

EDMACAS Tabletop Exercises



THE UNIVERSITY OF
MELBOURNE

Saturday, 18 June 2022

Terror Medicine Principles and Responses MEDI90108

In EDMACAS we use tabletops to explore and practice the actions required by the ED in a mass casualty incident

Concept


The tabletop exercises are designed to be rapid and simple but peppered with enough detail to recreate the experience and feel of a mass casualty incident. Our “patients” have some similarities to those encountered in “EMERGO” exercises but without the real time element. Patients in our tabletops will mostly require one decision or intervention before being “cleared” to move to the ward or to other location. It is the process that leads to these decisions and their consequences that the tabletops focus on.

Tabletop 1- Pre-Hospital ED planning

The aim of this tabletop is, in 45 minutes, to prepare the department for a mass casualty influx by:

1. Activating the code brown response
2. Allocating roles, responsibility & use action cards
3. Efficiently clear the department for the incoming patients
4. Report progress
5. Using Sit reps to the Hospital Commander

The session will work as follows:

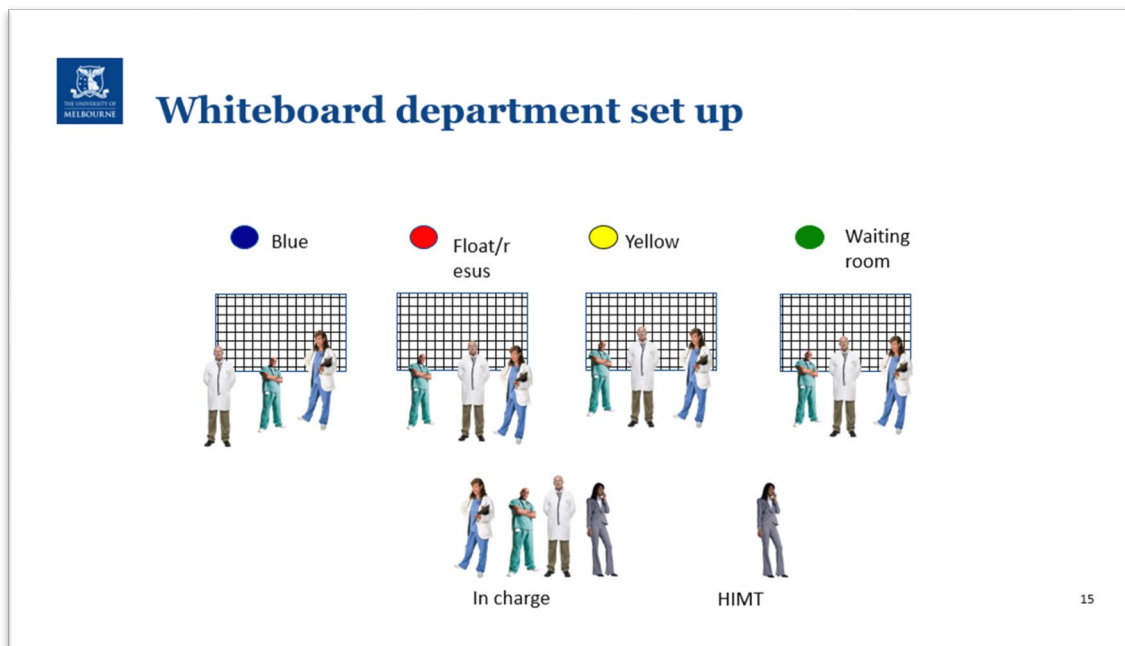
 Structure		
45 mins to take stock of department and manage mass casualty inundation		
time	action	length
11:50	Introduce scenario + AIMS Scenario Set up Triage call Video	10min
12:00	Sit rep 1: initial patient snapshot + Current staffing levels	15min
	Allocate roles Activate code brown Distribute workload and clear department	
12:15	Sit rep2 : second snapshot of patients + progress	5min
12:20	Distribute workload, clear department, report to HIMT	10min
12:30	Discussion + lessons learnt	5min
12:35	End Whiteboard	

After an initial explanation how things work you participants will allocate roles and meet a snapshot of the ED by virtue of magnetic patients.

We will carry out the exercise by depicting the department’s patients on 4 white boards.

RMH runs a 3-team approach (blue, white and waiting room) and we suggest you follow this approach when you manage the patients on the whiteboards. In addition, on any given day we usually have a floating registrar and consultant. These we will put into the 4th team red who can help out by looking after patients in resus. (r) and trauma (T) cubicles

For simplicity we have 4 white boards with one colour team working each. i.e., one white board for blue, one for white and one for waiting room etc.



Each team is comprised of a nurse, cons and registrar. The red team has 2 nurses

Blue	Resus	Yellow	AC/WR
P CONS	R CONS	W CONS	AC CONS
P REG	R REG	W REG	AC REG
P NURSE	R nurse	W NURSE	NURSE

Each whiteboard is divided into cubicles set out numerically, not geographically. The waiting room looks a bit different. Essentially all patients here have no cubicle and are mostly ambulatory.

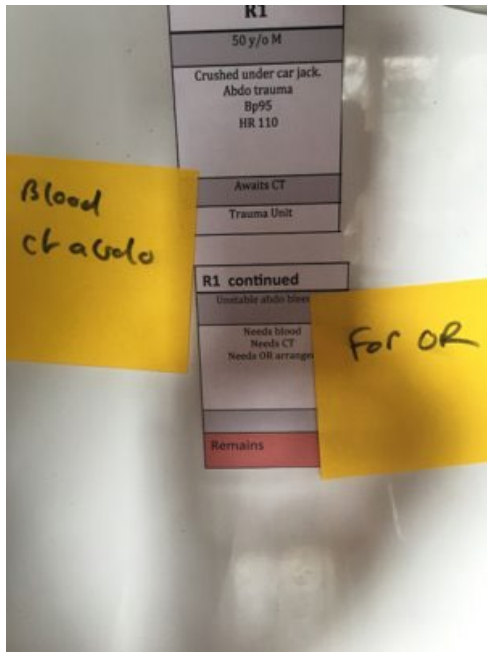
Each cubicle contains a patient with a condition, set of vitals derived from a random snapshot of RMH ED on typical Thursday morning at 0930. Patients also have a reason for still being in the ED.

For example: waiting to be seen by ED, awaiting x-ray, awaiting an inpatient registrar or just seen and waiting for a bed. In most cases these issues will need to be addressed before the patients can move on.

You do this by writing your action on a post-it note and placing it next to the patient. By writing the post it notes you indicate to the facilitator of your whiteboard you have dealt with that patient and can move on.

If you believe the patient can leave the ED after that action place a green post-it note. This will also indicate to the team in charge how many beds are being freed up. Halfway through the tabletop we will pause and discuss how the department preparation is going.

AT this point the patient's status will be updated and their response to your actions will be indicated by the colour bar at the bottom of the patient.



Green patients can leave the ED

Yellow patients can leave the ED if a reasonable action was undertaken as suggested by their condition or what they were waiting for. If the action was not undertaken they remain in the ED

Red patients remain in the ED no matter what you do!

The scenario will then continue with you now addressing any unfinished actions preventing the patients from leaving.

Some patients may deteriorate despite your actions. Some new patients may arrive to fill cubicles and will need to be seen and decisions made to deal with them.

The ED leadership group will need to provide the hospital incident management team of a sit rep depicting the departmental status at the end. Green post it notes applied by the treating teams will help them determine this.

Those not actively participating in the tabletop will be given the task of observing various aspects of all the team's actions. We encourage participants to swap to active roles for the second tabletop.

At the end of the tabletop a brief discussion and debrief occurs.

In the second table top the process is the same although time has moved on and it is now 11:30 am and casualties from the scenario are in the department with more on the way.

The whiteboard and teams are the same. Some of the patients will still be the same but many will be new and not yet seen.

The aims are in 45 minutes to manage an expected typical progression of a mass shooter scenario by

1. Utilizing the resources of the code brown response
2. Distributing the workload
3. Efficiently process patients and continually clear the department
4. Report progress using Sit reps to the Hospital Commander

The timing will work the same as the first tabletop

Progress can be relayed to those in charge of ED and the hospital who will be asking for a "situation Report" so as to allocate appropriate ongoing resources to you. One EDMACAs facilitator will represent the Hospital Incident Management Team.

In this tabletop Code Brown is fully activated and more staff are in ED to manage the surge.

There are additional roles:

- Anaesthetics
- ICU trauma surgeons
- Radiology registrar

The Leadership requirements and Observer roles remain the same, although participants are encouraged to swap around.

As with the first scenario a debrief is held. Strategies for managing the ED will be discussed. Useful techniques will be highlighted, and changes suggested to less effective ones. It is hoped learnings from the tabletops will be taken back to participant's respective hospitals to enrich and modify existing disaster plans.