

Statement on disaster and mass casualty management

The following statement was developed by the College's Ad Hoc Committee on Disaster and Mass Casualty Management of the Committee on Trauma, and was approved by the Board of Regents at its June 2003 meeting.

Mass casualties following disasters are characterized by such numbers, severity, and diversity of injuries that can overwhelm the ability of local medical resources to deliver comprehensive and definitive medical care to all victims. Surgeons traditionally have played an important role in disaster response. The training and skills of surgeons, and the resources and infrastructure of trauma centers and trauma systems, are especially suited for the logistical demands and rapid decision making required by large casualty burdens following both natural disasters and manmade (biologic, nuclear, incendiary, chemical, and explosive, or "BNICE") disasters.

The American College of Surgeons believes that the surgical community has an obligation to participate actively in the multidisciplinary planning, triage, and medical management of mass casualties following all disasters. Surgeons should provide leadership at the community, regional, and national levels in disasters involving physical trauma to casualties that likely require surgical intervention and management (such as explosions, structural collapses, shootings, fires, or large-scale vehicular crashes).

Disaster management poses challenges that are distinct from normal surgical practice. It requires a paradigm change, from the application of unlimited resources for the greatest good of each individual patient to the allocation of limited resources for the greatest good of the greatest number of casualties. This change is achieved most effectively by planning and training for disasters, through both internal hospital drills and regional exercises involving all community resources. Rescue, decontamination, triage, stabilization, evacuation, and definitive treatment of casualties all require the smooth integration of multidisciplinary local, state, and federal assets. This integration would include (but not be limited to) prehospital services, the media, emergency management and public health agencies, trans-

portation and communication resources, the military, and health care delivery facilities and personnel. The medical management of mass casualties is only one of many critical functions involved in the overall response to a disaster.

Education and training are especially important in:

- Disaster planning and rehearsal.
- Integration of local, regional, and national resources into a disaster system.
- Hospital Emergency Incident Command Systems (HEICS).
- Communications and security.
- Media relations.
- Protection of health care delivery personnel and facilities.
- Detection and decontamination of biological, chemical, and radiation exposure.
- Triage principles and implementation.
- Logistics of medical evaluation, stabilization, disposition, and treatment of victims.
- Record-keeping and postdisaster debriefing, critique, and reporting.
- Critical incident stress management (CISM).
- Published research and experience in disaster management.

It is incumbent upon all surgeons to attain an appropriate level of education and training in the unique principles and practice of disaster and mass casualty management, and to serve as role models in this field. The American College of Surgeons is committed to providing the leadership and resources necessary to achieve this goal.

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