LETTER TO THE EDITOR

After reading the January-March 2000 edition of Prehospital and Disaster Medicine, I decided to share a few of my thoughts about issues relating to the function of hospitals during disaster or mass casualty incidents.

I have observed a number of these types of incidents over many years, and I have participated in several post-incident critiques. While I agree that there is definitely a need for well-developed plans and practice exercises for hospital staff members to help them prepare for mass casualty incidents, I believe that often not enough attention is paid to region-wide planning (i.e. utilizing hospital resources outside the immediate impacted area).

As a hospital (or hospitals) in a given area reach the saturation point during a mass casualty incident, a decision should be made as quickly as possible, whether some of the victims could be provided definitive care quicker if they were transported to hospitals in other area. Therefore, I believe a hospital disaster plan should be coordinated with other hospitals and with regional and state Emergency Medical Services (EMS) organizations to help plan for distribution of victims to other health care facilities capable of providing the best possible care in the shortest possible time.

For example, if the volume of traumatic injury victims overwhelms a given hospital resulting in delays of surgical or other essential, time critical medical services for several hours or more, it may be better for some of the victims tr transfer them to facilities in other communities, even if transport times seem excessive. This type of system also can help relieve the pressures on the staffs at the hospitals closest to the incident.

In order to do effective region-wide planning, a complete list of ground and air medical resources must be maintained, and a system must be developed for mobilizing transport resources, including medical escorts, and agreements should be made with hospitals in neighboring communities (including inventories of the capabilities of those hospitals). If available, consideration also should be given to utilizing military transport resources, including helicopters and stretcher-capable fixed wind aircraft.

In 1993, military and U.S. Coast Guard aircraft transported 161 injured victims from an airliner incident from Shemya, Alaska (a small U.S. Air Force base in the Aleutian Islands) to hospitals in Anchorage, Alaska, a distance of about 1,300 miles. Eighty-eight of these victims were treated and released and 73 others were admitted to the four Anchorage area hospitals *Prehospital and Disaster Medicine*, 1997;12(1): 36-40.

This incident showed that a very remote site with a small cadre of medically trained personnel could organize and effectively provide initial emergency care for nearly 200 injured persons, and that this many patients could be transported about 1,300 miles to definitive care. If it can be done in the remote Aleutian Islands of Alaska, it should be possible to do it in most other parts of the world.

Sincerely,
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