Mass Casualty Triage Scenario

Resources:

- You are an employee in your respective role at a Level 3 community hospital which has 20 inpatient beds and 10 intermediate care ICU (Intensive Care Unit) beds. Your facility is the only hospital in your community.
- The inpatient hospital units and ICU are staffed by one internal medicine or family medicine 24 hours a day.
- There are 5 ventilators in your inventory, but your hospitalists lack experience with managing mechanically ventilated patients.
- There are respiratory therapists who are available on call from home.
- During the day there is one ED (Emergency Department) pharmacist and 2 inpatient pharmacists. Overnight your pharmacist is off site.
- There are two operating rooms with general surgery and orthopedic capability. Surgeons from both specialties are on call and not in-house.
- The nearest trauma center is 45 minutes away by ground transport.
- Your county's public health department is in your community and has a emergency preparedness and response division

Scenario:

You receive notification from your local dispatch that a shooting event has occurred at a local country music event. Police and EMS have responded; there are reported to be at least 50 injured and the death toll is unknown.

Your 10 bed emergency department staff include an ED physician, a nurse practitioner and 5 registered nurses. After approximately 20 minutes, 15 patients arrive at your hospital and the ED is quickly overwhelmed. Many of the patients have suffered projectile injuries to the thorax and abdomen.

Ten minutes later, another 10 patients arrive at your facility with injuries to the thorax, abdomen, and extremities.

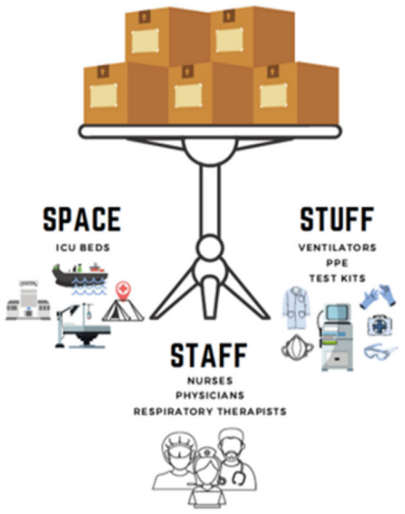
Discussion:

In your groups, discuss the following questions:

1. Regarding your profession, what do you perceive as your role in this mass casualty event?

2. How could your profession contribute to the healthcare response planning of a mass casualty event such as this?

Figure 2.1. Depiction of the Balance Needed Between Space, Staff, and Stuff for an Effective Critical Care Surge Response



NOTE: PPE = personal protective equipment.

Decreasing ← Morbidity and Incident demands → **Increasing**

	Conventional	Contingency	Crisis
Space	Usual patient care spaces maximized	Patient care areas re-purposed (PACU, monitored units for ICU-level care)	Non-traditional areas used for critical care or facility damage does not permit usual critical care
Staff	Additional staff called in as needed	Staff extension (supervision of larger number of patients, changes in responsibilities, documentation, etc)	Insufficient ICU trained staff available/unable to care for volume of patients, care team model required & expanded scope
Supplies	Cached/on-hand supplies	Conservation, adaptation and substitution of supplies with selected re-use of supplies when safe	Critical supplies lacking, possible allocation/reallocation or lifesaving resources
Standard of care	Usual care	Minimal impact on usual patient care practices	Not consistent with usual standards of care (Mass Critical Care)
ICU expansion goal	X 1.2 usual capacity (20%)	X 2 usual capacity (100%)	X 3 usual capacity (200%)
Resources	Local	Regional/State	National

Normal ← Operating Conditions → **Extreme**