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### Preparing for Disaster

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As critical care specialists, we are accustomed to combating life-threatening illness and injury on a daily basis. Our staff must be vigilant and must be prepared to respond rapidly to any deterioration in a patient's condition, as that patient's life may depend on immediate medical intervention. Every day, around the world, critical care doctors and nurses save thousands of lives.

But what happens when thousands of lives are put in peril all at once, in one location? This summer alone, a number of disaster situations rocked the world – a train bombing in India, a tsunami in Indonesia, tropical storms in China and armed warfare in the Middle East, among others. Natural and man-made disasters alike can wreck havoc where they strike, leaving death, destruction, illness and injury in their wake. Trauma, shock, infectious disease – in the space of a few moments, a disaster may produce more imminently life-threatening medical situations than the average hospital would encounter under normal circumstances in weeks or even months.

When a hurricane, terrorist attack or other disaster hits, critical care specialists are called on more than ever to practice their life-saving services. But overwhelming number of victims, along with the many logistical and infrastructure problems produced by a disaster situation, pose significant challenges to delivering timely, quality critical care. Disaster response requires phenomenal coordination of medical resources, space, priorities and personnel – both within a medical unit and across affected medical facilities. This, in turn, requires critical care managers to plan in advance, establish disaster response strategies and forge connections with the departments, hospitals and agencies that might prove crucial partners in a time of crisis.

This issue of **ICU Management** focuses on disaster management, in order to share insights that may help critical care managers strengthen their disaster preparedness programs. In this issue, Drs. Faltlhauser and Thomas share their expertise on care and transport, including the recent expansion of aeromedical evacuation operations to natural disaster situations. Dr. Maegele then gives an overview of the special considerations affecting patients who were evacuated to Europe following the 2004 tsunami disaster. Finally, Dr. Farmer highlights specific aspects of disaster preparedness that hospital and critical care managers should take into consideration well before disaster strikes. Each of these articles offers a unique and helpful perspective on coping with very different disaster response situations.

Disasters force us to make tough medical management decisions and enter into collaborative relationships that might not exist during regular ICU operations. In order to accomplish this effectively, we must be organized and develop plans in advance to manage worst-case scenarios. Preparedness is the key to successful disaster response. I hope that the articles in this issue of **ICU Management** offer ideas that help improve your unit's disaster response plans. May you never have to use them.

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