

# Leadership observations from 10/25: Manage the unthinkable from the foot of the bed.

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#### Introduction

- \* Review of nuances of gunshot wounds from high-velocity rifles.
- \* Framework for your hospital's disaster plan.
- \* Memoir of my personal heroics through tinted glasses.
- \* Leadership notes through lessons learned.
- Mental model for your clinical and administrative readiness.

# EM Expertise: Our lane

- \* Resuscitationists
- Foot of the bed
- \* HALO approach
- Our shop



### Bottom-Line up Front

- \* Rehearse mentally and practically: this is a peri-mortem c-section or ED thoracotomy.
- \* Normalize disasters: "When" not "If."
- Lead away from "disaster exceptionalism."

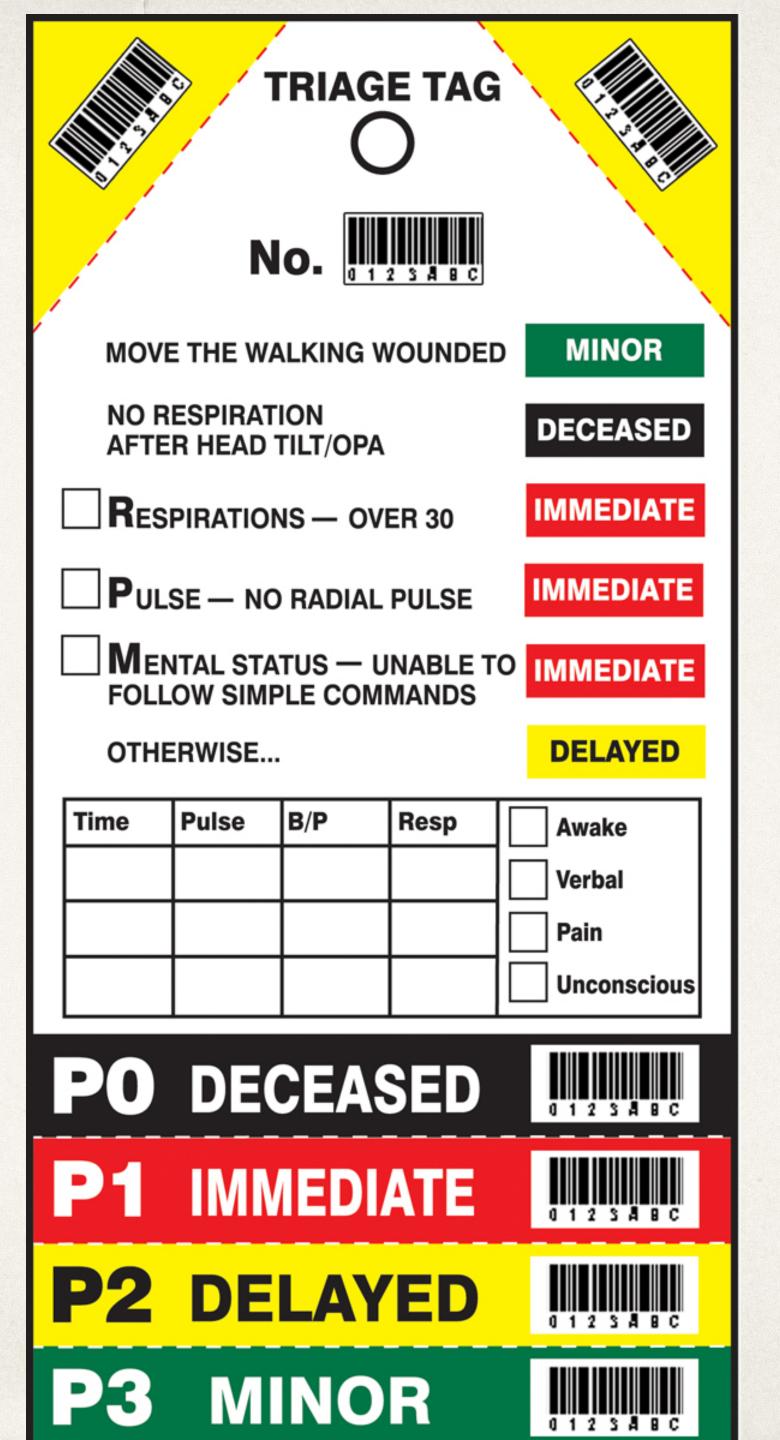
## Medical care: HALO model

- \* Sequencing: series to parallel processing.
- \* Black status.
- \* Minimize "eyes off" and "head of the bed" time.
- Assign blood czar.
- \* Tourniquet leadership.
- Disaster exceptionalism: DKA in hallway.



## Patient movement: Keeping track

- \* Expect arrivals by all modes: assign central intake.
- Initiate triage tags: key to patient accountability/registration.
- Current ED census drainage: where are they going?



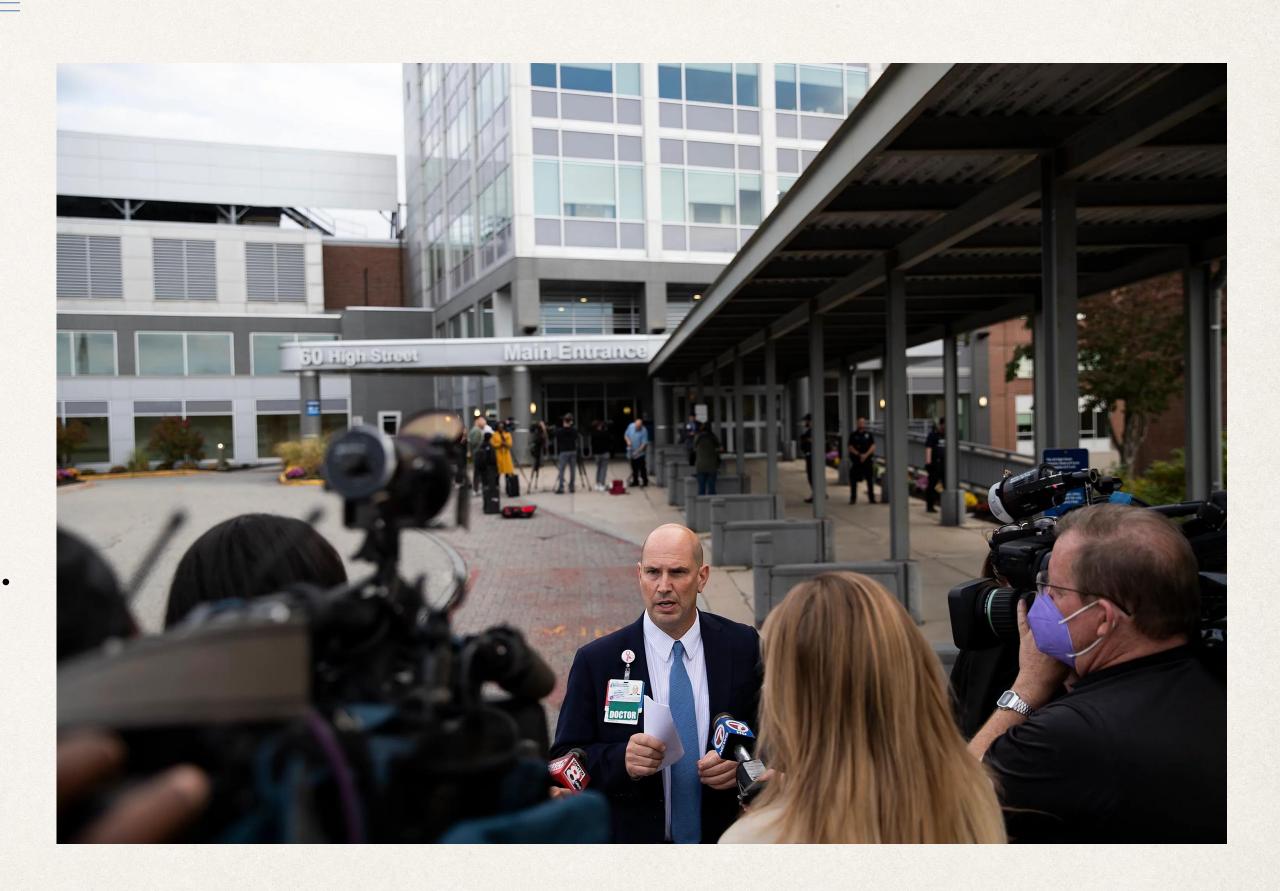
### People: Crowd control

- \* Lots of non-ED helpers: require expert oversight.
- \* Stage: cafeteria or usual unit.
- \* Secure the ED: too much in and out.
- \* Recap and debrief: Early and often.
- Who's working tomorrow?



#### Information flow

- \* Alert the team.
- Manage the FYIs.
- Interface with hospital disaster plan/HICS.
- \* Cascade information: succinct, reliable timing.



#### Tomorrow's shift

- \* Nearby elementary school: 20-40 victims, active shooter.
- \* Full ED.
- \* You are:
  - \* a. Working a clinical shift.
  - \* b. In meetings on your administrative day.
  - \* c. Both.



# Tomorrow's shift: 20-40 victims, full ED.

- Medical care
- Patient movement
- People management
- Information handling



### Your next meeting

- \* This is our lane: experts at the foot of the bed.
- Mental and practical rehearsal: the HALO approach.
- Normalize disasters: "when" not "if".
- All patients: no disaster exceptionalism.



### Thank you!

