**SAQ Disaster management**

A building collapse results in a large number of injured casualties in a major regional centre. You are the emergency physician in charge of the only large hospital locally.

1. List four designated areas that will be required to be set up at the scene to coordinate the medical response to this incident

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2. Outline four differences between Disaster triage and Emergency Department triage

| Disaster triage | Emergency Department triage |
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3. List at least four actions that will be required before the arrival of casualties from this disaster

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**SAQ answers**

1. List four designated areas that will be required to be set up at the scene to coordinate the medical response to this incident

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| Forward command post |
| Casualty collection area |
| Patient treatment post |
| Ambulance loading point |

2. Outline four differences between Disaster triage and standard Emergency Department triage

| Disaster triage | Emergency Department triage |
|---|---|
| Goal is to deliver the greatest good to the greatest number with brief focussed assessment | Individualised more detailed approach in order of arrival |
| Dynamic process, repeated at multiple stages | Single point of time, typically on arrival |
| Performed by disaster-trained senior medical or Ambulance personnel | Performed by senior nursing staff |
| Patients sorted into groups requiring immediate, delayed, minimal care or unsalvageable | ATS categories based on urgency/time period condition should be assessed within |

3. List at least four actions that will be required before the arrival of casualties from this disaster

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| Activate the Hospital External Disaster code |
| Decant existing patients (admitted patients to wards, dischargeable patients home, and waiting room/unseen patients notified and removed as possible) |
| Prepare designated areas for receiving patients per code plan |
| Allocation of roles to staff per plan |
| Recall additional staff |
| Notify key hospital areas of disaster (blood bank/pathology, critical care, theatres and security) |
| Prepare resources (additional medical supplies, disaster patient ID labels...) |

**Answer standard setting**
**Pass requires minimum of 9 / 15 options, question ranked overall as a 6**

1. List four designated areas that will be required to be set up at the scene to coordinate the medical response to this incident

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|---|
| Forward ***command post*** |
| Casualty collection area |
| Patient treatment post |
| Ambulance loading point |

Pass level 3 / 4 options required, must include bold

2. Outline four differences between Disaster triage and standard Emergency Department triage

| Disaster triage | Emergency Department triage |
|---|---|
| ***Goal is to deliver the greatest good to the greatest number*** with brief focussed assessment | ***Individualised*** more detailed approach in order of arrival |
| Dynamic process, repeated at multiple stages | Single point of time, in order of arrival |
| Performed by disaster-trained senior medical or Ambulance personnel | Performed by senior nursing staff |
| Patients sorted into groups requiring immediate, delayed, minimal care or unsalvageable | ATS categories based on urgency |

Pass level 2 / 4 options required, must include bold

3. List at least four actions that will be required before the arrival of casualties from this disaster

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|---|
| ***Activate the Hospital External Disaster code*** |
| ***Decant existing patients*** (admitted patients to wards, dischargeable patients home, and waiting room/unseen patients notified and removed as possible) |
| Prepare designated areas for receiving patients per code plan |
| Allocation of roles to staff per plan |
| Recall additional staff |

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|---|
| Notify key hospital areas of disaster (blood bank/pathology, critical care, theatres and security) |
| Prepare resources (additional medical supplies, disaster patient ID labels...) |

Pass level 4 / 7 options, must include bold