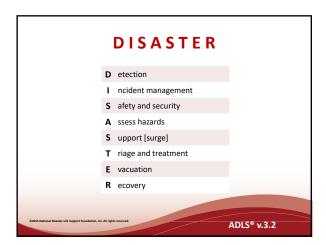


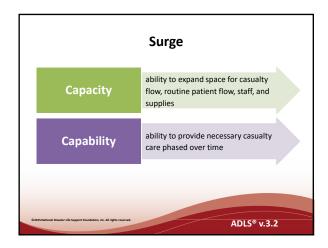
Objectives

- Utilize the four primary support elements that contribute to surge efficiency and effectiveness
- Implement the various strategies that provide for contingency and crisis surge capacity for health care facilities

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Surge Capacity

Space, staff, supplies, systems

Conventional Contingency

Crisis

Costs Subject Classic Uls Support Parendrille, Inc. 67 cjale reserved.

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Goals

Minimize mortality in critically injured Maximize care delivered to casualty population Injured by disaster

Regular emergencies

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Situation Afternoon explosion • 500 beds 2,000 casualties - 100 ICU 200 dead - 40 pediatric 20 OR, 20 PACU Closest hospital Near-full capacity ADLS® v.3.2 You have 10 minutes before first casualties arrive. What are your priorities? What are your goals? ADLS® v.3.2 **Special Considerations and Pitfalls**

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Surge Capability Special Considerations Special needs populations: Children Elderly Medical needs Disabled Access Psychiatric Special casualty needs Burn care Critical care with ventilators

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Time-Limited Mass Casualty First wave: walking wounded and psychiatric arrive without EMS Instant bottleneck Security with redirected flow Second wave: critically injured arrive via EMS ADLS® v.3.2

Minimize Hospital Contamination Secondary contamination risk Solutions: Receive and screen casualties outside of ED Decontaminate outside facility ADLS® v.3.2

Outcome Total casualties = ??? Critically injured = ?? Musculoskeletal TM rupture Blast lung Head trauma Operations in 24 hours = ?? ADLS® v.3.2 **Pitfalls** Mass provider, media, or worried-well incidents Casualty flow bottlenecks Definitive, rather than phased care process • No documentation (or over-documentation) ADLS® v.3.2 **Summary** • Four elements to surge capacity include: 1. Space 2. Staff 3. Supplies 4. Systems Manage surge demand and supply Drills identify and avoid pitfalls

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