15 Minutes `til 50 Patients

Mass Casualty Incident Response
For Clinics and Small Hospitals

Christopher Riccardi, CHSP, CHEP
Healthcare Emergency Preparedness Specialist
C. Riccardi Consulting & Training
Torrance, CA
Welcome

Introductions
Objectives

• Describe the “15 `til 50” MCI Response methodology
• Demonstrate how to implement “15 `til 50” in any facility
• Demonstrate the use of “15 `til 50” in the Clinic setting
• Identify “15 `til 50” Toolkit resources
Agenda

- Overview
- Initiation Activities
- Set-up Procedures
- Roles and Responsibilities
- Hospital vs Clinics
- Supplemental Guidance
- 15 ‘til 50 Toolkit
- Questions
Overview

What is 15 ‘til 50?

• Program designed to enable hospital staff to receive a surge of 50 or more patients within 15 minutes of notification of a mass casualty incident (MCI)
• Rapid deployment of staff, supplies, and equipment
• Process initiated using existing supplies and equipment
• The 15 ‘til 50 model has been developed, tested, and modified over the past 10 years
15 Minutes in 28 Seconds
Los Angeles LGBT Center
Overview

Disaster response failures

• Disaster Plan?
• Unknown roles & tasks
• Poor communications
• Unclear patient pathways
• Lack of relevant supplies
• “That’s what it says, but that’s not what we do.”
Overview

Disaster Response Solution “15 ‘til 50 …”

• Rapid deployment
• Designated response
• Vetted through over 30 exercises and actual events
• Plug and play model
• Implemented in over 20 Southern California hospitals and clinics
Why use 15 til 50?

- FEMA/CMS requires FQHCs to be part of a community based response.
- That means all healthcare facilities must work together and do their part to serve the WHOLE community.
- This includes FQHCs to do their part to help evaluate and treat victims to the best of their ability until they can get to a higher level of care.
- The FQHC/Clinic role is a critical part of the community response.
Initiation Activities
Incident Occurs
Initiation

Emergency Department Code TRIAGE Response
Job Action Sheet/Checklist

Role: ED Charge Nurse

- ED Notified via MAC/ReddiNet
- Notify House Supervisor
- House Supervisor will Initiate Code TRIAGE with PBX
- ED Charge Nurse/Nurse Manager to assign staff for response
- Distribute Treatment Area assignment tool boxes
- ED staff to establish External Treatment Area
- ED staff to establish Minor Treatment Area

(Continued on next slide)
Initiation (cont.)

Job Action Sheet/Checklist continued from previous slide

- Don Personal Protective Equipment
- Internal ED charge nurse to clear out existing patients to receive “NEW” victims
  - Establish “Mini Inpatient Units” in department
  - Assign responding inpatient RNs to staff mini units
- Turn on hand held radio and conduct radio check(s)
- Update MAC and incident command as new info is received
Initiation-Clinics

• The facility receives notification that there has been an MCI, or worse, people begin showing up without any warning.
• Activation of (EOP) ICS and 15-50 protocol.
• Establish a triage area to handle the sudden surge in patients (20%-50% increase in patient volume).
• These protocols are a way of keeping control of the situation and allocating resources.
• Switch from “PATIENT BASED CARE” to “POPULATION BASED CARE”
• “Do the most good with what you have available”
Initial Activities

- Roles assigned
- Triage (Internal) closed
- FT emptied into waiting room
- Patients processed for discharge or admit
- Floor RNs/CNAs come for immediate admissions
- Consolidate remaining patients
- Count of available beds to disaster lead
- Emergency department doors secured
Set Up
Set-Up Begins

Go Boxes

Storage Shed

Providence Little Company of Mary Medical Center Torrance
Set-Up Begins (cont.)

Los Angeles LGBT Center
Set-Up In Progress

Long Beach Memorial Medical Center
Set-Up Continues

Ambulance Drop-Off

Traffic Control
Set-Up Complete

Delayed Treatment

Immediate Treatment

Providence LCMMC Torrance
Set-Up Complete (cont.)

Henry Mayo Newhall Hospital
Set-Up Complete (cont.)

- 10-20 gurneys in place
- 10-20 wheelchairs in place
- Set up cots
- Set up canopies
- Signs posted
- Supply carts out
- 20 IV lines ready
- 20 oxygen tanks ready
- PPE donned
- Treatment area teams ready
- Radio checks
Layout Maps

Los Angeles LGBT Center

Providence LCMMC Torrance
Roles Hospital Command Center

- Hospital Command Center activated and coordinates
  - Equipment
  - Personnel and labor pool
  - Ancillary support services
  - Patient flow into hospital departments
  - Communicates with Disaster Lead and all Departments

Simultaneous to set-up, within the first 15 minutes
Roles Treatment Areas

- Emergency Department
  - Disaster lead (external) – RN
  - Charge (internal) – RN
  - Set up & decon – techs/CCTs
  - Triage – RN
  - Minor treatment area team
    - 2 RNs + MD + registrar + RT
  - Immediate treatment area team
    - 2 RNs + MD + reg + RT
  - Delayed treatment area team
    - 2 RNs + MD + reg + RT
Roles - Clinic Setting

• Facilities and clinic staff work together to get the triage area and equipment set up- this includes tents, cots, generators, etc.
• Once the area is functional the facilities team steps back and clinic staff take the lead, with facilities to continue in a supporting role as needed.
• Know who is in charge on the clinic side, where does direction come from?
• Know where emergency medical supplies are located and how to access them!
• Follow direction as given.
Roles Inpatient Units

• ICU/Tele/Med-Surge
  • Safe patient hand-off
  • Two RN’s from each unit report to emergency department lead
  • Facilitate patient flow
  • Set-up
Roles Pharmacy & Radiology

- Pharmacy
  - Pre Stocked Med Carts
  - Deploy to
    - Immediate/Delayed Treatment Area
    - Minor Treatment Area
  - Pharmacy Tech to ED

- Radiology
  - Deploy to treatment areas
  - C-Arm
  - Portable X-Ray
  - PACS carts
Roles Case Managers

- Increase bed surge capacity to accommodate an influx of patients resulting from MCI
- Coordinate discharge of patients
- Establish a patient discharge area
- Coordinate activities to expedite discharge including transportation
- Assist the family information center provide PsySTART assessments
Roles Public Safety

- Facility lockdown
- Access control
- Traffic control
- Crowd control
- Ongoing/PD assist
Roles Facilities/Plant Operations

- Immediate facilities structure evaluation
- Immediate systems check (True assessment = 1.5-2 hours)
- Check structural integrity
- Report findings to HCC
- Deputize on-site construction personnel to assist

- Assist with decontamination
- Assist with infection control
- Assist with patient transport
- Assist as runners
- Ensure utilities are viable
Roles Supply Chain

- Resource management
  - Tracking supplies and usage
  - Warehouse maintains additional disaster supplies (two pallets of ED supplies)
- Supply cache
  - Identical supply carts kept at warehouse
- Logistics
  - Warehouse is 200 yards from main hospital
- Identified gaps/limitations
  - Organization uses a lowest unit of measure system (LUMS)
Patient Care

Triage and treat patients as they arrive
“15 `til 50 …” Toolkit
15 ‘til 50 MCI Toolkit

- Comprehensive suite of resources to implement 15 ‘til 50
  - Guide
  - Plan template
  - Videos
  - And more
- Use existing supplies so cost is minimal
Toolkit Resources

- MCI guide and template
- Multimedia library
- Toolkit library
  - Creating buy in
- Sample exercise materials
- Training material
- Sample maps & forms
- Much more
Plan Template

MCI Plan Template

The Plan Template provides an easy-to-populate document that can be used to create a MCI Plan for your facility.
MCI Guide

Provides a comprehensive explanation of the 15 ‘til 50 model. It offers a step-by-step walkthrough for developing a 15 ‘til 50 Program.
## Appendix H: How Is Each Department Involved in 15 ‘til 50?

The 15 ‘til 50 model emphasizes the strong role that ancillary and support departments play in a mass casualty incident. The table below lists various departments within hospitals, their role during a 15 ‘til 50 MOI, staff, supplies, and role within HICS.

<table>
<thead>
<tr>
<th>Department</th>
<th>Role</th>
<th>Staff</th>
<th>Supplies</th>
<th>HICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>Provide ResSTART services in the Triage and Treatment areas</td>
<td>Any available staff, social services, chaplains</td>
<td>ResSTART triage forms</td>
<td>Behavioral Health Unit Leader and/or Social Services Appointee</td>
</tr>
<tr>
<td>Blood Bank</td>
<td>Fill supply orders as requested</td>
<td>Blood Bank Tech on duty or designated</td>
<td>Blood Products</td>
<td>N/A</td>
</tr>
<tr>
<td>Case Management</td>
<td>Increase bed surge capacity from a low of 10% of the current bed inventory to a high of 36% of the current bed inventory to accommodate an influx of patients resulting from a mass casualty incident.</td>
<td>Case managers on duty</td>
<td>Phones, Laptops, Additional supplies for the PIC</td>
<td>Director may be assigned to the role of Medical Care Branch Director or Inpatient Care Unit Leader</td>
</tr>
<tr>
<td>Central Supply/Supply Chain</td>
<td>Restock supplies as requested</td>
<td>Staff on duty or as requested</td>
<td>Per requests</td>
<td>Logistics and/or Planning Section</td>
</tr>
<tr>
<td>Chaplain</td>
<td>Provide mental health and spiritual care services, Support Family Information Center activities and Expectant or Perinatal Care services</td>
<td>Staff on duty or on call</td>
<td>N/A</td>
<td>Patients and/or Family Assistance</td>
</tr>
</tbody>
</table>
Multimedia

MCI Multimedia connects the user to all media files (photos, video and audio) relating to 15 ‘til 50 MCI planning.
Toolkit Library

Supplemental materials to aid with the design and implementation of the 15 ‘til 50 program. Including:

• Train the trainer program,
• Healthcare responder training program,
• Presentation material,
• Patient care forms,
• Job action sheets,
• Sample plans,
• Executive briefing materials,
• Maps
Putting it all Together
This project was sponsored by the Los Angeles County Emergency Medical Services Agency and funded in part by the Hospital Preparedness Program, U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR) grant funding. This award has been assigned the federal award identification number (FAIN) U90TP000516.
Thank You!

Chris Riccardi

Healthcare Emergency Preparedness

C. Riccardi Consulting & Training
chris.Riccardi@criccardicat.com