


**HEALTHCARE LEADERSHIP FOR MASS CASUALTY INCIDENTS:  
A SUMMARY PRESENTATION**

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**OBJECTIVES**

- Describe types of disasters
- Describe the four phases of Comprehensive Emergency Management (CEM) applicable to healthcare institutions.
- Describe Homeland Security Presidential Directive #8.
- Describe the Center for Domestic Preparedness course for Healthcare Leaders.



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**EMERGENCY, DISASTER OR CATASTROPHE**

- Emergency
  - Routine
  - Small in scale common event
  - No community wide impact
  - Easily managed
- Disaster
  - Non-routine
  - Larger magnitude and severity
  - Greater community/state impact
  - Exhaust community resources
- Catastrophe
  - Rare
  - Impact the entire country; possibly the world
  - Requires global resources



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### TYPES OF DISASTERS

- Natural: tornado, earthquake, hurricane, heat, landslide, flooding...etc
- Technological: dam failure, nuclear power plant emergency, HAZMAT spills... etc
- Civil/Political: civil war, unrest, terrorism
- Complex Disaster: disaster where natural events meet technological (tornado hits train resulting in HAZMAT spill)
- Humanitarian/Complex: war, famine, refugee camps
- Emerging threats: Disease (pandemic) and biological terrorism.

[www.fema.gov/hazard/types.shtm](http://www.fema.gov/hazard/types.shtm)



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### TERRORISM

An terrorist act is...

- Dangerous human life
- Destructive to infrastructure and key resources
- Violates the law
- Intended to intimidate or coerce the public
- Influence political government policy

Not new!



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### MANUAL OF AFGHAN JIHAD

“In every country, we should hit their organizations, institutions, clubs and **hospitals**. The targets must be identified, carefully chosen, and include their largest gatherings so that any strike should cause thousands of deaths.”

(Hensawi, 2002)



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INFRASTRUCTURE TARGETS

- Agriculture
- Water (fresh supply and wastewater collection)
- Defense Industrial Base
- Telecommunications
- Energy
- Banking and Finance
- Chemical and Hazardous Materials
- Postal and Shipping
- Public Health
- Emergency Services
- Information Technology



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KEY ASSETS

- National Monuments and Icons
- Nuclear Power Plants
- Dams
- Government Facilities
- Commercial Assets
  - Theme Parks
  - Stadiums
- National Events
  - NYC Parade
  - Mardi Gras



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WEAPONS OF MASS DESTRUCTION

- Chemical Hazards
  - Chemical Warfare Chemicals
  - Toxic Industrial Chemicals
- Biological Agents
  - Bacteria (anthrax, plague)
  - Viral (small pox, Hemorrhagic Fever)
  - Toxins (botulinum)
- Radiological Materials
  - Dirty bomb
- Explosive Devices



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HEALTHCARE ENVIRONMENT

- Pre-Hospital
  - EMT, Paramedic, Fire/Rescue
- Hospital
- Out-of-Hospital
  - Clinics
  - Nursing Facilities
  - Day Surgery
  - Rehab Facilities
- Support Services (lab, radiology, local pharmacy, fatality management, epidemiology)
- Public Health



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HOSPITAL CRITICAL INFRASTRUCTURE

- Power
- Water
- Sewer
- Environmental
- Laundry
- Information management
- Food
- Transportation



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*NATIONAL RESPONSE FRAMEWORK (NRF), EMERGENCY SUPPORT FUNCTION (ESF) #8: PUBLIC HEALTH AND MEDICAL SERVICES*

This is the response Bible!!

The NRF outlines care in the event of a nationally declared disaster. Most state, counties and large metropolitan cities use NRF in disaster planning.

You should, too.



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LOCAL RESPONSE SERVICES

Primary Response Agencies

- Hospitals
- Public Health
- Fire/HAZMAT
- EMS
- Red Cross

Other Support

- Faith-Based Services
- Funeral Homes
- Medical Transport (private)
- Local and National Volunteer Services
- Medical Equipment and Supply Providers




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MUTUAL AID AGREEMENTS (MAA)

A disaster is no place to exchange business cards.

As competitive as the healthcare market is, there must be an agreement between area hospitals. Your emergency preparedness plan should be written with this in mind.




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COMPREHENSIVE EMERGENCY MANAGEMENT

- Mitigation
- Preparedness
- Response
- Recovery




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MITIGATION

Preventing disasters through reducing vulnerabilities in an area. Includes both structural and nonstructural measures to allow an area to remain operational should a disaster strike.

Structural mitigative measures include building hardening (e.g., truck barriers and traffic deterrents); nonstructural mitigation includes laws, guidelines, standards, and surveillance measures.



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PREPAREDNESS

Building capability to manage a disaster.

Drills, training, education, exercises, stockpiling and planning.

The meat and potato of your Comprehensive Emergency Management Plan.



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HVA HAZARD VULNERABILITY ANALYSIS

“the HVA identifies potential emergencies that could affect demand for the organization’s services or its ability to provide those services...”

(The Joint Commission (TJC) Emergency Management (EM) Standard 01.01.01 EP 3)



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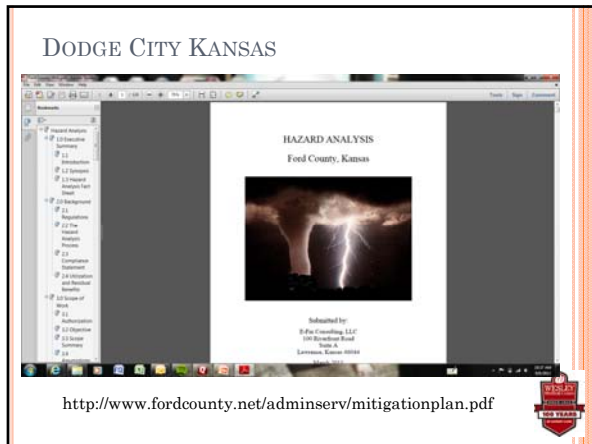
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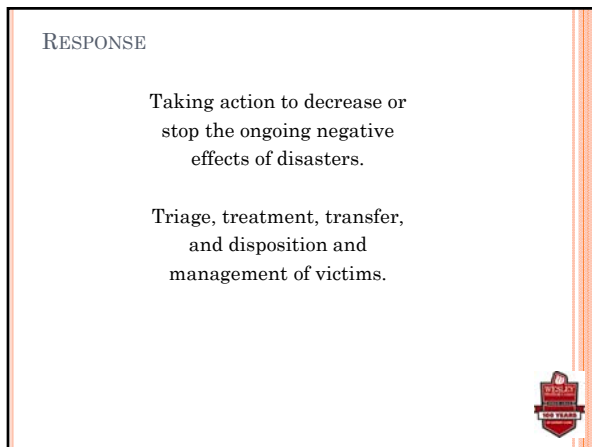
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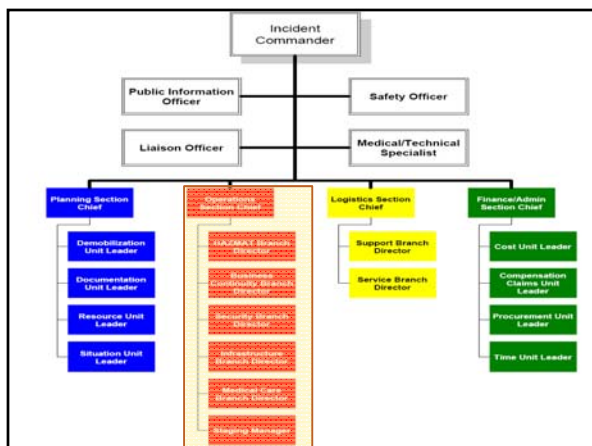
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HOMELAND SECURITY PRESIDENTIAL DIRECTIVE #5

Issued by the POTUS George W. Bush on February 28, 2003 HSPD #5 directed the Secretary of the Department of Homeland Security (DHS) to develop and administer a National Incident Management System and National Response Framework to deal with domestic incidents.



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HOMELAND SECURITY PRESIDENTIAL DIRECTIVE #8

Issued on December 17, 2003 to strengthen the preparedness of the United States by requiring an all-hazards preparedness goal. It also established improved methods of delivering assistance to state and local governments in their quest to better prepare for disaster response and recovery.



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RECOVERY

Actions, both short- and long-term, to restore an area that has been damaged by disaster.

For a hospital this means getting back to the business as usual. (surgery schedule, billing)



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TOPICS OF INTEREST

- Palliative Care and Mass Casualty
- Public Relations and Communication
- Personal Protection Equipment and Decontamination



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TOPIC OF INTEREST

- Medical Supplies Management
- Emergency Exercises
- Disposition of Human Remains
- Critical Incident Stress Management



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DAY ONE/TWO- DEATH BY POWER POINT

- Overview of HCL and Disasters
- Understanding the Government's Role in Disasters
- Application of ICS
- Medical Supplies Management and Distribution
- Palliative Care and Mass Fatality Management
- Public Information and Communication

Day Two

- PPE and Decontamination Decisions
- Introduction to Disaster Planning
- Overview of Noble



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### CITY OF NOBLE

- It is a fictional city
- Population 30,000, but surges to 41,000 when local college in session.
- 100 bed tertiary hospital with ED/Trauma bay, Med/Surg, SICU, MICU, OB, Peds/PICU and OR.
- Retirement community with 14 nursing/ALC.
- Primary industry is Chemical distribution, Jeans Factory, Battery Manufacturer.
- Home of current VP Smith who is a staunch anti-terrorism supporter.
- Closes Level 1 trauma center is Capital City 42 miles away.



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### DAY 2- EXERCISE 1

- Table Top
  - Combination of hazardous material and trauma.
  - Simultaneous hazardous event in Capital City.
  - Primary focus was to determine objectives and priorities.
- Tour of Noble Hospital



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### DAY THREE

- Post Test- 100% passed
- Continuation of Table Top Exercise 1
  - Planning
  - Contingency
  - Palliative Care
  - Communication
  - Vendor Support
- Exercise 2: Live Continuation of Exercise 1
  - Next day
  - More hazardous material and trauma
  - Objective was to set-up ICS
  - Manage traumas
  - Deal with the unknown.
  - After Action Report.



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DAY 4

PAO briefing via closed circuit television

Exercise 3 (one week later)

Disaster Strikes  
Expect 40-60 injured



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HOW MUCH MORE CAN YOU HANDLE?

- Dissemination of biological agent
- Hospital census is 98%
- Hospital quarantined
- Hospital declared containment facility by feds
- Loss of electricity
- Loss of water
- Bomb threats
- Surge of well walkers
- Jilted lovers



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AFTER ACTION REPORT (AAR)

A retrospective analysis of a given sequence of goal oriented actions. Basically, what went right and what went wrong and can we fix it.

Objectives

- Identifying problematic issues are areas of improvement
- Proposing measures to counteract problematic elements
- Obtaining "lessons learned"



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<https://cdp.dhs.gov/>



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