NO NOTICE EVENT
PLANNING FOR RURAL HOSPITALS

JAMES ENGELN, MD
Disclosures

None
Principles of Planning

• Understand Vulnerabilities and Assets
• Identify Key Players
• Start at the Core and Add Layers
• Create a framework
• Drill and Reflect
UNDERSTAND VULNERABILITIES
RECOGNIZE ASSETS
IDENTIFY KEY PLAYERS

DENVER PARAMEDICS
EMERGENCY DEPARTMENT
SURGERY/OR/ICU
HOSPITAL ADMINISTRATION
IDENTIFY KEY PLAYERS

DENVER PARAMEDICS
EMERGENCY DEPARTMENT
SURGERY/OR/ICU
HOSPITAL ADMINISTRATION
BLOOD BANK
ENVIRONMENTAL SERVICES
HOSPITAL MEDICINE
PHARMACY
CENTRAL SUPPLY
NO NOTICE PLANS HAVE LAYERS!

ONIONS HAVE LAYERS.
Identification of the event: Where may this come from?
## Does this Event Meet the Definition of an ED Surge, A Hospital-Wide MCI, or Neither?

<table>
<thead>
<tr>
<th><strong>ED Surge</strong></th>
<th><strong>Hospital-Wide MCI</strong></th>
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</thead>
<tbody>
<tr>
<td>- High probability, medium impact event</td>
<td>- Low probability, high impact event</td>
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<tr>
<td>- Anticipated impact on the ED, but low impact on the Hospital</td>
<td>- Expected to overwhelm ED and hospital resources</td>
</tr>
<tr>
<td><strong>Definition</strong></td>
<td>- Institutional resources including incident command would need to be leveraged</td>
</tr>
<tr>
<td>- 5 or more patients from 1 event or a combination of events, at least one triaged Red/Activation criteria</td>
<td>- Required divergence from hospital-wide normal operations</td>
</tr>
<tr>
<td>- ED/TACS Attending discretion based on the situation</td>
<td><strong>Definition</strong></td>
</tr>
<tr>
<td></td>
<td>- Typically &gt;10 Pts, depending on acuity/event</td>
</tr>
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</table>
ED Reorganization for Hospital Wide MCI Response

**CDU: 23 Beds**
- Admits with an assigned hospital bed move up ASAP
- Admits from ED & anticipated admits prioritized for hospital bed assignment and movement
- Obs Patients in process
- Managed by CDU APP & Hospitalist

**Waiting Room**
- Green Patient Care Area
  - Registered in the Waiting Room
  - Walking Wounded
  - Minor Injuries
  - No Yellow/Red Criteria
  - Managed by Nurse, Patient Care Attendings

**Security Desk**
- General population waiting pre-Security Desk
- Patients to be seen brought through security to Sort Desk for triage
- All patients behind the Security Desk have been triaged

**Medicine: 22 Beds**
- Yellow Zone Priority 2 Patients
  - Registered in zone
  - Significant or potentially significant injury
  - Currently stable
  - Hemorrhage controlled with tourniquet
  - Does not meet Red criteria
  - Managed by Pullback Resident and Patient Care Attending, as available

**Trauma: 22 Beds**
- Red Zone Priority 1 Patients
  - Anonymously Registered
  - Hemodynamically Unstable
  - Airway or impending airway issue
  - Injury likely to need emergent surgical intervention
  - Managed by Trauma Senior, Surgery team, Patient Care Attendings

**PEDUC: 19 Beds**
- Pediatric admits and ped patients in process
- Adult anticipated discharges who need task completed
- Green overflow
- Managed by PEDUC Staff, Hospitalist, Patient Care Attending

**Blue Zone: 13 Beds**
- Dispo all patients ASAP
- Overflow initial patient influx
- Orthopedics treatment area
- Green overflow
- Managed by B2 APP, Patient Care Attending, Ortho

**Adult Ambulance Bay**
- All initial triage from EMS/Walkups Occurs at the Door

**PEDUC Ambulance Entrance**
- CLOSED
Triage Attending No-Notice Event Job Aid

Job Priorities:
Report to the Adult ED Ambulance bay with the Charge RN. Triage all patients and assign appropriate initial zone.

Reports To:
Incident Attending

Position Objectives:
- ED Surge: No Triage Attending needed for an ED Surge unless deemed necessary.
- Hospital-Wide MCI: Working with Charge RN, triage all patients coming through ambulance bay and assign appropriate initial zone. There is minimal to no patient care in this role.

Triage Levels
Red: Go to Trauma side
- Patients likely to need immediate intervention or surgical management: including;
  - Unstable airway
  - Hemodynamically unstable
  - Uncontrolled bleeding
  - Penetrating head, neck, or torso trauma
  - Altered mental status secondary to trauma

Yellow: Go to Medicine side
- Patients with injuries likely to need urgent intervention including:
  - Significant injury but hemodynamically stable and normal mental status
  - Extremity hemorrhage controlled with tourniquet (or can be controlled with a tourniquet)

Green: Go to Waiting Room
- Minor injury or no clear injury
- Complaints but likely safe to wait for further evaluation
- Including ambulatory, normal mental status, lack of immediate life threats, and normal vital signs

Hospital-Wide Mass Casualty Incident

<table>
<thead>
<tr>
<th>Action</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend the initial meeting at the Trauma Desk</td>
<td>This is where roles will be assigned. Be sure to get a Digital radio and ensure it is on Emerg. Mgmt. 5.</td>
</tr>
<tr>
<td>Gain any information that you can on the number of patients from the event.</td>
<td>If there are a large number of pediatric patients, report to Incident Attending to coordinate providers, I&amp;I, and supplies</td>
</tr>
<tr>
<td>Report to the Adult Ambulance Bay to begin triaging patients as they arrive.</td>
<td>The Charge RN (or at least an RN) needs to be with you during this process</td>
</tr>
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</table>

Key Contact Information

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<tr>
<th>Role / Department</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Paramedic Dispatch</td>
<td>720-913-2200</td>
<td>Blue Zone Attending</td>
<td>23085</td>
</tr>
<tr>
<td>ACC</td>
<td>29242</td>
<td>Hospitalist</td>
<td>24717</td>
</tr>
<tr>
<td>Anesthesia Attending</td>
<td>77118</td>
<td>OR Bridge</td>
<td>21061</td>
</tr>
<tr>
<td>ED Attending</td>
<td>23388 or 23389</td>
<td>PEDUC Charge RN</td>
<td>23387</td>
</tr>
<tr>
<td>ED Charge RN</td>
<td>23386</td>
<td>PEDUC Attending</td>
<td>23390</td>
</tr>
<tr>
<td>ED RT</td>
<td>27430</td>
<td>Toxic Back Line</td>
<td>81294</td>
</tr>
<tr>
<td>Emergency Management</td>
<td>720-357-2053</td>
<td>X-Ray</td>
<td>24144</td>
</tr>
</tbody>
</table>

Digital Radio Channels

Emerg. Mgmt 5 | Primary Communication Channel (Can also talk to Security)
Engineer/Valet | Used if you need to speak with Engineering
All Call 7 | Speaks to every digital radio. Use sparingly if you do not know what channel you need
T/A 8 – T/A 12 | If you want to speak privately with another individual, request they move to one of these channels. Keeps longer conversations off main channels. No long-range use with these channels (not on repeater)
Eng./Rep/Analog | Don’t use this channel
START AT THE CORE AND ADD LAYERS
CREATE A FRAMEWORK
DRILL AND REFLECT
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