

## SAQ 6&7 answer

You're department receives a call notifying you of a chemical warfare incident in a city building near your tertiary centre. It is an unknown gas attack with approximately 100 people on the floor where the gas was released. HAZMAT is on scene and estimated casualties will begin to arrive at your hospital in approximately 30 minutes.

What are 5 of the components of the hospital emergency operation plan? 5 marks

1. Activate emergency operation plan - Notify and mobilise personnel and equipment

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2. Set up emergency operations centre:

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3. Assess hospital capacity - determine safety of hospital itself. Determine capabilities of hospital in all units.

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Create surge capacity – Open beds, discharge all possible patients.

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4. Establish communication systems – Develop multiple and redundant systems – runners, radios, deck phones, mobile phones.

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5. Provide supplies and equipment – deliver supplies to all areas and plan resupply system

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6. Establish support areas – volunteers, press, family information centres.

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7. Establish decontamination, triage and treatment areas

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8. Terminate disaster response and provide for remediation.

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How will you triage patients coming in? 3 marks

Red – 1<sup>st</sup> priority, most urgent, life threatening shock or hypoxia, but the patient can be stabilised and, if given immediate care, will probably survive.

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Yellow – 2<sup>nd</sup> priority, Urgent, Injuries have systemic implications or effects, but pts are not yet in life threatening shock or hypoxia, although systemic decline may ensue, given appropriate care, can likely withstand a 45-60min wait.

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Green – 3<sup>rd</sup> Priority, Non urgent, Injuries are localised without immediate systemic implications. Unlikely to deteriorate for several hours.

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Black – Dead or un-survivable injuries.

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List 6 steps for a decontamination guideline for a disaster like this. 3 marks.

1. Patients exposed to solids, liquids, vapors, or mists need to be decontaminated.
2. Patients exposed only to a fully dispersed gas need to be assessed for pulmonary symptoms and systemic toxicity and do not require decontamination. – When uncertain if a substance is a gas or actually a vapour or mist, decontamination should occur.
3. Hospital personnel should have the initial ability to decontaminate one patient at a time with a shower or hose system while setting up a larger tent or a multiple person decontamination tent.
4. Decontamination should be performed outside the ED in a way that prevents patients from entering the ED prior to being decontaminated.
5. Sufficient equipment for multiple personnel in and out of the decontamination zone every 30min is suggested.
6. The first and very effective method for decontamination, is by disrobing, brushing off solid dusts or powders, and washing and drying the face.
7. Warm water is the universal decontamination fluid.
8. Children should be decontaminated with the aid of a parent or guardian.
9. Run off water needs to be contained.
10. There should be annual training drills for staff who may be involved.