

## ED Disaster Preparedness: Tertiary Medical Center Perspective



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- ◆ A Tertiary Care Center
- ◆ Eye Trauma Center for Chicago
- ◆ Specialty Neuro-Sciences Intensive Care Unit
- ◆ Pediatric Intensive Care Unit

## UIC Plans & Protocols are modeled on the Emergency Management System

- ◆ Illinois State Medical Disaster Plan and Hospital Emergency Incident Command System (HEICS) using:

- Organizational Charts
- Job actions sheets

- ◆ Plan is flexible to adapt to each incident

## Activating the Plan

- ◆ Based on Type of Incident

- Biological
- Chemical/Decontamination
- Mass Casualties (Trauma)

## Biological Incident

- ◆ Victims may present intermittently over a period of days to weeks.

- Infectious Disease Service
- Toxicology Services
- Pharmacy Services
- Facilities Personnel

## Chemical/Decontamination

- ◆ Victims will arrive by personal transportation (walk-ins) or by ambulance.
- ◆ Victims may not enter through ED but through various hospital entrances
  - Activate UIC Police for Lock-down
  - Environmental Health and Safety Office to coordinate decontamination team efforts

## Mass Casualty Incident (Trauma)

- ◆ Victims present rapidly usually via ambulance.
- ◆ Hospital must flex staffing levels upward until all victims are treated.
- ◆ Usually in active Disaster Plan for hours not days.
  - Activate incident command, additional staffing, facilities, ITS and finance

## Current Capabilities

- ◆ ED treatment rooms 31
- ◆ ED Isolation Rooms 2 fixed, 6 hepa-filtration systems.
- ◆ Hospital Isolation Rooms 11 fixed, 16 hepa-filtration systems
- ◆ ED Decontamination – 6 pts per hour surging to 36 - 48 pts per hour.

## Surge Space

- ◆ 10 treatment carts on ground floor of Hospital building utilizing meeting room space for minor treatment.
- ◆ Activate family waiting area staffed with social workers.
- ◆ Activate American Red Cross Information Services.
- ◆ Activate Media Center with PR personnel.

## Lessons from E2

- ◆ Media
- ◆ Security
- ◆ Inter-hospital communications



## Addressing Large Numbers of Casualties



## Staff Response

- ◆ Immediate Response is excellent
- ◆ Sustaining response is challenging



## Available Healthcare Workers

- ◆ 835 Attending Physicians
- ◆ 875 Residents/Fellows
- ◆ 900 Nurses (RN/LPN)
- ◆ How do we distribute staff to sustain disaster response?

## Plan for a 10% surge

- ◆ Use average daily census 320
- ◆ Increase by 10% 64
- ◆ Plan a caregiver ratio of 1:4  
16/shift
- ◆ A team approach is best  
– MD/RN/Tech

## Decontamination

- ◆ Single shower unit = 6 ambulatory patients per hour
- ◆ 3-line unit = 36 ambulatory patients per hour
- ◆ Combination = 42 ambulatory patients per hour



## Surge Space

- ◆ Within the Hospital
- ◆ Campus Resources/Buildings
- ◆ Community Resources



## Future Plans

- ◆ Increase Surge Space
- ◆ Sustain Response for 72 hours
- ◆ Away Teams
- ◆ Decontamination Teams
- ◆ Pharmaceutical Cache
- ◆ Hospital Vaccination Response Team
- ◆ Educational offerings of many types

## Summary

- ◆ Communicate! Resources are often available in unexpected places.
- ◆ The media is in itself a disaster! Plan appropriately.
- ◆ Disaster Planning is an Organizational undertaking not the sole responsibility of the ED.

