

Docs worry about ability to deal with mass casualty

By Kathryn Reed

If a mass casualty incident occurs on the South Shore, it is going to require the resources of neighboring medical facilities to treat the injured.

“In the event of a mass casualty incident, the main effort would be to ensure rapid transportation to the appropriate care centers,” Selwyn Lee, chief medical officer at Barton Health, told *Lake Tahoe News*. “This would involve field triage by emergency services as well as county assistance to bring in as much help as possible to our hospital. While we do have an outstanding trauma program in place, there are still limitations and the health system could be overwhelmed quickly if the acuity of care is high.”

An advantage this area has over others is CalStar being based at Lake Tahoe Airport. CareFlight would also be called in during a tragedy. It is already backup to the primary helicopter ambulance. Plus, there would be ground transport.

Getting patients to another health care facility could be challenging or not even possible depending on the incident and the weather.

Barton has memoranda of understandings with UC Davis Medical Center in Sacramento, Marshal Hospital in Placerville, Renown Medical Center in Reno and Carson Valley Medical Center.

Barton Memorial Hospital could treat about 20 people; though how busy the emergency room is at the time of the tragedy would be a factor.

Jenna Palacio with Barton said, “In any given large-scale

emergency, incident command would dictate the action plan to prioritize, triage and neutralize the situation. Mass casualty incidents can overload even the most advanced medical centers. The key to providing the highest level of care to every patient in need is to utilize any and all available resources within the established trauma system.”

A poll done this spring by the American College of Emergency Physicians found that nine out of 10 emergency room doctors don't believe their facilities are completely ready for major disasters.

Stats from the survey of 1,328 doctors include:

- 93 said their emergency room could not handle a surge in patients from a disaster;
- 49 percent labeled their hospital somewhat prepared;
- 90 percent said they would not have enough medication.

Barton has been a level III trauma center for three years. A team of doctors and staff is available around the clock to react to an event. One of the reasons this designation was sought is because of the remoteness of South Lake Tahoe.

“Trauma III designation recognizes Barton Hospital as a critical access point for patients seeking trauma care. Unlike other hospital facilities, trauma centers guarantee the resources for in-depth emergency care and the immediate availability of emergency medicine physicians, surgeons, nurses, lab and X-ray technicians, and life support equipment 24-hours a day,” surgeon Kim Evans told *LTV* in 2015.

Renown is a level two facility, while UC Davis Medical Center is a level one. These levels are usually found in urban centers.

Barton said advantages to the community with it being a trauma center include expanded blood bank capabilities, expedited

patient evaluation, priority access to diagnostic technology, increased staff aptitude for traumatic injuries, training standards for care and response timing ensuring patients would be treated within a specific time frame.

Tourniquet training and education in the event of a mass shooting or other traumatic incident is provided by Barton to first responders through a program called Stop the Bleed.

“Uncontrolled bleeding is the No. 1 cause of preventable death from trauma. The greater the number of people who know how to control bleeding with an injured patient, the greater the chances of surviving that injury,” Palacio told *Lake Tahoe News*.

The American College of Emergency Physicians (ACEP) is lobbying Congress to pass the Pandemic and All Hazards Preparedness and Advancing Innovation Act of 2018, with the goal of the federal government taking a more active role in medical preparedness. It was introduced last month by Sen. Richard Burr, R-N.C.

“Hospitals and emergency medical services continue to suffer significant gaps in disaster preparedness, as well as national drug shortages for essential emergency medications,” ACEP President Paul Kivela said in a press release. “These shortages can last for months, or longer, and constitute a significant risk to patients.”