As part of their no-notice incident planning, healthcare facilities should consider planning for specialty providers and other personnel to assume non-traditional roles to help address the surge in patients. In some cases, these personnel may be available to meet their traditional roles as well as supplement other critical activities. This tip sheet describes the non-traditional role some anesthesiologists assumed following the October 2017 mass shooting in Las Vegas. It also lists possible non-traditional roles other providers (e.g., pediatric) can assume in similar incidents.

Non-Traditional Roles of Anesthesiologists

- Re-evaluate and reassign triage levels after initial emergency department (ED) triage and as patient conditions evolve.
  - Reviewing and reassessing patients pre-operatively allows for timely reprioritization of patients.
  - Reassessment in post-operative recovery enables evaluation for follow-up interventions.
- Assist with operating room staffing.
- Extend critical care services by:
  - Augmenting trauma and emergency department providers.
  - Expanding intensive care unit staffing.
  - Providing pain management.
- Enable information sharing and situational assessment by:
  - Acting as a physician bridge between the ED and the operating room.
  - Improving handoffs between the operating room and intensive care.
  - Communicating patient status changes following their initial assessment.
- Assist with patient identification and family assistance by:
  - Documenting identifying and medical information collected from patients.
  - Speaking with family members to collect identifying information.
  - Acting as a bridge between family members and other providers.

Within 2 hours of the incident, the Sunrise anesthesiology group called every surgeon to cancel the next day’s scheduled elective surgeries at all affiliated hospitals.
• Offer flexible support throughout the facility by:
  o Trusting in abilities and available resources to determine when to deviate from plans.
  o Providing leadership for enhanced operating room turnaround times.
  o Addressing real-time nursing skill gaps.
  o Improving safety in patient transport.
  o Anticipating future needs, such as ensuring additional staff are available for the next shift, and cancelling planned elective procedures.

Non-Traditional Roles of Other Personnel

• Consider whether other medical specialists may be available to take on roles similar to those assumed by anesthesiologists who responded to the Las Vegas no-notice incident.
• Identify pediatric providers who may be available to care for adult patients during surges.
• Take advantage of emergency medical services (EMS) providers who may be at your facility and willing to assist.
• Expect that those in administrative and support positions will take on unfamiliar roles while contributing to your facility’s response. Non-clinicians assisted with bleeding control as patients were being triaged, transported patients throughout the hospital, rapidly turned over rooms, and participated in fatality management activities in response to the Las Vegas no-notice incident.
  o Include all personnel in emergency preparedness efforts, including training and exercises, to enable a base level of familiarity with your facility’s plan.
  o Ensure that all personnel have access to mental health services following the incident.
• Consider the value of scribes in assisting with support duties and providing initial charting.

Related ASPR TRACIE Resources

Tip Sheets in This Series:
  Community Response and Media Management
  Emergency Medical Systems Considerations
  Expanding Traditional Roles to Address Patient Surge
  Family Assistance
  Fatality Management
  Hospital Triage, Intake, and Throughput
  Non-Trauma Hospital Considerations
  Trauma Surgery Adaptations and Lessons
  Trauma System Considerations

Other Resources:
  Healthcare Response to a No-Notice Incident: Las Vegas (Webinar)
  Active Shooter and Explosives Topic Collection
  The Exchange Issue 3: Preparing for and Responding to No-Notice Events
  The Exchange Issue 7: Providing Care During Mass Violence Responses

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