

15 'TIL 50 HOSPITAL MASS CASUALTY INCIDENT (MCI) RESPONSE STRATEGY



Miami-Dade Healthcare Symposium

April 11, 2024
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WELCOME & INTRODUCTION

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- Not a clinician but rather an Emergency Management specialist
- Concept conceived and developed in California by Chris Riccardi of Children's Hospital of Orange County, CA
- Contracted with Chris for webinars and now live exercises
- Today's program is an introduction to the 15 'til 50 (notification to ability to accept 50 patients with 15 minutes notice) Strategy

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DISASTER STUDIES APPLICATION

- Amtrak Train Derailment NE FL
- Nearest hospital was a small rural facility
- 146 patients
- Local hospital overwhelmed and eight counties responded with ambulances



A total of 146 emergency responders from 31 agencies took part in the response. Ambulances from eight Florida counties and six medical helicopter services responded to the accident and transported injured passengers to eight area hospitals. Before the passengers were transported, emergency responders performed on-scene triage. State and local law enforcement officers helped emergency responders with the passengers and provided security and traffic control at the accident scene until the derailed train was cleared from the track on April 23.

Amtrak Train Derailment - Crescent City, Florida

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DISASTER STUDIES APPLICATION

- Disaster studies: 80% of victims will self transport to the **CLOSEST** medical facility
- Of that 80% only 20% will be admitted
- 20% left at the scene will be transported by EMS
- Of that 20%, 80% will be admitted
- Trauma centers may be overwhelmed which means smaller hospitals may have to deal with major injury patients



Lesson from both incidents: Every sized facility needs to be ready for an MCI and care needs to be taken to not be overwhelmed by GREEN or MINOR category patients.

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SUPPLIES AND EQUIPMENT



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LAYOUT

- Need to pre-designate layout
- Key is to facilitate triage and flow of patients
- Layout maps should be created and stored with the supplies cache for quick reference
- Minor treatment area should be somewhat separated from immediate & delayed areas
- Cots are only needed for immediate & delayed areas – chairs can be used for the minor area
- Safety should be a primary goal in layout



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BACKGROUND

- Multiple past situations in Florida and across the nation resulted in MCIs
- With increasing Florida population comes an increasing potential for incidents
- Shortages of and turnover in staff necessitate revisiting MCI capabilities



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BACKGROUND

- MCIs not just limited to urban areas
- New approaches are needed
- COVID-19 provided hospitals in Florida with an opportunity to see how ready they are for an MCI
- While technology is helpful, Simple - Straightforward Solutions are needed, which leads us to the "15 'til 50" MCI Response Strategy



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STAFFING

- Like the Incident Command System (ICS), staffing is scalable
- Walking boss
- Training, assignments, and job action sheets
- As more staff arrive, additional assignments can be made

MCI Scenario	Support	Security	Operations	Logistics	Finance	Public Information	Medical Support	Transportation	Other
Chemical									
Biological									
Explosion	X	X	X	X	X	X	X	X	X
Fire	X	X	X	X	X	X	X	X	X
Gas	X	X	X	X	X	X	X	X	X
Mass Casualty	X	X	X	X	X	X	X	X	X
Shooting	X	X	X	X	X	X	X	X	X
Structural Collapse	X	X	X	X	X	X	X	X	X
Vehicle									
Weather									
Other									



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EMERGENCY DEPARTMENT

- Disaster Lead: (External) RN
- Charge: (Internal): RN
- Setup & DECON: Techs/CCTs
- Triage: RN
- Minor Treatment Area Team: 2 RNs + MD + Registrar + RT
- Immediate Treatment Area: 2 RNs + MD + Registrar + RT
- Delayed Treatment Area Team: 2 RNs + MD + Registrar + RT



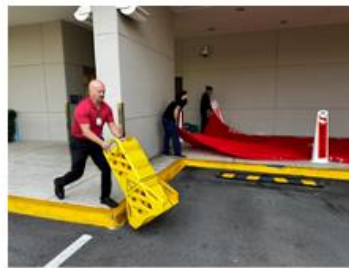
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SECURITY RESPONSIBILITIES

- Facility Lockdown
- Access Control using barricades, signs, personnel
- Traffic Control, especially near ED
- Crowd Control
- Patient Security
- Ongoing Assistance to Law Enforcement



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HICS IN A BOX

- Hospital Incident Command System (HICS) tools co-located with supplies
- HICS Vests in a Binder
- HICS Forms Filed and Easily Accessible
- Incident Response Guides
- HICS Job Action Sheets
- Organization allows for quick deployment



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INITIAL ACTIVITIES - SEQUENCE

- Notification of MCI and potential patient influx received
- Plan activated by nursing supervisor
- Code "Triage" is announced
- Staff callback if needed
- Activation of Hospital Command Center (HCC)
- Staff accesses 15 'til 50 Go Kits
- Resource system allocates supplies, cots, etc.
- Radios distributed
- Triage areas are established and set up
- Security uses barriers, cones, signage, etc.
- HCC begins operations and develops IAP
- Holding area for patients established
- Staff reports to pre-designated assignment positions
- Patient allocation to triage areas begins



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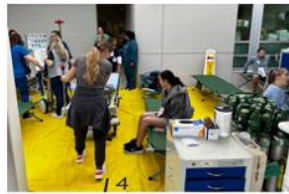
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KEYS TO SUCCESS

- **Keep it Simple!**
- Do everything possible to have as many steps, tasks, supplies, and procedures as possible **pre-organized and staged**
- Remember that the strategy is "**scalable**" and can be enhanced as more help arrives
- Keep supplies in **rotation sequence** so "in-date" items are always available
- Ensure that each shift has at least one "**take charge**" leader available to organize response



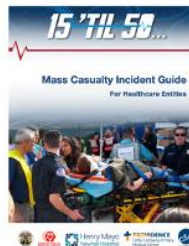
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RESOURCES – 15 'TIL 50 MCI GUIDE

- "Guide" provides great detail on the setup and operation
- Includes specific MCI emergencies **action sheets & supplies list**
- Contains guidance on how to get **support for the program** and how to implement the strategy
- Basically an **A to Z guide** to the program – non-proprietary



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CONTACT INFORMATION



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TRIAGE

- **START** triage is used by most agencies
- **Minimal - Delayed - Immediate - Expectant**
- Delayed and Immediate are usually collocated together with Minimal separated
- "Dual Wave Phenomenon" will probably be in effect - mostly green in the first 15-30 minutes followed by more serious within 1 hour
- MCI statistics show, typically, the following:
 - 20% RED
 - 30% YELLOW
 - 50% GREEN

Color	Acuity	Need for Treatment	Level of Care of Triage Area
Red	Emergency - Threat to life, limb or eye	Immediate	Critical Care, Advanced Life Support, ICU, ED, OR, ICU, Basic Life Support, BLS
Yellow	Urgent - Significant injury or illness that can be treated in a delay in care	Delayed	ACLS if necessary, BLS, specialty resources if needed
Green	Non-Urgent - Can safely wait for treatment	Minor/Non-Urgent	BLS, specialty care if needed
Black	Patients or expected to require palliative care	Care and Comfort	Palliative/comfort care, Pain management, hydration, psychological support, care of deceased



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JACKSONVILLE EXERCISE OCTOBER 2023



WITH ONE PAVILION/LOCATION DESIGN – EXERCISE YIELDED "READY TO RECEIVE 50 PATIENTS" IN
13 MINUTES : 45 SECONDS

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FUTURE OF 15 'TIL 50

- In use now in **multiple hospitals** in U.S. with more adopting the strategy
- **Pediatric focus**
- **FDOH / Healthcare Coalitions 15 'til 50 exercises and training:**
 Tampa – April 22-24, 2024
 Miami – June 3-5, 2024
- **Southern Regional Disaster Response System potential use**



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LESSONS LEARNED FROM 1ST EXERCISE

- Training needed in addition to "Just in Time"
- Green area needs separated from others
- Foldable cot storage
- Tarps were a trip hazard
- Phone tree algorithm
- Resources need to be located close
- Rolling supply carts
- Role identification, training, and exercising
- Clear communications between HCC and Triage Lead, along with an aide



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RESOURCES – 15 'TIL 50 MCI TEMPLATE

- "Template" provides a "plug and play" for strategy application
- Includes Job aid sheets,
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15 'til 50 Mass Casualty Incident Plan Template

Introduction

15 'til 50



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PEDIATRIC

- Pediatric patient considerations in MCI
- Should include decon procedures as these will differ from adults – Process checklist
- Note basket use to hold and carry pediatric patients
- Other special procedures



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RESOURCES



WebLink to above resources and more:

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QUESTIONS?



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