ED Operations During Mass Protests and Civil Unrest

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Medical Intelligence

- Nature of the event
  - planned vs not, permit, size, location, purpose
- Presence of opposition counter-protestors
- Present of large police force
- Medical Threat Assessment
  - Weather, threats of violence, etc.
- Medical resources available
Hospital Preparation

- **SPACE** – surge capacity, alternate care sites, segregation of patient groups, decon plan
- **STAFF** – additional MD & RN, security, environmental services, EOC activation
- **STUFF** – decontamination, eye treatments, nebs, clothing, trauma supplies
Crowd Dispersal

• Chemical Agents
  – Tear Gas (CS)
  – Pepper Spray (OC)
  – Mace (CN)

• Less Lethal Projectiles
Decontamination

• Receiving and Decontamination Process
  – Avoid exposing staff and ED to chemicals

• Shower Plan
  – Decontamination agents (soap and water)
  – Includes clothing replacement
  – Plastic bags for contaminated clothing

• Eye Wash and Exam Plan
• Potential for trauma varies.
  - Plan for more staff
• Blunt injuries
  - Face, eyes, genitals
• Projectile injuries
• Burns
• Expect the unexpected
A Case Study

Preparation and response to a targeted automobile ramming mass casualty (TARMAC) attack: An analysis of the 2017 Charlottesville, Virginia TARMAC attack

James P. Phillips, MD; Jeffrey S. Young, MD; William J. Brady, MD

The utility of point-of-care ultrasound in targeted automobile ramming mass casualty (TARMAC) attacks

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Thank you

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