

Hospital Preparedness for Toxicological Mass Casualties (TMC) in Peacetime

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Toxicological Mass Casualties (TMC) occur in war and in peacetime. During peacetime, it occurs either because of an accident or terrorist attack. A TMC is a complicated logistic event that requires extensive training and drills in the hospital and community.

Basic assumptions:

- 1) A TMC is an immediate event necessitating an immediate response. Delay can cause irreversible damage;
- 2) Decontamination and first aid must be provided by protected medical teams before admission to the emergency department (ER); and
- 3) The multi-disciplinary teams required must be available immediately.

Major principles:

- 1) Written standing orders for hospital and specific team management;
- 2) Preparation of infrastructure and equipment such as showers, protective clothing, and medical equipment stored near to the ER;
- 3) Clear delineation of lines between contaminated and decontaminated areas;
- 4) A large, multi-disciplinary work force with designated roles specific to the needs of this event; and
- 5) Early identification of the toxic source is essential. Appropriate medical treatment is given according to provided instruction booklets.

Summary: Planning and preparedness for all phases of the toxicological event are essential. Attention to minute details and frequent instruction drills are required in order to provide a speedy and optimal response.

Keywords: casualties; hospitals; mass casualties; preparedness; toxicological events

Hospital Deployment Plan for Mass Casualty Events (MCE)

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Maintaining the preparedness of the hospital for emergencies is an ongoing process that obliges continuous actions in order to assure constant readiness.

Basic Assumptions:

- 1) TASMC is committed to administering optimal medical services to casualties during conventional, toxicological, and biological MCE;
- 2) The operation of the hospital during MCE is characterized by an expansion of the routine services and the establishment of directed services;
- 3) Maximizing capabilities in treating casualties necessitates an assurance of skills of each member in performing his roles.

Major Principles:

- 1) Operating an Emergency Committee with representatives from multi-disciplinary fields;
- 2) Preparation of standing orders for the hospital for all events;
- 3) Pre-designation of admission sites for conventional and non-conventional MCE;
- 4) Expansion of facilities;
- 5) Designation of hospital staff to the admission sites, creation of special roles;
- 6) Operation of ancillary and voluntary teams;
- 7) Maintaining training programs;
- 8) Logistic support;
- 9) Equipment;
- 10) Communication systems;
- 11) Decontamination facilities, etc.

Summary:

Maintaining a constant level of alert and readiness for MCE necessitates:

- 1) Personal obligation of an Emergency Committee;
- 2) Preemptive thought and planning;
- 3) Continuous, uninterrupted activity; and
- 4) Emphasis on planning and performance of minor details as well as major details.

Keywords: expansion; hospital; mass casualty event; planning; preparedness; standing orders; teams; training