NO NOTICE EVENT PLANNING FOR RURAL HOSPITALS

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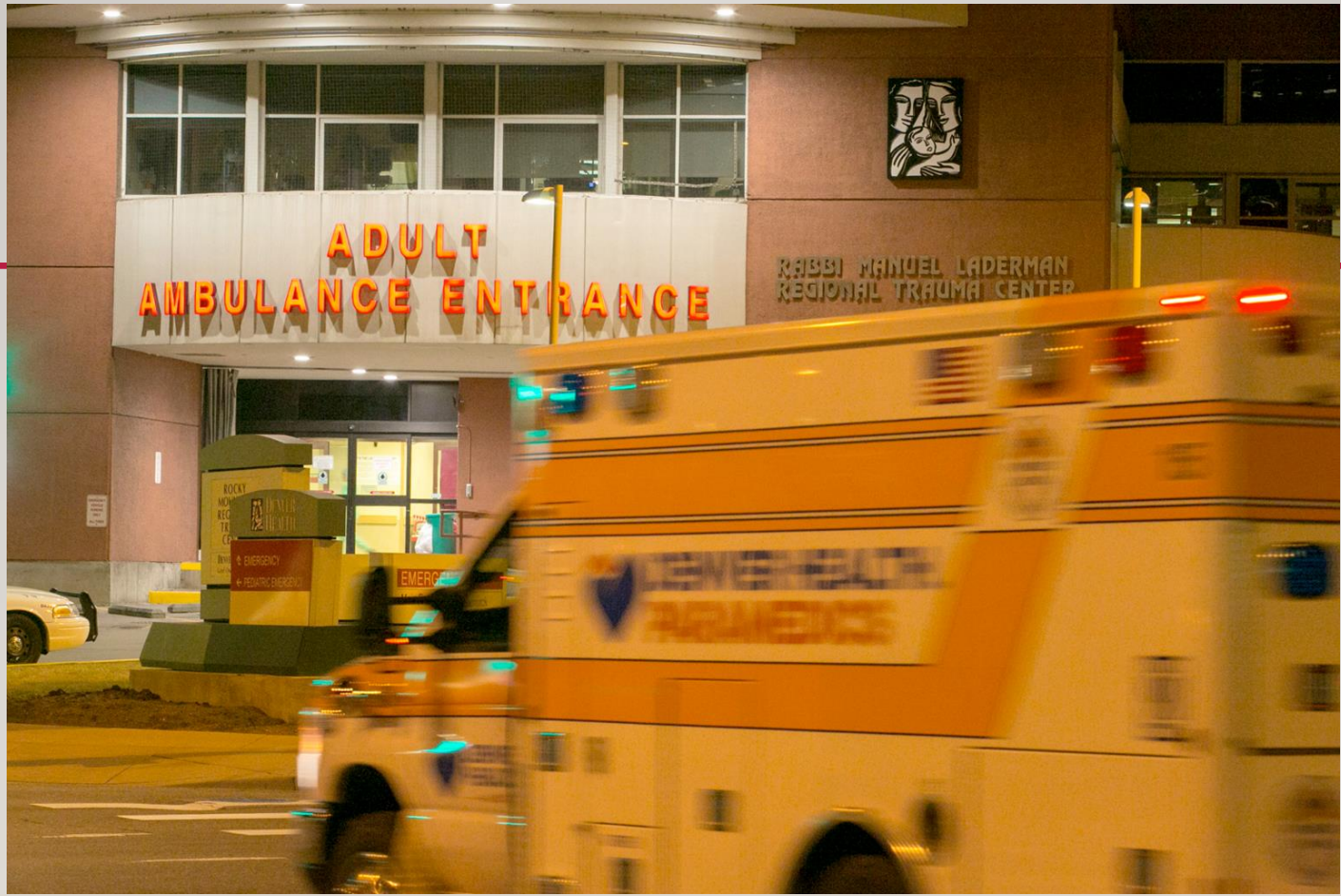
Disclosures

None

Urban (17)
Rural (24)
Frontier (23)

VS

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

HOSPITAL MEDICINE

ENVIRONMENTAL SERVICES

EMERGENCY DEPARTMENT

SURGERY/OR/ICU

PHARMACY

BLOOD BANK

HOSPITAL ADMINISTRATION

CENTRAL SUPPLY

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?

ED Surge
- High probability, medium impact event
- Anticipated impact on the ED, but low impact on the Hospital

Definition
- 5 or more patients from 1 event or a combination of events, at least one triaged Red/Activation criteria
- ED/TACS Attending discretion based on the situation

Hospital-Wide MCI
- Low probability, high Impact event
- Expected to overwhelm ED and hospital resources
- Institutional resources including incident command would need to be leveraged
- Required divergence from hospital-wide normal operations

Definition
- Typically >10 Pts, depending on acuity/event

MAKING SPACE: REORGANIZATION

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 triage RN, Patient Care Attending**

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 Junior Resident, Surgery team, Patient Care Attendings**

PEDUC: 19 Beds
- Pediatric admits and peds 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 BZ APP, Patient Care Attending, Ortho**

PEDUC Ambulance Entrance
CLOSED

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

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

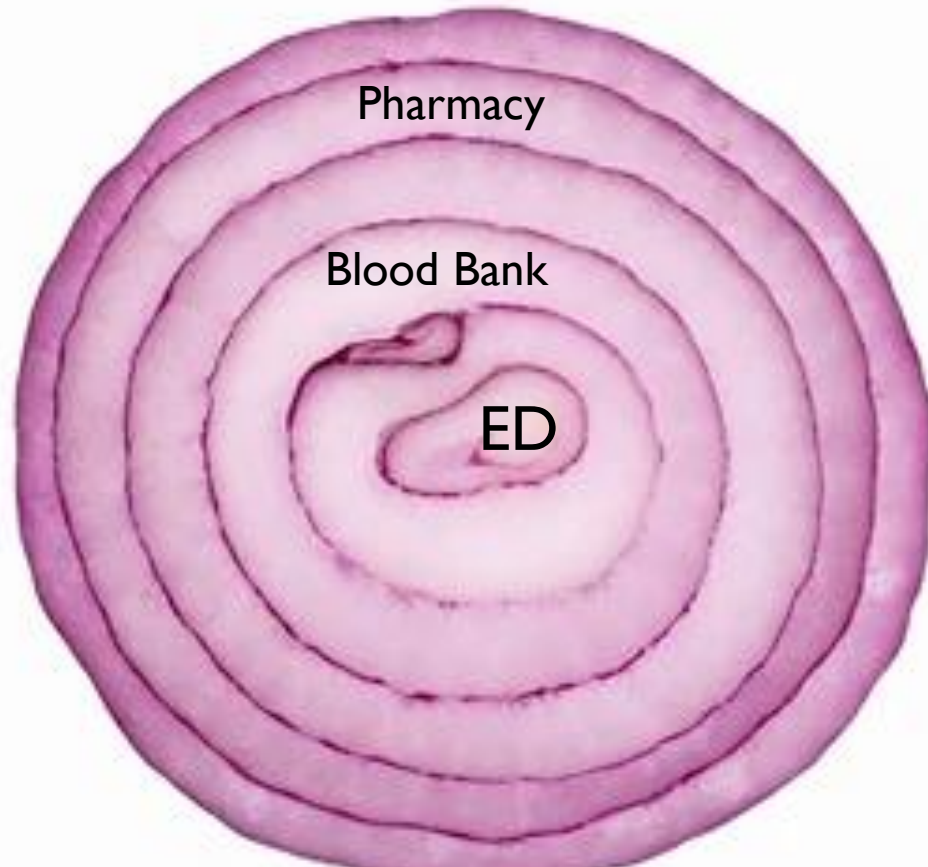| Event	Position Objectives
ED Surge	• No Triage Attending needed for an ED Surge unless deemed necessary
Hospital-Wide MCI	• Working with Charge RN, triage all patients coming through ambulance bay and assign appropriate initial zone. • There is minimal to no patient care in this role.

Triage Levels	

Red: Go to Trauma side	• Patients likely to need immediate intervention or surgical management. Including:
	   ○ Unstable airway
	   ○ Hemodynamically instability
	   ○ 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

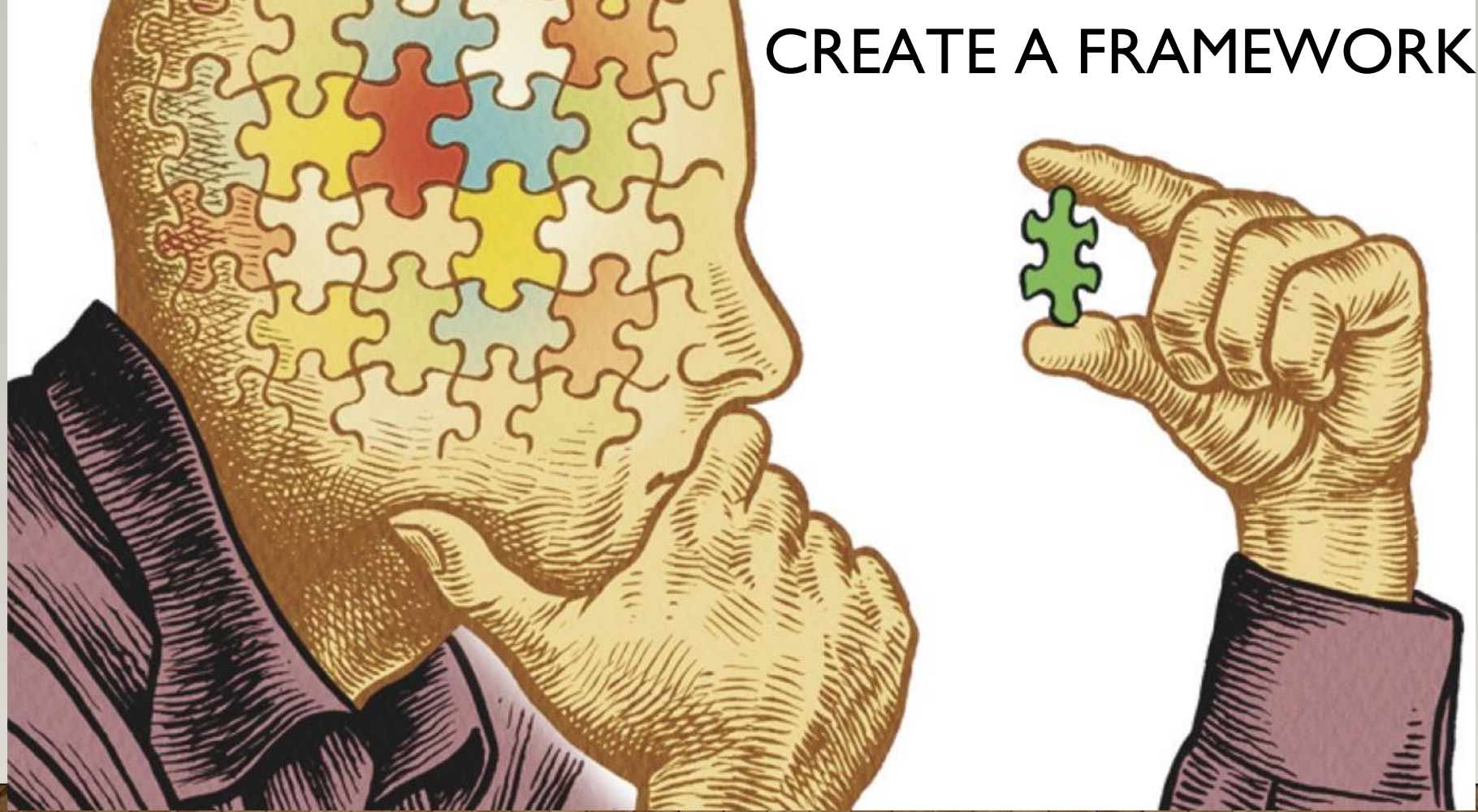| Hospital-Wide Mass Casualty Incident	
First 15-Minutes	
Action	**Guidance**
Attend the Initial Meeting at the Trauma Desk	This is where roles will be assigned. Be sure to get a Digital radio and ensure it is on Emerg. Mgmt. 5
Gain any information that you can on the number of patients from the event.	If there are a large number of pediatric patients, report to Incident Attending to coordinate providers, RNs, and supplies
Report to the Adult Ambulance Bay to begin triaging patients as they arrive.	The Charge RN (or at least an RN) needs to be with you during this process

Key Contact Information			
Role / Department	**Contact Number**	**Role / Department**	**Contact Number**
Paramedic Dispatch	720-913-2200	Blue Zone Attending	23085
ACC	29242	Hospitalist	24717
Anesthesia Attending	77118	OR Bridge	21061
ED Attending	23388 or 23389	PEDUC Charge RN	23387
ED Charge RN	23386	PEDUC Attending	23390
ED RT	27430	Tox Back Line	81294
Emergency Management	720-357-2053	X-Ray	24144

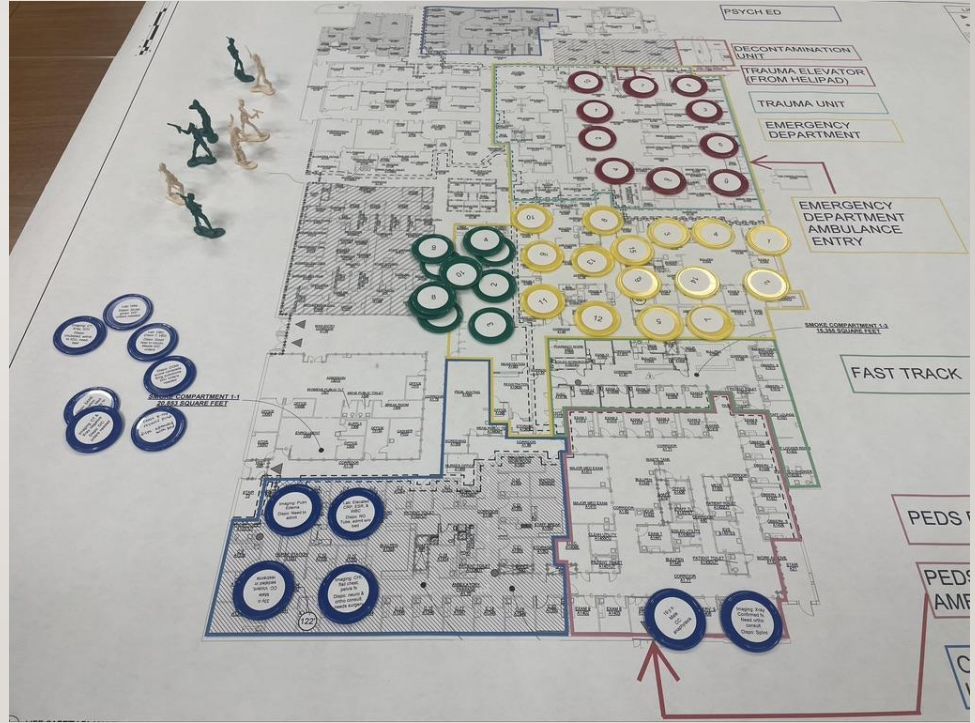| Digital Radio Channels	
Emerg. Mgmt 5	Primary Communication Channel (Can also talk to Security)
Engineer/Valet	Used if you need to speak with Engineering
All Call 7	Speaks to every digital radio. Use sparingly if you do not know what channel you need
T/A 8 – T/A 12	If you want to speak privately with 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

DRILL AND REFLECT

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