Don't Get Caught Off Guard: Hospitals during Times of Crisis

Abdo Salam H. Hamade
Master of Public Health '15
Faculty of Health Sciences
American University of Beirut

In Lebanon, terrorists have repetitively shown their ability to willingly use explosives to inflict death, destruction, and instill fear in the mass population. Resulting chaos often leads to the disruption of communication systems and an interruption of transporting patients, personnel, and supplies to medical centers and can significantly overwhelm the capacities of responding agencies (healthcare facilities). [2] Sudden and unpredicted acts of terror thus necessitate immediate and collaborative response that aim to control and contain the situation.

During times of disaster, hospitals play integral roles within the health care system through providing essential medical care to the communities around. Despite their care giving nature, hospitals are potentially vulnerable institutions that depend on external support and supply lines. And with the current emphasis on cost-containment and efficiency, hospitals frequently operate at near capacity. [2]

Healthcare systems during disasters are confronted with an increased demand and a decreased availability of resources. Any interruption of standard communications, external support services, or supply delivery can halt essential hospital operations – and even a modest unanticipated rise in admission volume can overwhelm a hospital beyond its functional reserve. Employee attrition and shortage of critical equipment and supplies can reduce access to needed care and occupational safety. [2] Thus, without appropriate emergency planning, local health systems can easily become besieged in attempting to provide care during times of crisis.

In order to enhance the readiness of health facilities to cope with the challenges of a disaster, hospitals need to be prepared to initiate fundamental priority action. Prior planning and practice, that includes staff training, enables receiving facilities to minimize the disarray and confusion resulting from a disaster thus implementing systemic guidelines and policies. Setting priority actions in times of disaster helps to facilitate a timely and effective hospital based response.

Government Responsibility

As part of its duties and responsibilities in providing national safety and security, national governments are the ultimate authority in the field of emergency management. Depending on the size and seriousness of the incident the government is responsible for implementing national coordination structures, approving extraordinary resources, calling up the military, assuming extraordinary powers, and activating international systems of cooperation and aid. [3]
Governments must have set plans and procedures for times of crisis. They must provide the needed resources to be implemented in a timely and effective manner. For instance, the **Ministry of Health should perform a comprehensive analysis of relevant health care resources available in the country, or direct lower levels of government – such as provinces or states.** These practices examine if the facilities readiness is under operational responsibility for health in order to establish a baseline. This baseline is an assessment of current system's capacity against which planned changes can eventually be measured. Baseline analysis should assess and map both the quantity and quality of available health care facilities, personnel and equipment. [3]

The next step of this analysis includes a detailed risk assessment and discussion about the standards that must be met in emergency responses can be carried out to: (a) decide how to improve these resources to the required standards and (b) calculate the additional resources required to respond to a mass casualty incident should one occur. [3] This will provide the MOH with the information needed to set a more thorough national mass casualty management plan that lays out priorities and coordinate the redistribution of resources for optimum preparedness.

The MOH must ensure that it has done a detailed estimation of the costs of responding to the most probable mass casualty incidents. This includes the resources used in addressing the consequences of a disaster. If the Ministry's current budget does not cover the necessary costs needed to conduct and support the services specified, the Ministry should consider making a request for a special budgetary allocation from the national government. The baseline analysis will be a source of solid evidence which can be used to justify the request. Other sources such as international donors should also be considered. [3]

Stock Piling

A proposed starting strategy would be stockpiling. Depending on the size and topography of the country, the Ministry of Health should consider prepositioning resources (i.e.: facilities, staff, supplies and equipment) close to risk areas. This will speed up the delivery of tiered assistance, and avoid over reliance of a few centralized facilities and on transportation infrastructure that may themselves be damaged in the event of a natural or man-made major emergency.

The mobilization, transport and deployment of these stockpiled resources must be carefully planned. Protection of the resources against natural and man-made hazards must be carefully considered in such plans, as well as the safety and security of staff and facilities. Continuous monitoring of expiration of supplies and equipment is important in order to maintain quality and to permit updating and planning for future replenishment of these vital resources. [3]

Conclusion

An emergency plan is a set of arrangements for responding to, and recovering from emergencies, with its core purpose to protecting life, property and the environment. Experience demonstrates that mass casualty incidents frequently raise serious ethical dilemmas. [1] Therefore, It is imperative that ethical principles underlying plans and protocols should be clearly defined so that they do not have to be debated while the emergency response is in progress. The proposed first step strategy in preparing our healthcare system in risk zones for a needed response in a crisis is merely a method among many that could be applied in addressing the latter. Thus, further strategy periscope planning must be assumed by the MOH.

[1]. Sztajnkrycer, M. D., B. E. Madsen, et al. (2006). "Unstable ethical plateaus and disaster triage." Emergency Medical Clinic North America 24(3): 749-68.

[2]. National Center for Injury Prevention and Control. (2010). Interim planning guidance for preparedness and response to a mass casualty event resulting from terrorist use of explosives. Atlanta, GA: Centers for Disease Control and Prevention.

[3] World Health Organization. (2007). Mass Casualty Management Systems. Strategich and guidelines for building health sector capacity. WHO, Geneva.