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## TRAUMA ALERT: A FULL SCALE MASS CASUALTY EXERCISE

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### Introduction

Doctors Hospital at Renaissance is a 530-bed general acute care hospital located in Edinburg, TX. As a for profit organization, DHR is committed to providing care that enhances the community's quality of life through professional healthcare and related services. Doctors Hospital at Renaissance (DHR) recognizes the potential for mass casualty events which can create a surge situation in the emergency department. DHR has mitigated and prepared by instituting measures to respond and recover from such an event. The impact of a mass casualty event can range from minor to severe. Exercising the Emergency Operations Plan allows for testing of capabilities and identification of strengths & weaknesses.

### Development

A full scale exercise is interactive and designed to challenge the entire emergency management system in a realistic and stressful environment.

Test & evaluate response functions	Equipment deployment
Achieve realism	Actual resource & personnel allocation
On-scene actions & decisions	Controllers, players, evaluators
Simulated victims	Moulage
Communication devices	Real-time responses

### Planning

Planning timelines can easily exceed 10 months' time. However, this exercise conduct was being scheduled around the high school student volunteers. This exercise was put together in 5 months' time.

All tasks and meetings were tightly coordinated and focused in order to achieve the best outcome in a short period of time. We were very fortunate in that all partners involved were able to adhere to the tight schedules and were happy to collaborate.

In the beginning phases of development, meetings were conducted about every 21 days. As the conduct date approached, meetings were held with the entire planning team every 14 days, and eventually every 7 days for the last 3 weeks. A brief for each meeting was sent to the entire team to ensure everyone had complete information about all planning activities.

The scenario was developed then submitted to and approved by the Chief Operations Officer. A planning team was established:

Emergency Management Coordinator  
Director of Safety & Facilities Compliance  
Director of Security

Trauma Coordinator  
Chief Operations Officer  
Vela High School Principal

Director of Emergency Department  
Chief Nursing Officer  
Administrator of Regulatory & Clinical Operations

Edinburg CISD Assistant Superintendent  
Edinburg CISD Chief of Police

### Special Considerations

Site selection	Scene management
Personnel & resources	Response capacity
Legal liability	Real-world emergencies
Media	Catering
Transportation	Victim actors
Community partner participation	Weather conditions
Patient safety	Communications

### Exercise Conduct

On a Friday morning just after 8:30 EMS contacted the DHR emergency department and advised of a bus crash with multiple critical victims. DHR was told to expect at least 21 trauma patients.

Over the next hour or so, the emergency department was surged. The staff response exceeded all expectations. A Code Yellow was announced; DHR incident command team personnel reported to the command center; roles & responsibilities were assigned; and the emergency operations plan was activated.

### Debrief

All exercise participants were invited to the conference center for debrief discussions. It was emotional and honest. The victim actors expressed their feelings and thoughts in great detail to an audience of DHR administration, doctors, and support staff.

### Lessons Learned

- ❖ Internal and external communication is vital. Utilize telephones, whiteboards, public address systems, or runners when agencies are not interoperable.
- ❖ Internal coordination between support departments is critical.
- ❖ Multi-agency cooperation is enhanced by year-round communication, meetings, planning activities, and community events.
- ❖ Isolation and decon processes must be followed-up on. Rooms and equipment cleaned and made ready quickly for incoming patients.
- ❖ Infection control staff should be responsible for any patients presenting with a reportable disease.
- ❖ Disaster carts with supplies & resources need to be made available more quickly. Monitoring par levels and replenishing supplies should be a specific role assignment.

### Conclusion

The mass casualty event was the 3<sup>rd</sup> I have planned over the course of 6 years. With each exercise, things are learned that make the next one a bit easier.

The most valuable lesson learned is to change the expectation that all members of a planning team must be present at all meetings. It is much more practical to hold mini-planning meetings that are task oriented, much in the same way a strike team or task specific unit would be utilized during an actual event.

After task specific meetings are conducted, send a summary to all the planning team members. There is usually information developed at each meeting that will impact the other members planning areas.

It's a good idea to have full planning team meetings at least bi-monthly to provide updates, assurances, and answer any questions the team may have. The exercise developer is responsible for all aspects of the exercise development and should be able to provide direction to the team as necessary.

Unannounced exercises are the most effective way to test true response. The planning team needs to understand the importance of confidentiality. If the team needs information or assistance from outside the team, the exercise developer will help the team find a solution in order to maintain confidentiality.

A full scale exercise is a huge undertaking and might seem very overwhelming as you get started. Develop a checklist and use a project management system to stay the course. Put all other projects or tasks on the back burner if at all possible, or delegate some of your work if you can. Planning a full scale exercise is time intensive but well worth the effort. The staff and organization will not only learn proper response, they will remember it for the duration of their careers.