

An open letter to the emergency medicine community

James Stempien, BSc, MD, CCFP-EM, FCFP, CCPE*

It has been over 2 weeks since the terrible bus accident tragedy that affected so many of us, especially here in Saskatchewan. It was a horrific accident that destroyed many lives. In reflection, many aspects of the event and the effects afterward come to mind.

There are no heroes in medicine, but the list of individuals who provided exemplary care continue to inspire: the first responders and citizens who helped and cared for people at the scene; the rural hospital teams in Nipawin and Tisdale; and the fixed wing and helicopter crews and physicians who jumped into the first flights to help provide care.

In our home hospital, as we prepared for victims, the entire facility responded with professionalism and dedication. Every ward stepped up, pulled patients from the emergency room (ER), and stayed late to contribute. Incident command was full of the administrative staff that made it all possible. Our staff responded to the callout promptly, filling every role available while others eagerly stood by at home to be called in if necessary. The other two ERs in the city prepared for victims or increased capacity to offset the regular visits and keep the trauma centre clear. The problem was never a lack of people willing to help but a lack of roles to assign. *Flexibility* was a keyword; one physician's babysitter volunteered to stay until 3 AM, happy to help and contribute. It is humbling to recall the selfless dedication of all of the teams that pulled themselves together so efficiently.

In spite of how well everything functioned, we have spent the last 2 weeks debriefing and going over lists of

what we can do better. Learning how to run a Code Orange is an unending iterative process. Would the situation have been improved with better vests for the trauma teams, bigger whiteboards, or better checklists? Which technology should have been used to call in support? How can incident command seamlessly support every unit? The province and the region will be learning, improving, and preparing for whatever fate brings us next.

Emotional support for the victims, families, and staff became a priority in the days and weeks after the incident. Three of our ER physicians were trained in CISM (critical incident stress management). The ability for members of our department to debrief and support their peers was invaluable. We will expand this program in the coming months.

Every ER in Canada needs to be prepared for an MCI (mass casualty incident) no matter where they are located geographically or the size of the facility. In the wake of this tragedy, we can all draw inspiration from the Canadian Association of Emergency Physicians (CAEP) 40th anniversary motto: "Every minute. Every hour. Every day. The EM community is there for Canadians from coast to coast to coast." This describes our professional community: dedicated, caring physicians working for the best for our patients, prepared for anything.

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From the *Provincial Head Emergency Department, Saskatchewan Provincial Health Authority, University of Saskatchewan, Saskatoon, SK

Correspondence to: James Stempien, University of Saskatchewan, Department of Emergency Medicine, #19 RR#5 Station Main, Saskatoon, SK, S7K 3J8 Canada; Email: stempien@islandnet.com

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