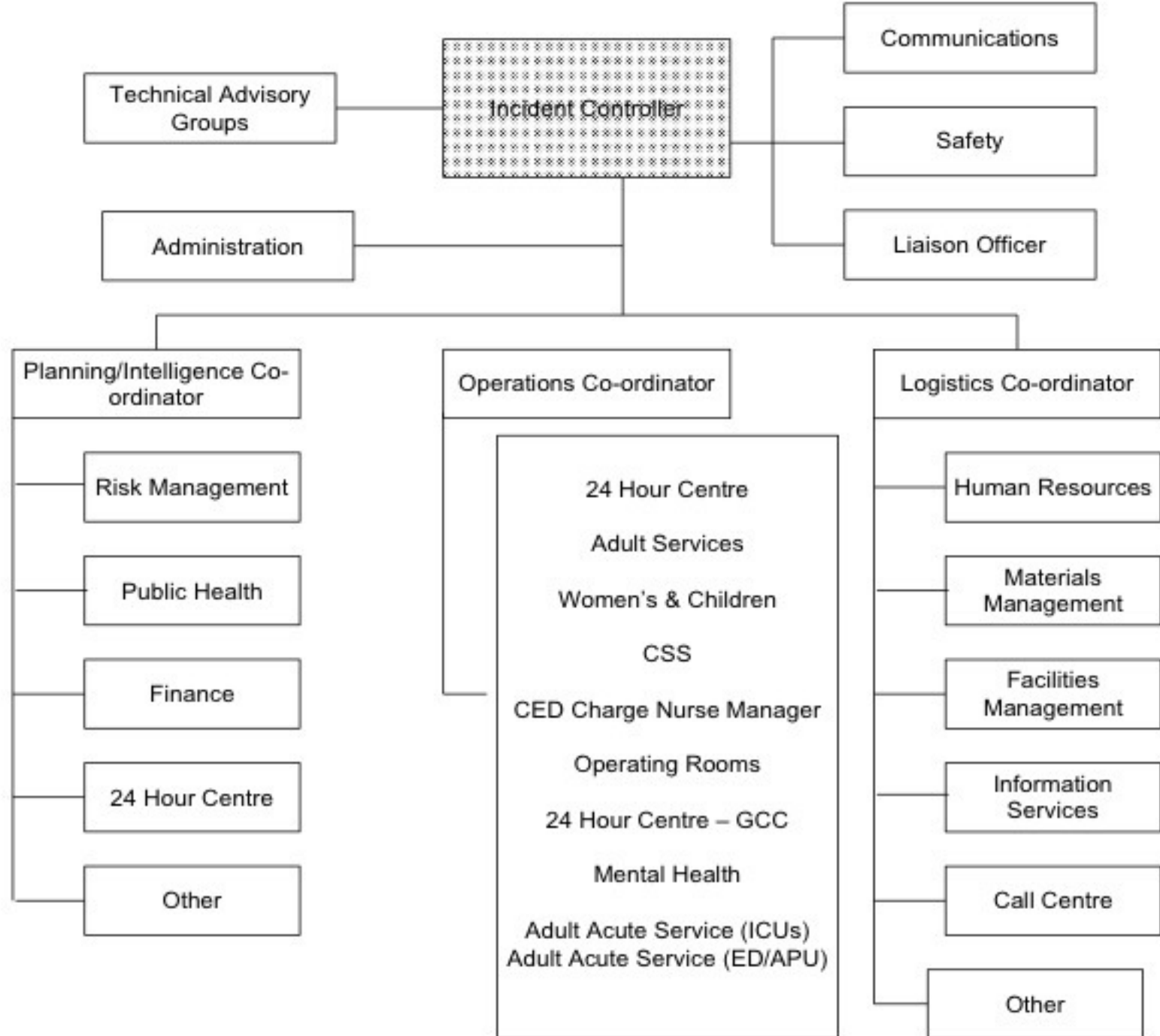




As things evolve

- The ACTION CARDS and Space designations start off the plan.
- The IMT gets together and further develops the plan.
 - Coordination
 - Operations
 - Planning
 - Logistics
 - Communication
 - Based on CIMS model





We might need more staff

- Staff called in
 - From other
 - From hospitals in other areas
- Credentialing and logging of staff.
 - Are they qualified
 - Deploy to an area of best use.



We might need more space

- What other spaces can we use.
 - Procedure rooms
 - Meeting rooms
 - Board Room
 - etc



We might need more equipment and supplies

- Role of the logistic section of the IMT
 - Stockpiles.
 - Rationing.
 - Creating alternatives.



Unload the Hospital

- Plan to create more space
 - Discharge patients
 - Move patients to other hospitals



C-130



A330 MRTT

Support Services

- Radiology
 - Only do what needs to be done.
 - “Going digital”
- Labs
 - POCT
 - Do you need anything else?
- Blood Bank
 - Blood is important in major trauma but might run out
 - Blood Bank plan.
- And
 - Orderlies, HCAs, security, FEDS, social workers, chaplains, runners, cleaning staff, psych....



■ IT

- Major incident whiteboard.
- Easy to move them electronically (less rules).
- Disaster NHIs.

■ Manual

- Disaster packs with preprinted labels and paperwork
- Manual tracking forms.
- Manual whiteboards.

- Theatre
 - Pre-op area for further sorting, waiting for OR.
 - “Theatre plan”
- Major Incident Ward
 - All located together so easy to find
 - Less likely to loose even if tracking fails.
- Morgue
 - Mortuary plan.
- Home
 - Discharge information packs.

Other parts of the plan

- Power outage (torches)
- Communication outage (RTs)
- IT outage (pens and paper)
- Lab failure (POCT)
- Etc



But in a Major Incident involving mass casualties, some of these outages may also be in play.

Return to Business as Usual

- Recovery of primary assets (AED!)
- Finish off those procedures.
- Debrief the staff.
- Debrief the patients.

Summary

- Decide to Activate or Not.
- Sort things out at the start by using Action Cards.
- Gives clear direction for leadership and command.
- Communication lines are clear.
- Flexible to fit with any situation.

A mass casualty situation
need not be a disaster.