Surge Strategy Working Group Recommendations
Event Priority Actions

SPACE

- Maximize cohort care and minimize one-on-one care

SUPPLIES & EQUIPMENT

- Have a team member dedicated to restocking supplies in main cohort areas allowing staff in these areas to maintain clinical roles.

STAFFING

- Request surgical and critical care liaison points in ED
- Engage non-clinical staff (e.g. medical students) as runners, scribes, and patient transporters.

SYSTEM OPERATIONS (Flow)

- Delegate extensively. Your job is to make decisions, not gather data.
- Make frequent rounds to geographic areas of cohort care.
- Pursue an appropriate disposition even without a clear diagnosis.
- Consider the use of Focused Abdominal Sonogram in Trauma(FAST) to assist early disposition
- Limit contrast studies. ED staff read films but insist on real time reporting of studies as driven by patient instability or provider uncertainty.
- Minimize return of patients to the ED. A patient sent out of the ED for a special study goes with a provisional diagnosis and a disposition plan.

Adapted from: Bradt DA, Aitken P, Fitzgerald G, Swift R, O'Reilly G, Bartley B. Augmentation of hospital emergency department surge capacity: recommendations of the Australasian Surge Strategy Working Group. *Acad Emerg Med 2009; 16:1350-8.* Used with permission of John Wiley & Sons.

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Surge Strategy Working Group Recommendations
Pre-Event Priority Actions

SPACE

- Clear the ED of all admitted patients with cooperation of inpatient units as feasible and the hospital executive as needed.
- Send admitted patients without a bed to a pre determined holding area (e.g. outpatients, short stay unit) to allow immediate decant and have inpatient units pick patients up rather than ED staff perform transfer.
- Identify intra-ED expansible areas—corridors, transit lounge, short stay, fast track—for care of stretcher and sitting patients who can be cohorted.
- Identify and set up an extra-ED diversion area for stable, ambulatory, non-emergency patients.
- Clear the waiting room of all patients fit for disposition to alternative providers.

SUPPLIES & EQUIPMENT

- Distribute pre-made "disaster" IDs, chart packs, X-ray and lab slips.
- Distribute tools for redundant communications—cell (mobile) phones, 2 way radios, white boards, runners.
- Call for extra trolleys and chairs so every patient has a place to lie or sit.
- Call for extra portable suction, ventilators, monitors.
- Create at least one portable disaster trolley appropriate for each cohort area. Stock with items such as fluids, dressings, IVs, analgesia, antibiotics.

STAFFING

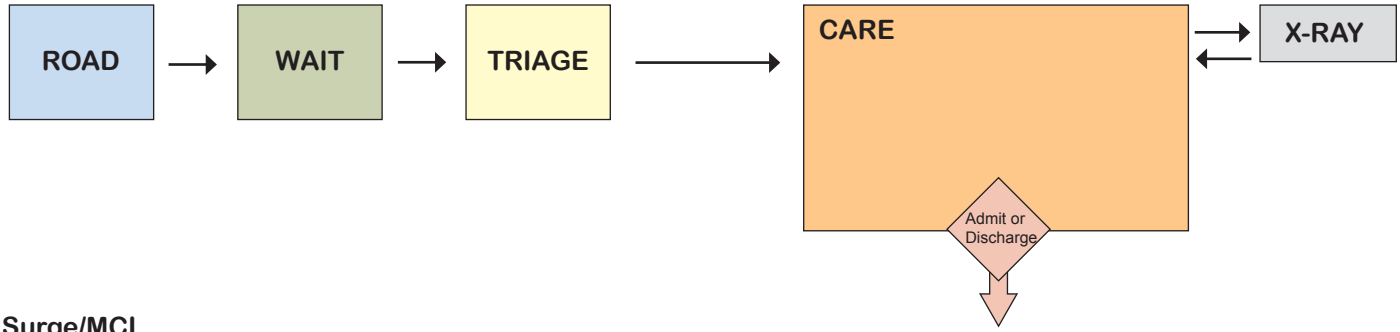
- Allocate roles and distribute appropriate job action cards.
- Determine meeting points for new staff to arrive and staff updates to occur.
- Decide if/how the ED must modify its staffing model.

SYSTEM OPERATIONS (Flow)

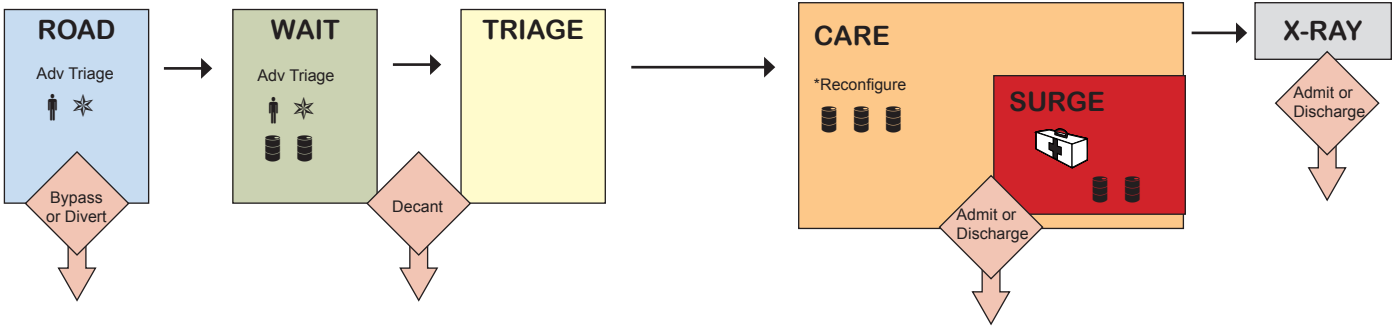
- Notify EMS to arrange bypass of individual patients unrelated to the surge event.
- Co-locate triage and security staff to create triage-security surge team(s).
- Preposition a surge team to the waiting room entrance.
- Use rounds to force clinical decision-making.
- Announce surge induced goals of care with truncated investigation and treatment processes.
- Place security at all entry and exit points to ensure access exclusively to patients and properly badged staff
- Announce intent to delegate extensively to free up the senior clinician(s) for decision-making purposes.
- Bring in early use of disaster patient tracking system and have a dedicated staff member keep this updated.
- If recognized by the local system, invoke pre-established methods of utilizing alternative sites for patient disposition.

PRIORITIES IN SURGE AUGMENTATION

Baseline



Surge/MCI



Physical spaces/places are depicted with CAPITALS.
Recommended priorities for the ED supervising consultant and senior colleagues are depicted in lower case.
CARE = patient care area/treatment cubicles and resuscitation areas
ROAD = Roadside
SURGE = surge areas (eg. Short stay unit, fast track area, corridor)
TRIAGE = triage area
Adv Triage = advance triage
WAIT = waiting room
X-RAY = radiology services

= Re-deployed senior ED staff member
= Security personnel
= Extra trolleys/stretchers
= Medical supplies and equipment
= Usual patient flow
*Reconfigure = Re-organise staff and cohort patients