



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved October 2017

Health Care System Surge Capacity Recognition, Preparedness, and Response

Reaffirmed October 2017

Revised October 2011

Originally approved August
2004

The American College of Emergency Physicians (ACEP) believes that:

- Emergency departments, as principal portals of entry into crowded health care systems, are increasingly faced with the challenge of ensuring patients have access to care during periods when demand exceeds available resources. This challenge is magnified when mass casualty incidents or epidemics occur.
- Surge capacity is a measurable representation of ability to manage a sudden influx of patients. It is dependent on a well-functioning incident management system and the variables of space, supplies, staff and any special considerations (contaminated or contagious patients, for example).
- Health care systems must develop and maintain outpatient and inpatient surge capacity for the triage, treatment, and tracking of patients at the facility or in alternative sites of care or alternative hospitals during infectious disease outbreaks, hazardous materials exposures, and mass casualty incidents.
- Health care facility and system plans should maximize conventional capacity as well as plan for contingency capacity (adapting patient care spaces to provide functionally equivalent care) and crisis capacity (adapting the level of care provided to the resources available when usual care is impossible).
- Development of surge capacity requires augmenting existing capacity as well as creating capacity by limiting elective appointments and procedures and practicing "surge discharge" of patients that can be effectively managed in non-hospital environments.

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- Effective surge capacity planning integrates facility plans with a regional disaster response program involving other area health care institutions and considers hazard vulnerability assessments (HVAs) and historical natural disaster threats.
- Funding sources should be available for surge capacity planning, training, research, equipment, supplies, oversight, and process improvement at the local, state and federal levels.
- Legislation should be enacted where necessary to mitigate provider liability issues during crisis situations.