

Mass Casualty Incident Hospital Notification



GLENN ASAEDA, MD, FACEP, FAAEM, DABEMS
CHIEF MEDICAL DIRECTOR
FIRE DEPARTMENT NEW YORK CITY

New York City



- **CONSISTS OF 5 BOROUGHES – MANHATTAN, QUEENS, BROOKLYN, STATEN ISLAND, THE BRONX**
- **POPULATION OF 8.5 MILLION, SWELLS TO 13 MILLION DURING THE WORK DAY**
- **320 SQUARE MILES**

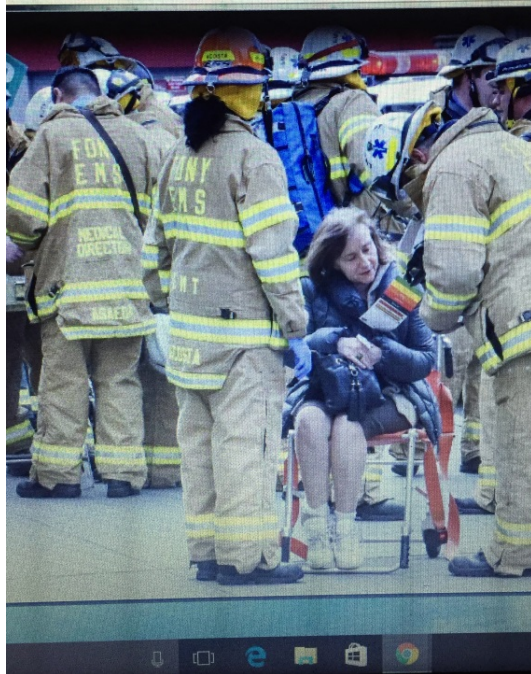
New York City 911 System



- **4,000+ REQUESTS FOR AN EMS RESPONSE PER DAY**
- **1,462,268 EMS RUNS 2017**
- **3 TIERED SYSTEM**
 - **11,000 FIREFIGHTERS (6,000 CFR)**
 - **202 ENGINE COMPANIES**
 - **2,800 EMTS**
 - **1,100 PARAMEDICS**
- **60, 911 RECEIVING EMERGENCY DEPARTMENTS**
- **17 TRAUMA CENTERS**
- **6 +1 PEDIATRIC TRAUMA CENTERS**



m/news/chaos-erupts-lirr-train-crashes-atlantic-terminal-brooklyn-gallery-



Previous Notification Scheme



- **AS PART OF ICS, MEDICAL BRANCH DIRECTOR WOULD HAVE THE TRANSPORTATION OFFICER VERIFY FROM LOCAL HOSPITALS, HOW MANY CRITICAL AND HOW MANY NON-CRITICAL PATIENTS COULD BE ACCEPTED**
- **SOMETIMES THE REPLY WAS “NO CRITICAL AND 2 NON-CRITICAL”**
- **WOULD THEN HAVE TO “ED SHOP”**
- **NOT ACCEPTABLE AT AN MCI EVENT**

New Mass Casualty Incident Plan



- **BASED UPON A SURVEY QUESTION POSED TO THE EAGLES GROUP, A NOTIFICATION SCHEME WAS DEVELOPED (HOUSTON, TX AND ALAMEDA COUNTY, CA MODEL)**
- **COLLABORATION BETWEEN STAKE HOLDERS – 1 YEAR OF MEETINGS**
- **PLAN TWEAKED AND RE-TWEAKED**
- **IMPLEMENTED ON AUGUST 1, 2016**

MCI Level A through D



- **INSTEAD OF ASKING HOW MANY PATIENTS AN EMERGENCY DEPARTMENT FACILITY COULD ACCEPT, WE WOULD BE ADVISING THEM HOW MANY PATIENTS TO EXPECT BY EMS RESOURCES**
- **LEVELS A THROUGH D**
- **NOW DEPENDING ON THE MCI LEVEL, HOSPITALS ARE EXPECTED TO RECEIVE A FIXED NUMBER OF PATIENTS BASED UPON THE MAGNITUDE OF THE INCIDENT**

MCI Level A



- **LEVEL A – MINIMAL TO MODERATE – RELATIVELY STATIC INCIDENT WITH POTENTIAL TO PRODUCE A SMALL NUMBER OF CRITICAL PATIENTS**
- **HOSPITAL NEAREST TO THE MCI CALLED BY EMERGENCY MEDICAL DISPATCH AND ADVISED TO PREPARE TO ACCEPT PATIENTS UP TO THE HOSPITAL'S LEVEL A FIXED ALLOTMENT**
- **EXAMPLES ARE AN MVA OR RESIDENTIAL FIRE WITH SMALL NUMBERS OF POTENTIAL PATIENTS**

MCI Level B



- **LEVEL B – SIGNIFICANT INCIDENT – RELATIVELY STATIC INCIDENT POTENTIALLY PRODUCING SIGNIFICANT NUMBERS OF CRITICAL PATIENTS**
- **HOSPITALS IN A BROADER VICINITY OF THE MCI ARE NOTIFIED – A MINIMUM OF 3 911-RECEIVING EMERGENCY DEPARTMENTS, OF WHICH ONE MUST BE A TRAUMA CENTER**
- **EXAMPLES ARE A BUS ACCIDENT, SMALL RESIDENTIAL BUILDING WITH COLLAPSE OR EXPLOSION**

MCI Level C



- **LEVEL C – MAJOR INCIDENT – DYNAMIC INCIDENT POTENTIALLY PRODUCING A SUBSTANTIAL NUMBER OF CRITICAL PATIENTS**
- **HOSPITALS IN A STILL BROADER VICINITY ARE NOTIFIED TO PREPARE TO ACCEPT PATIENTS**
- **A MINIMUM OF 5 911-RECEIVING EMERGENCY DEPARTMENTS ARE NOTIFIED – AT LEAST 2 MUST BE TRAUMA CENTERS**
- **EXAMPLES ARE A MASS SHOOTING OR LARGE BUILDING EXPLOSION OR COLLAPSE**

MCI Level D



- **LEVEL D – CATASTROPHIC – THIS IS A CATASTROPHIC EVENT THAT WILL LIKELY OVERWHELM THE HEALTH CARE SYSTEM**
- **HOSPITALS ARE EXPECTED TO REDIRECT ALL EFFORTS TO INCIDENT RESPONSE**
- **RATHER THAN A NOTIFICATION FROM EMD, HOSPITALS SHOULD RELY ON NOTIFICATION FROM OTHER SOURCES SUCH AS THE NYCEM**
- **ALL HOSPITALS SHOULD PREPARE TO RECEIVE PATIENTS ABOVE THEIR LEVEL C FIXED ALLOTMENT**
- **EXAMPLES OF LEVEL D MCIS ARE WTC, INTENTIONAL RELEASE OF A NERVE AGENT**

How Many Patients To Expect – What To Expect When You're Expecting



- **ALL EDS ARE NOT THE SAME**
- **PLAN BROKE DOWN THE HOSPITALS INTO CATEGORIES FOR THE PURPOSES OF HOW MANY PATIENTS EACH INDIVIDUAL FACILITY SHOULD BE READY TO ACCEPT**
- **NON TRAUMA EDS VS TRAUMA CENTERS**
- **AVERAGE DAILY VISIT OF ≤ 200 OR > 200**

Level A – Minimal to Moderate



- **NON-TRAUMA CENTERS WITH ≤ 200
AVERAGE DAILY ED VISITS – 1 CRITICAL
AND 20 NON-CRITICAL PATIENTS**
- **NON-TRAUMA CENTERS WITH > 200
AVERAGE DAILY ED VISITS – 2 CRITICAL
AND 30 NON-CRITICAL PATIENTS**
- **TRAUMA CENTERS (ALL HAVE > 200
AVERAGE DAILY ED VISITS)
- 3 CRITICAL AND 30 NON-CRITICAL
PATIENTS**

Level B - Significant



- **NON-TRAUMA CENTERS WITH ≤ 200 AVERAGE DAILY ED VISITS**
 - **2 CRITICAL AND 30 NON-CRITICAL PATIENTS**
- **NON-TRAUMA CENTERS WITH > 200 AVERAGE DAILY ED VISITS – 4 CRITICAL AND 50 NON-CRITICAL PATIENTS**
- **TRAUMA CENTERS (ALL HAVE > 200 AVERAGE DAILY ED VISITS)**
 - **6 CRITICAL AND 50 NON-CRITICAL PATIENTS**

Level C - Major



- **NON-TRAUMA CENTERS WITH ≤ 200 AVERAGE DAILY ED VISITS**
 - **4 CRITICAL AND 40 NON-CRITICAL PATIENTS**
- **NON-TRAUMA CENTERS WITH > 200 AVERAGE DAILY ED VISITS – 6 CRITICAL AND 70 NON-CRITICAL**
- **TRAUMA CENTERS (ALL HAVE > 200 AVERAGE DAILY ED VISITS)**
 - **9 CRITICAL AND 70 NON-CRITICAL PATIENTS**

Level D - Catastrophic



- **THIS EVENT WILL OVERWHELM THE HEALTHCARE SYSTEM**
- **HOSPITALS ARE EXPECTED TO REDIRECT ALL EFFORTS TO INCIDENT RESPONSE**
- **HOSPITALS CANNOT RELY ON A NOTIFICATION FROM EMD - SHOULD RELY ON NOTIFICATIONS FROM NYCEM**
- **ALL HOSPITALS IN THE 911 SYSTEM SHOULD BE PREPARED TO RECEIVE PATIENTS**

Quick Reference

Average Daily ED Visits	Critical Patients		Non-Critical Patients	
	Non-Trauma Hospital	Trauma Hospital (Level 1 or 2)	Non-Trauma Hospital	Trauma Hospital (Level 1 or 2)
LEVEL A (Moderate)				
≤200	1	NA	20	NA
>200	2	3	30	30
LEVEL B (Significant)				
≤200	2	NA	30	NA
>200	4	6	50	50
LEVEL C (Major)				
≤200	4	NA	40	NA
>200	6	9	70	70

Level D: Prepare for more than Level C numbers!

Plan Has Been Activated



- **SCHOOL BUS ACCIDENTS**
- **BUILDING COLLAPSES**
- **WESTSIDE HIGHWAY BICYCLE PATH
TRUCK TERRORIST ATTACK**
- **PORT AUTHORITY SUICIDE BOMBER VEST
DETONATION**
- **LARGE FIRES**
- **OVERALL, WORKED WELL – SOME TWEAKS
STILL BEING INCORPORATED**

Thank You



QUESTIONS?

WHEN THE EMS RESPONSE IS 00:00:00: HOW THE DYNAMICS CHANGE WHEN YOU ARE WITNESSING THE MCI

JEFFREY ELDER, MD FAAEM FACEP FAEMS
DIRECTOR | MEDICAL DIRECTOR
NEW ORLEANS EMS
CLINICAL ASSISTANT PROFESSOR,
LSU EMERGENCY MEDICINE

PARADES TODAY
La Place
New Orleans 11 a.m.
Uptown
Orleans 11 a.m., Mid-City
11:45 a.m. Thru Noon
Bacchus 5:15 p.m.
DES ALLEMANDS
Des Allemands 1 p.m.
METAIRIE
Napoleon 5 p.m.
Athens 5:30 p.m.
maps 28



STEPHEN HALES



ANNA HUGER

THE NEW ORLEANS ADVOCATE

SEVEN DAYS • HOME DELIVERED • LOUISIANA OWNED



CARNIVAL FORECAST
MORE ON 8B

TODAY
70 64

LUNDI GRAS
77 67

MARDI GRAS
81 67

SUNDAY

FEBRUARY 26, 2017

\$2.00

4th year, No. 198

THENEWORLEANSADVOCATE.COM

On to the next budget battle for lawmakers
Regular session begins in 6 weeks

BY TYLER BRIDGES
tbridges@theadvocate.com

Gov. John Bel Edwards and state legislators called the state-day special session Wednesday by settling on a plan that solved a multi-year budget deficit but left Friday's session still on hold.

No one had worked on the budget for months, but Edwards and lawmakers were preparing for the start of the regular session in six weeks, when they must craft next year's budget. Edwards said the session would be a compromise of conflicting and contradictory demands that could result in a great solution that could the state's chronic budget deficit.

After nearly a decade of cuts in spending on state government, professors are leaving Louisiana's colleges and public universities to take more

See BUDGET, page 10A

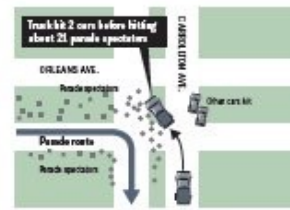
'HORRIFIC'

28 INJURED IN CRASH ON ENDYMION PARADE ROUTE



ADVOCATE PHOTO BY SCOTT HALL

Emergency personnel remove an injured man after a pickup slammed into the crowd at North Carrollton and Orleans avenues during the Endymion parade Saturday.



DRUNKEN DRIVER SUSPECTED OF PLOWING INTO CROWD

BY NATE SLEDGE
nsledge@theadvocate.com

A driver who appeared to be intoxicated plowed into a crowd of people watching the Endymion parade in Mid-City on Saturday night, injuring at least 28 people, including five who were taken to a trauma center in guarded condition, officials said.

Several people suffered neck and back injuries. The driver, who has not been identified, was taken to a hospital.

Carrollton Avenue toward Orleans Avenue about 6:45 p.m. Saturday before plowing into two children, then turning left into the crowd of people.

Several people were placed under a stretcher and taken to the hospital. Some of their injuries appeared to be life-threatening, according to Emergency Medical Services Director Jeffrey Elder.

The crash occurred at the corner where the parade route turns from Orleans onto Carrollton. The parade was halted briefly but resumed.

See PARADE, page 10A



It's Like King Cake & Mardi Gras

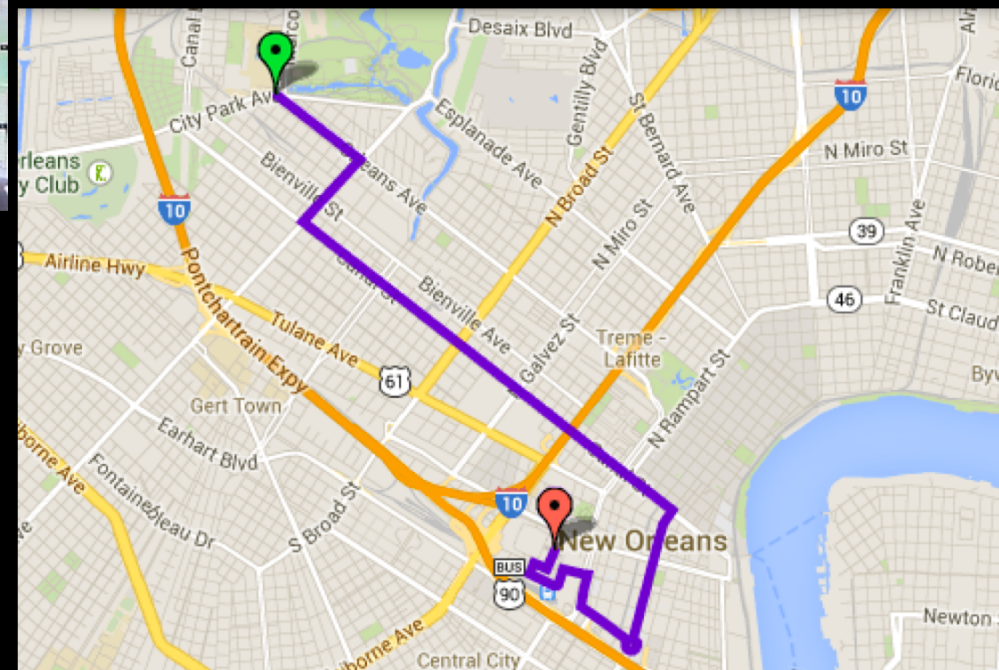
THEY JUST GO TOGETHER, AND THAT'S HOW WE FEEL ABOUT OUR REALTORS & FAMILY OF SERVICES – MORTGAGE, TITLE, INSURANCE & HOME WARRANTY.

Together they create a seamless real estate experience, so you can focus on the important things – like finding your next dream home!

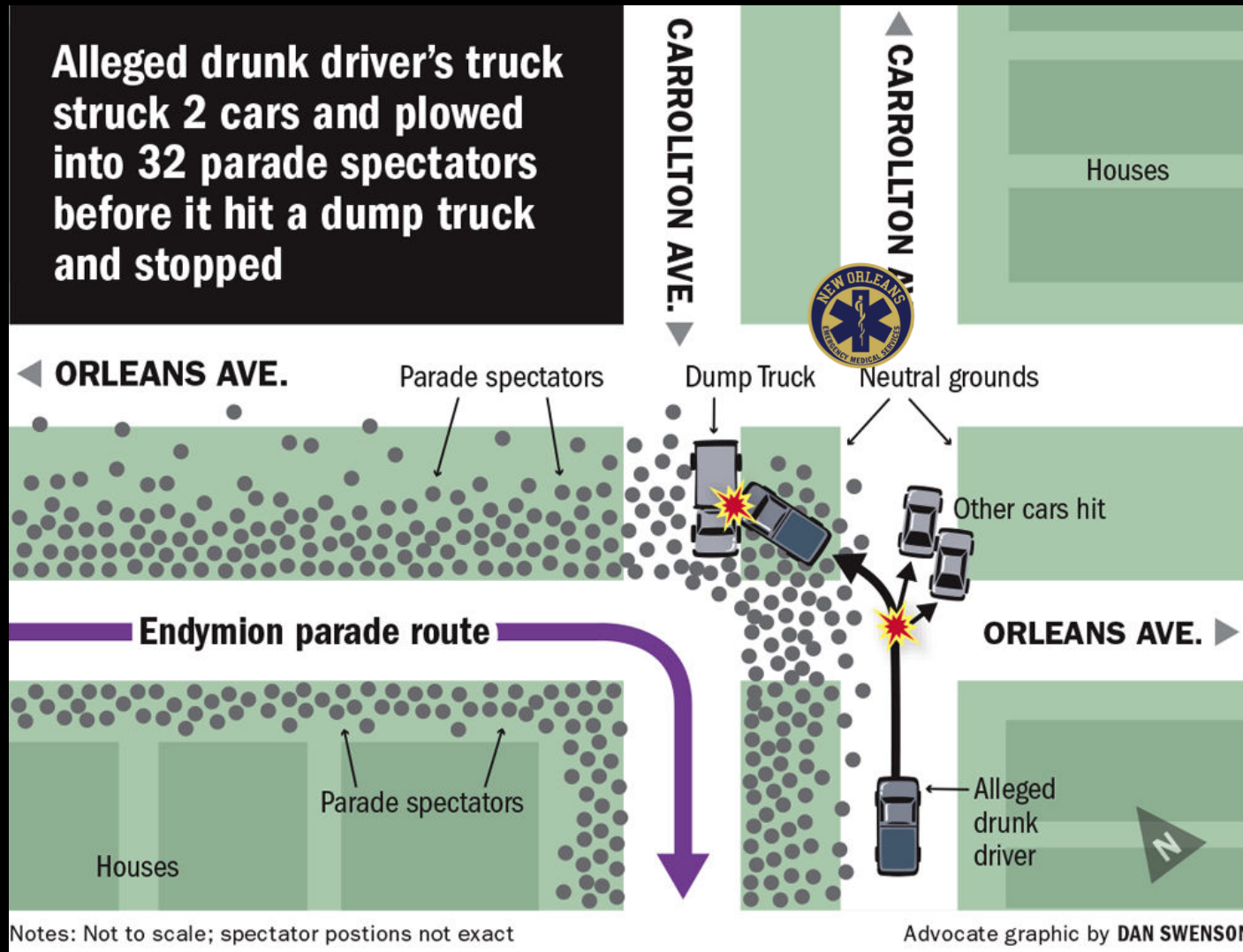




**Mardi Gras
2017**



Alleged drunk driver's truck struck 2 cars and plowed into 32 parade spectators before it hit a dump truck and stopped









New Orleans Advocate

MEDICAL DIRECTOR TAKEAWAYS

- Time to respond and mobilize is real
- Mental preparedness during response to the scene is important
- Don't get caught up in the mess | Extricate yourself
- Give bystanders a job to do
- Transportation / Triage as physician on scene
- Communications and Interoperability matter





Who Rides...the Magic Bus?

Mass Transport for MCIs



Clement Yeh MD

Medical Director
San Francisco Fire Department
San Francisco Department of Emergency Management
Associate Clinical Professor of Emergency Medicine
University of California, San Francisco





Mass Casualty Transport



- Ambulance Bus
- 15 beds + 10 seated
- 26 seated
- MCI/Evacuation
- Fireground rehab
- Mass gathering medical care

SFFD MCT-1 & MCT-2



MCI Transport Considerations



- Activation trigger
- Operator credentialing
- Time to deployment
- Staging