

No-Notice Incidents: Non-Trauma Hospital Considerations

April 2018

ASPR TRACIE Tip Sheets: No-Notice Incidents

ASPR TRACIE has developed a series of tip sheets for hospitals and other healthcare facilities planning for no-notice incident response. Our traditional concepts and approaches have not kept pace with real-world incidents in the U.S. and other countries or the challenges the healthcare system faces in managing the resulting extraordinarily large number of casualties. The tip sheets are based on discussions ASPR NHPP and ASPR TRACIE had with healthcare personnel who were involved in the October 2017 mass shooting response in Las Vegas and supplemented with information from other recent no-notice incidents. While there is great variance in the scope and healthcare needs resulting from no-notice incidents, these tip sheets focus on some of the identified challenges.

During the initial response to a large-scale, no-notice incident, all healthcare facilities should be prepared for unusual patient distribution patterns, misinformation, and challenging communications.

Patient Arrival

- Expect patients to arrive at your facility via non-traditional transport methods. While emergency medical services (EMS) providers will likely follow the established patient distribution protocols for the area, many patients may not arrive via EMS.
- Be prepared to receive large numbers of patients with acuity levels that are not well-matched to your resources. Because many patients may arrive outside of the established EMS system, they will not have been triaged and some may not be appropriate for your facility. Your facility should have personnel available at all hours who are trained and experienced in conducting rapid, initial triage.

One hospital found that **80% of its patients** arrived by personal vehicles, cabs, or ride-sharing services based on Google maps showing the closest hospitals to the incident scene.

Patient Management

- Designate a location where the walking wounded may be monitored while higher acuity patients are being stabilized and treated. A high proportion of the patients who arrive on their own may have low acuity injuries. While they may be capable of getting themselves to a hospital, be aware that serious injuries may be masked in the initial rush and that the conditions of some may deteriorate while awaiting treatment. Re-triage frequently!
- Establish a trauma alias system capable of handling large numbers of unidentified victims. Patients may arrive without ID or loved ones who could identify them. Other hospitals have found identifying characteristics such as body art and piercings to be helpful in matching unconscious patients with loved ones trying to locate them.
- Treat those injuries you are capable of. Expect that all healthcare facilities in the area will experience a surge in patients. Trauma centers may not be able to accept transfers of patients whose injuries are within your ability to provide care. Communicate your capacity to EMS and other hospitals to assist in balancing the demand.
- Plan to stabilize and manage high acuity patients who, under normal circumstances, would be immediately transferred to a trauma center. Transport vehicles directed to the incident scene may not be available for inter-facility transports. Communications between your facility and others about your available resources and needs may be challenged. A lack of situational awareness on the numbers of expected patients may make it difficult for other facilities to accept your transfers on top of their own patients. Misinformation may prevent the transfer of patients to other facilities.

Surgical Services

- Anticipate that the large numbers of patients, self-transport, and traffic routing may result in non-trauma centers receiving multiple severely injured patients or many with minimal injuries going to trauma centers.
- Stabilize and transfer patients who you cannot treat, but realize transfers may take longer than expected. Prioritize efforts to stop bleeding and control contamination.
- Take advantage of EMS transport support, if offered, to redistribute patients between hospitals.
- Take advantage of any executive orders or other emergency powers that allow all credentialed providers to exercise their privileges in all hospitals if it is better to keep the patient at the facility and provide care there.
- Be prepared to provide surgical care to the critically injured – including blood products, airway management, and surgical management (e.g., surgical trays, “trauma packs” of disposables) with a priority on damage control surgeries.

In addition to a local emergency declaration, the Governor of Nevada declared an [Emergency](#) and a [Public Health and Medical Disaster](#).

Communications and Information Sharing

- Be prepared to manage rumors.
- Misinformation may complicate the initial response (e.g., affect transport decisions and the establishment of access controls such as security perimeters and roadblocks).
- Identify back-up methods to notify and maintain communications with your personnel, transport partners, other healthcare facilities, and emergency management and public safety agencies.
- Cell phone networks are likely to be overwhelmed and unreliable.
- Establish communications with EMS and a trauma center early to assure that you have the information available and also can communicate needs as well as available capacity to the system.

In Las Vegas, incorrect reports circulated that the area’s only Level 1 trauma center was closed and that additional active shooter incidents were occurring, including at one hospital.

Las Vegas responders noted delays of 8 hours or longer in receiving text messages.

Related ASPR TRACIE Resources

Tip Sheets in This Series:

[Community Response and Media Management](#)
[Emergency Medical Systems Considerations](#)
[Expanding Traditional Roles to Address Patient Surge](#)
[Family Assistance](#)
[Fatality Management](#)
[Hospital Triage, Intake, and Throughput](#)
[Trauma Surgery Adaptations and Lessons](#)
[Trauma System Considerations](#)

Other Resources:

[Healthcare Response to a No-Notice Incident: Las Vegas \(Webinar\)](#)
[Explosives and Mass Shooting Topic Collection](#)
[Hospital Surge Capacity and Immediate Bed Availability Topic Collection](#)
[Information Sharing Topic Collection](#)
[Patient Movement and Tracking Topic Collection](#)
The Exchange Issue 3: [Preparing for and Responding to No-Notice Events](#)
The Exchange Issue 7: [Providing Care During Mass Violence Responses](#)

ASPR TRACIE gratefully acknowledges ASPR NHPP staff who provided feedback on these documents and the healthcare personnel from University Medical Center and Sunrise Hospital and Medical Center who responded to the October 1, 2017 no-notice incident in Las Vegas, shared their experiences and insights with staff from ASPR NHPP and TRACIE, and reviewed these tip sheets.