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Snow in Paris: efficient cooperation in a hospital

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Wednesday, 4 pm. At the beginning of December, I was in a meeting inside Paris, my assistant called me: roads were blocked from an exceptional snowstorm and she was stuck in our hospital, which is a part of Paris hospital complex, localized in the West Paris suburb. Hopefully, trains were still working and I could go back to it. Between the train station and the hospital, it looked like a “war scene”: at nightfall, street lamps lighted the bright white desolated boulevard; some cars were in the middle of the sloping road without anybody inside; some people were standing next to their car, without moving, waiting for release. The sudden snow falls immobilize everybody. In front of the hospital, few ambulances are trying to get out without any success.

At 6pm, the pre-hospital emergency system decided to dispatch paramedics all around in our district and to refuse hospitals transfers (except in case of life threatening which can't be managed in some hospitals). Disable patients (major specialty of our hospital) and families of patients were stuck, such as health staff. The night shift was not be able to come. An emergency committee was set up at 3pm by the director. Considering I was the referent of the disaster plan of the hospital, I joined the committee. It included managers and head nurses. They already applied different decisions: leave the staff nursery open and ask the technical staff to stay (restaurant, technical support and gardeners to clear the road inside hospital). It has been asked to all the nurses and health staff to stay until relief teams could come. However, every nurses, auxiliary nurses, technicians, doctors, managers, physicians assistants, paramedics proposed themselves to stay, considering nursery and restaurants staid opened. All people of the hospital staff (2000 workers) cooperated together to great patients, family, colleagues who could not go home. The head nurses were the link between managers

and nursing staff. The emergency committee had to ask people who were not essential in actual care and who could go home to leave, considering the very unusual circumstances could last some days. Communications by phone were also disturbed from a technical problem.

At 8pm, the situation was more clear: no car could come and leave the hospital. Nursing staff was asked to stay at their shift the night if they had not any relief team. Everybody was invited to eat at the restaurant at this time. At 9pm30, the emergency committee numbers around 100 extra people who had to spend the night at hospital, including patients who could not be transferred, family of patients, and staff. The problem was then to find extra blankets and beds, and a solution was found with the help of the Red Cross. Breakfast was organized and the relief in the morning was made with workers who work around. We considered at this time that everything was under control and those who could go home, should do, with a morning point. During the night, snow had stop and roads were cleared; the meeting point was short. A final meeting at the end of the day was decided to debrief.

Two weeks later, with a long period a snow, nursing staff, supports, are now accustomed to manage this situation, without activating a formal emergency committee. Only regular points were made.

In conclusion, this experience feedback was very interesting. For instance, one major thought about future improvement in our hospital organization was to elaborate an intermediate continuity activity plan. Actually, such as many hospitals, we have disaster plans to face heat wave, terrorist attack, pandemic flu and more, with an increase of the number of patients where we could bring back many health workers. However, no plan was elaborated in case of isolation situation and without necessity of disaster care. This event highlights the need of an intermediate procedure. It also a good example of collaboration in all units, unfortunate unusual between managers, nursing care (including doctors), technical support in this era of reengineering process of French hospitals. It showed that we must protect the unique richness of our hospital, I mean our workers.