

during a disaster, particularly during a bio-event where the primary caregiver may become sick and unable to provide care. Emergency management sectors should anticipate high demands for respite care in community disaster planning.

Keywords: caregivers; family; emergency preparedness plans; recovery; stroke

Prehosp Disast Med 2009;24(2):s102–s103

(H69) Compliance with Statutory Major Incident Exercise Schedules in the Hospitals of North West England

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Introduction: Since 2004, there has been a statutory duty, under the Civil Contingencies Act, for designated receiving hospitals (those with emergency departments) to demonstrate fitness for and be able to respond to a major incident. National Emergency Planning guidance defines what is considered a sufficient exercise schedule for this purpose; a staff incident communication cascade test every six months, a hospital tabletop exercise every 12 months, and a live-casualty exercise every three years.

Methods: All receiving hospitals in the North West region of England were identified and their emergency preparedness leads approached during summer 2008 enquiring about the frequency and extent of their recent exercise schedule, the lessons that were learned and changes made as a result.

Results: A total of 18 of 23 identified organizations (78%) were willing to report. When exercises had occurred, most issues for improvement related to inadequate communication. Not surprisingly, these were centered on links between the emergency department and the hospital management team, but also between the management team and outside supporting agencies.

	Time interval	Compliance	% compliance
Communication test	6 months	12/18	66
Tabletop exercise	1 year	11/18	61
Live exercise	3 years	13/18	72

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Conclusions: In the event of a hospital in North West England failing to mount a sufficient response to a major incident, a significant proportion would be unable to show that they had taken all reasonable steps to ensure that their facility was capable of mounting that response. The hospital management potentially would be criminally liable for this failure.

Keywords: compliance; England; exercise; incident response; preparedness

Prehosp Disast Med 2009;24(2):s103

(H70) Surge Capacity Preparation for a Major Incident in the Hospitals of North West England

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Introduction: English National Health Service (NHS) hospitals work close to full capacity but have a statutory duty to cope with unexpected incidents and surges in admissions. This might be a Big Bang major incident or a Rising Tide infectious disease outbreak. The Civil Contingencies Act requires the NHS to prepare for such events, recognizing that the surge response must be dynamic, reflecting more than simply a count of empty hospital beds.

Methods: Using the Emergency Planning Guidance, an outline of essential capacity information to manage a patient surge was created. All designated hospitals in the North West of England were approached and asked to provide information on their anticipated surge plan; focus was on initial receiving capacity and accelerated discharge planning.

Results: A total of 18 of 23 organizations (78%) responded. Capacity also typically included consideration of patient triage categories. Accelerated discharge plans for current in-patients were present for all hospitals. A total of 15 of 18 (83%) had plans to increase the discharge rate by providing additional community nursing care. Fourteen of 18 (78%) had plans to increase discharge to residential and nursing facilities within the community. Only seven (39%) had exercised these processes.

	Capacity known	% Capacity known
Initial capacity to receive identified	14/18	78
Estimated hourly rate following initial load stated	7/18	39
Maximum capacity defined	8/18	44

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Conclusions: The planning guidance recommends that an ambulance service should know the real receiving capacity of its hospitals. While the data suggest some good practice, the lack of exercising raises the possibility that the numbers are aspirational.

Keywords: civil defense; disasters; England; preparedness; surge capacity

Prehosp Disast Med 2009;24(2):s103

(H71) Managing Surge Capacity—Lessons Learned from a National Mass-Casualty Simulation Exercise

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Introduction: Managing surge capacity is a challenge all emergency departments face during a mass-casualty incident. A full-scale, mass-casualty simulation exercise at Singapore General Hospital and the lessons learned will be reported. The experience of creating temporary intensive care unit beds and the presence of a forward anesthesia and surgical command at the emergency department also will be shared.