When a Mass Casualty Is Your Own

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Several phones rang almost simultaneously. In the emergency department (ED), a second-year resident picked up the desk phone to hear the panicked, shaken voice of her classmate saying that she was trapped in her apartment and couldn't get out. A resident's father received a call from his daughter, essentially saying goodbye as she stared out of her high-rise apartment window, unable to escape down the smoke-filled stairwells. She thought she was going to die. As I was about to leave my apartment for dinner, my cell phone rang with my residency coordinator's name on the caller ID. I answered and heard her say, "515 is on fire." The words hung in the air.

Across the street from our hospital, many of our residents and many other hospital employees share a 33-story high rise: 515 West 59th Street, or 515 for short. New York City is expensive; the subsidized and conveniently located building appeals to financially strapped residents. It certainly does not compare to the luxury rentals popping up all around it, but it provides a sense of community and zero commute for residents. On this day in December, a candle tipped over in a third floor apartment, igniting Christmas wrapping paper and quickly spreading to engulf the entire apartment. The hall filled with smoke, which swept into the stairwells and quickly ascended to the highest floors. In a short amount of time, there appeared to be no safe way out.

My phone rang again. Now in a cab heading downtown, I heard my senior resident through tears and broken words ask where I was. "There are huge flames. People are trapped." I prayed it was an overreaction. Evening traffic slowed my journey, but thankfully I live close to the hospital. As I exited the cab a block away from the building, the distinct odor of smoke hit me. Looking down the street past the ED entrance, I saw masses of people crowded on the corner. In the reflection of the all-glass building adjacent to the "dorm," I saw flames. Looking up, I saw people standing near open windows high above the floor where the fire started. I gathered my residents, and moved them to our ED administrative offices inside the hospital.

DOI: http://dx.doi.org/10.4300/JGME-D-17-00429.1

We activated an impromptu disaster plan. We began phoning residents to account for them, identify their location, and assess their safety. We huddled in our ED conference room with an increasing level of anxiety. My coordinator, who had returned to the hospital, ordered pizza as though that would help allay the fear. We knew the reality at that time was some of our residents were stuck on high floors in their apartments and could not get out. Pets were stranded. Truthfully, we did not know how bad this was going to be. Rumors began to circulate about injuries and even potentially critically ill people. We realized we had to go to work. We are emergency physicians, and our ED was about to be bombarded.

Everyone began with what we had practiced before in didactics and simulations. The command center opened, an expedited triage plan was organized, and we prepared. We identified a secondary satellite ED location for patients with less serious injuries. And then, in a short time, almost 100 patients overwhelmed our department. This mass casualty incident followed most of the rules, but this time the victims were our own. We took care of our nurses, our residents, residents from other specialties, and residents' families. Members of all services showed up to help in whatever way was useful. I watched in awe as some of my trainees removed their oxygen masks to start helping their friends and colleagues. I spoke on the phone to 1 of my residents traveling out of state, as I medically assessed his spouse. As all this was happening, I just kept thinking, "They don't teach this in program director school."

Thankfully, we made it through that evening with only a few serious injuries. Departmental, graduate medical education, and hospital leadership throughout our health system descended on the ED in real time. The stories told by our trainees were overwhelming. Some residents had thought they or their loved ones would not survive. Those of us in leadership knew this was just the beginning of a recovery period.

Posttraumatic stress is real. A debrief we held in our residency conference facilitated by a mental health provider revealed the true anguish and distress felt by the residents. Some had difficulty sleeping. Others found it hard to concentrate at work. A few were unable to continue living in that building. I heard their stories in public and behind closed doors in my

office. As a program director, I am a clinician, educator, and administrative leader. At times, I don't feel like a boss; I also am the residents' confidant and advocate. When the crisis hit, my residents reached out to me. I can viscerally recall the feeling when I heard my resident's voice on the phone in a way I imagine a parent panics with an injured or scared child. As program directors, we play this critically important dual role. We are not only their bosses; we are their family. As this experience confirmed, sometimes we are parental figures, there to provide desperately needed hugs.

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