



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

Sheldon H. Stevenson, DO, FACEP

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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

- ❖ Resuscitatonists
- ❖ 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?

TRIAGE TAG

○

No. 

MOVE THE WALKING WOUNDED **MINOR**

NO RESPIRATION AFTER HEAD TILT/OPA **DECEASED**


RESPIRATIONS — OVER 30 **IMMEDIATE**


PULSE — NO RADIAL PULSE **IMMEDIATE**


MENTAL STATUS — UNABLE TO FOLLOW SIMPLE COMMANDS **IMMEDIATE**


OTHERWISE... **DELAYED**

Time	Pulse	B/P	Resp	
				<input type="checkbox"/> Awake
				<input type="checkbox"/> Verbal
				<input type="checkbox"/> Pain
				<input type="checkbox"/> Unconscious

P0 DECEASED 

P1 IMMEDIATE 

P2 DELAYED 

P3 MINOR 

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!

