

Summary of Grand Rounds Presentation: “Hospital Preparedness” for the BC EM Network.  
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- According to the Sendai Framework on Disaster Risk Reduction produced by the UN in 2015, we need to:
  - Understand the risk of disasters locally
  - Invest in efforts to create resilience to reduce that disaster risk
  - Strengthen our governance structure to appropriately manage that risk
  - Enhance disaster preparedness
  - “Build back better” in recovery, rehabilitation, and reconstruction
- The Disaster Management Cycle is a useful tool to address all aspects at a community, hospital, provincial and federal level. It addresses 4 main aspects to think about when trying to improve disaster preparedness.
  - Mitigation
  - Preparation
  - Response (to the event)
  - Recovery (after the event)



- During a disaster event, there is no time to pull out the Code Orange binder and read up on your roles and responsibilities
  - The Process of Planning is much more important than the existence of true “paper plan”
  - Job Action Cards can be used to delineate roles and responsibilities for each individual during the disaster response
  - Hospitals should undergo regular disaster exercises to continually test and modify plans, and to make staff familiar with them
- Hospitals should have an “All Hazards Plan” – a disaster plan that can apply to all situations. When a perceived disaster scenario is imminent (expected demand > supply of medical care), this plan should be activated. It should have the ability to:
  - Scale up or down depending on the size of the event

- Have additional measures to complete in certain situations (ex. Decontamination area, expanding emergency department footprint to increase bed capacity)
- The All Hazards Plan should include a Hospital Incident Command System to facilitate efficient communication and allow Hospital Commanders to have accurate situational awareness to best allocate resources
- If you are an EP when a EHS call comes in describing a potential disaster, what should you do in the first few minutes to prepare?
  - Communicate with your team:
    - Gather with your charge nurse, other Emergency physicians, and contact your on-call hospital administrator
  - Confirm event:
    - Contact EHS dispatch to confirm event details and expected casualties coming in
  - Decide to activate Disaster Plan (with your team):
    - If casualties will exceed your current capacity / ability to supply medical care
  - Get your Emergency Department ready! (think it terms of **space, stuff, staff**)
    - Space:
      - Decant the ED (tell non-acute patients waiting to come back tomorrow, try to move as many patients to wards as possible)
      - Do you need to expand your Emergency Department footprint to make space? (Ex. Decontamination area, triage outside, surgical daycare space as overflow, etc.)
    - Stuff:
      - Get ready for lots of critically ill patients, ortho patients, etc. (procedures, medications)
    - Staff:
      - Do you need more nurses, physicians, lab technicians, Xray / CT technicians, etc.?
  - Know your role
    - Hold a meeting with all staff
    - Share your mental model
    - Make sure staff know their roles
    - Adhere to Incident Command System principles of efficient communication