

1. Lead examiner

Candidate Number:

2. Co-examiner

Final Mark:

SCENARIO

You are on the dayshift in your ED when it is shaken by a severe earthquake. Everyone is thrown off their feet. There is severe damage to the ED waiting room. Early reports indicate:

- That significant structural damage has occurred throughout the city
- A number of victims are dead and unknown numbers of people are trapped and injured.

There is no other ED in the city.

Question 1:

Describe the triage system that you would use in the event of a mass casualty situation. (Included in stem)

(1 minute)

Expected Response	Details & Comments	
Principle	Expect large numbers of casualties, without adequate time and resources to spend in initial assessment in the usual (non-mass casualty) way. The focus is on rapid interventions that salvage patients with highly survivable injuries. Prompt for alternate method	
Immediate (Red)	Critical. Likely to survive if care received within 30 minutes	
Delayed (yellow)	Serious injuries, not immediately life threatening. Likely to survive if care is provided within several hours	
Minor (Green)	Walking wounded, Not serious, care can be delayed.	
Deceased (Black)	Dead or mortally wounded. Not for active management	

Question 2: What are your immediate actions to prepare for the expected influx of patients?**(3 minutes)**

Expected Response	Details & Comments	
Activate disaster plan	Ensure activated via emergency call to operator – this activates the hospital plan	
Safety Assessment	Evacuate unsafe areas/establish safe work zone. Assess safety of staff and pts in the ED	
Establish control and function of the ED	ED is hospital venue for first response, Logistics of actually being heard- PA system throughout department to lead the ED response and keep everyone on the same page. Organise teams and team leaders in all bays. Use other staff arriving as sub specialty consults	
Central Command Centre	Liaise but in reality will be some time before they are functional	
Plan for arrivals	Prepare physical space in ED. All patients present become part of major incident, Redirect waiting room patients, designated areas according to disaster planning. Identify alternative waiting room site (Prompt “given the damage to your department”) Move sorted in-patients to the wards if safe Establish single triage point at ED (eg. ambulance bay). Anticipate waves of severity and patterns of injury. Ensure availability of pre-packaged disaster packs + headlamps in case of loss of power Focus teams on their roles and quick education on how to proceed via PA system. Admin: be prepared for no computers if power out – tracking of pts by whiteboards	
Support-Path X ray USS	Ensure that relevant staff are notified, prepared	

Question 3: It's now a few hours later. The incident response will be prolonged and a large number of patients are likely to continue to arrive. What further steps will be required to manage the situation?

(3 minutes)

Prompt What would be required to keep the department functioning?

Expected Response	Details & Comments	
Internal Staff management	Set up rosters for the hours / days ahead. Staff may need to leave to be with / search for family members and friends. (external and internal disaster – staff likely to be traumatised also) Ensure staff rotation , watch for signs of stress/distress, consider recruiting from offers of help regionally and internationally.	
Communication	Liaise with CCC and Snr Hospital Staff re on-going plans. Issues to consider: Safety of hospital, staff and pts Requesting outside help +/- transport teams to take pts to other centres in the country Frequent meetings (in ED) to update and keep planning ahead Update ED staff via PA of all new plans	
Tracking of pts	challenging to keep tabs on (esp important for tracking / location of pts, relocating with families, audit at later date)	
External staff management	Masses of staff that arrive – all wanting to help Herd into collection area Organise easily visible ID to aid with assigning tasks (eg John Smith, Surg Reg, Advanced Trainee – written on apron front use as consults for sub specialties – ie staff work as much as possible in own area of expertise if computers down)	
Sustaining supplies and stock	High use of Analgesics Fluid resuscitation Blood products (staff may need to donate blood to keep up supplies) Anticipate injuries – set up pre packaged kits: RSI, treatment of hyper K+ with crush	
Other	Food and water supplies for the staff Media – may need to update media re ED situation pass	3 out of 5 plus some detail to

Question 4: It is now 3 days later. No further live patients have been located. Thousands of people are homeless and many areas are without power and water.

What are the main issues facing your department over the next period?

Expected Response	Details & Comments	
Building Issues	Need Engineers to assess the ED and wider Hospital to know if they are safe to work in. May need to relocate resources based on these findings	
Staffing Issues	Staff have all been a part of the disaster – they will have their own lives to sort out as well as the commitment to on-going work. Many may have worked huge hours and likely to be exhausted. Re-do rosters based on availability and stress levels. Likely to need senior presence at nights in view of on-going EQs. Consider help from outside to give your staff a break.	
Patient Issues	Types of presentations – likely to be increase ACS, stress related presentations. Many pts likely to have no medications	
Health Department Issues	Sanitisation a major concern and so a D&V outbreak likely. Public education needed to help minimise this risk.	
Media	Close liaison to update public and help with education re above	
Review/Debrief of Response	Need to evaluate how your department and hospital responded to the disaster. Need to update plans in case of on-going needs	

Comments: (if you fail the candidate, please state why)

If the candidate fails the exam overall, what feedback would you suggest CIC provide for this SCE?

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