

HHS issues principles for providing mass casualty care

The U.S. Department of Health and Human Services has developed principles for mass casualty care.

Detailed in a report, "Altered Standards of Care in Mass Casualty Events," the principles are based on the premises that the goal of healthcare changes in a mass casualty event—from providing the best care possible to the individual to saving as many lives as possible—and that standards of care must change to meet that goal.

Although UK Hospital's emergency management plans have long acknowledged many of these principles, the Emergency Management committee will work with local and regional planners to refine the hospital's plans in accordance with the new standards and the goals of the community.

To read the HHS report, go to:

www.ahrq.gov/research/altstand/.

Alert 1 still the code for mass casualty event *HEICS is the framework for response.*

It's been a long time since many long-term employees of UK Hospital have heard the code *Alert 1*. Many new employees may have never heard that code announced.

Alert 1 is the code for mass casualty disaster. It signals hospital employees to prepare for an influx of casualties as the result of a catastrophic event in the community.

The key word: PREPARE.

- For some emergency department employees, preparing for an influx of casualties means setting up a triage area and gathering supplies and equipment.
- For some nursing staff, it means assessing the current census and consulting with physicians to identify patients who could be discharged immediately, if necessary, to make room for incoming casualties.
- For designated employees, the code signals them to round up stretchers and wheelchairs and place them in a staging area accessible to the ED.
- For hospital administrators who have first-tier assignments as section chiefs under the Hospital Emergency Incident Command System (HEICS), an *Alert 1* page signals them to report to the command center to coordinate response operations.
- For hospital leaders who have other HEICS assignments, it means donning vests, reviewing assignment sheets, and standing by for activation.
- For many employees, an *Alert 1* announcement signals them to complete the task at hand as quickly as possible and report to their supervisors to be briefed and to receive their disaster assignments or report to the personnel pool.

The key to responding to an *Alert 1* page is to know what your assignment is and to prepare to do it.

In the past, most employees had a specific assignment under the *Alert 1* plan and an *Alert 1* page sent everybody into immediate action. That kind of response actually caused problems. It disrupted normal operations—sometimes unnecessarily—and assigned too many employees to the emergency department at the same time, creating chaos, not an organized response.

Airport drill will test Hospital's Alert 1 plan

On August 12, 2005, UK Hospital will test its mass casualty response plan during a community-wide exercise, staged at Blue Grass Field.

All Lexington acute care hospitals will participate. The airport is required by the FAA to conduct a drill at least every two years.

Although the exact exercise scenario has not been released, area hospitals will receive an influx of trauma patients, some of whom may require decontamination before they can be treated.

2005 HVA Results

The Emergency Management Committee conducted a hazard vulnerability analysis (HVA) in January 2005. The following events were rated as high risk, based on probability, institutional impact, and organizational preparedness.

- Fire
- Mass Casualty Trauma
- Pager System Failure
- Tornado
- Ice Storm
- Earthquake
- Bomb Threat
- Mass Casualty HazMat
- Internal Flood

Alert 1 (Continued from page 1)

The hospital revised its Alert 1 plan in the late 1990s, when emergency planners began to acknowledge the many types of community events that could send large numbers of people to the hospital.

The old plan assumed that a mass casualty disaster meant a large number of trauma patients—from a car or bus accident, plane crash, or explosion. It called for trauma supplies and personnel to be sent to the ED.

The new plan acknowledges that a mass casualty disaster could be caused by any number of events, including a chemical release, an epidemic, or bioterrorism. It calls for activation of a command center to allocate resources and coordinate response to the specific emergency.

JCAHO proposed new emergency management standards

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has proposed new emergency management standards that could be released as early as October 2005.

The revisions would require hospitals to conduct much more in-depth drills, which would be viewed as *tests* of their ability to function during a disaster. Under the existing standards, drills have been viewed as planning and training exercises, as well as tests of response capability.

The proposed revisions require:

- Realistic planned test scenarios related to the priority emergencies identified in the organization's hazard vulnerability analysis
- Measurable performance objectives to evaluate the timeliness and quality of core concerns, such as notification, communication, resource mobilization and allocation, and patient management
- Non-participant evaluators for all tests.
- Critique of completed tests through a multidisciplinary process that includes administration and clinical staff, including physicians and support staff
- Plan modification based on test evaluations.
- Follow-up tests to evaluate the effectiveness of improvements that were made in response to previous test critiques
- That strengths and weaknesses of performance during tests be communicated to the multidisciplinary improvement team responsible for monitoring environment of care issues

UK Hospital is in compliance with most of the proposed revisions, but the hospital could be required to conduct additional drills to test its response capabilities to some events listed on the hazard vulnerability analysis and to ensure follow-up to issues identified in previous drills. JCAHO will conduct an onsite survey of UK Hospital in 2006.

