Hospital Preparedness for Toxicological Mass Casualties (TMC) in Peacetime
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Toxicological Mass Casualties (TMC) occur in war and in peacetime. During peacetime, it occurs either because of an accident or terrorist attack. A TMC is a complicated logistic event that requires extensive training and drills in the hospital and community.

**Basic assumptions:**
1) A TMC is an immediate event necessitating an immediate response. Delay can cause irreversible damage;
2) Decontamination and first aid must be provided by protected medical teams before admission to the emergency department (ER); and
3) The multi-disciplinary teams required must be available immediately.

**Major principles:**
1) Written standing orders for hospital and specific team management;
2) Preparation of infrastructure and equipment such as showers, protective clothing, and medical equipment stored near to the ER;
3) Clear delineation of lines between contaminated and decontaminated areas;
4) A large, multi-disciplinary work force with designated roles specific to the needs of this event; and
5) Early identification of the toxic source is essential. Appropriate medical treatment is given according to provided instruction booklets.

**Summary:** Planning and preparedness for all phases of the toxicological event are essential. Attention to minute details and frequent instruction drills are required in order to provide a speedy and optimal response.

**Keywords:** casualties; hospitals; mass casualties; preparedness; toxicological events

Hospital Deployment Plan for Mass Casualty Events (MCE)
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Maintaining the preparedness of the hospital for emergencies is an ongoing process that obliges continuous actions in order to assure constant readiness.

**Basic Assumptions:**
1) TASMC is committed to administering optimal medical services to casualties during conventional, toxicological, and biological MCE;
2) The operation of the hospital during MCE is characterized by an expansion of the routine services and the establishment of directed services;
3) Maximizing capabilities in treating casualties necessitates an assurance of skills of each member in performing his roles.

**Major Principles:**
1) Operating an Emergency Committee with representatives from multi-disciplinary fields;
2) Preparation of standing orders for the hospital for all events;
3) Pre-designation of admission sites for conventional and non-conventional MCE;
4) Expansion of facilities;
5) Designation of hospital staff to the admission sites, creation of special roles;
6) Operation of ancillary and voluntary teams;
7) Maintaining training programs;
8) Logistic support;
9) Equipment;
10) Communication systems;
11) Decontamination facilities, etc.

**Summary:** Maintaining a constant level of alert and readiness for MCE necessitates:
1) Personal obligation of an Emergency Committee;
2) Preemptive thought and planning;
3) Continuous, uninterrupted activity; and
4) Emphasis on planning and performance of minor details as well as major details.

**Keywords:** expansion; hospital; mass casualty event; planning; preparedness; standing orders; teams; training