Preparing Medically for Mall Madness

- Having an Inaugural Ball in the District
- Inauguration & Related Events January, 2009
  - Lawrence Schultz, AFC Operations
  - Rafael Sa’adah, Acting AFC EMS
  - Henry Lyles, BC Special Events
- Jim Augustine, MD Medical Director
The Most Important Lessons

- Security Issues overwhelm
- Regional Planning for Life Safety
- Cell phone strategies needed
- Control Mission-Critical Services
- Build and Exercise Contingency Plans
Security Issues

• Drive crowd movement, behavior, and timing

• Affect Life Safety force movement around the grounds

• Security checks, badging and credentialing personnel, and placarding vehicles

• Logistics difficulty is exponential
Cell phones

- Dramatically increase call intake
- Locating emergencies more difficult (person doesn’t know where they are calling from)
- Role in locating FEMS providers, and serves as a backup communication system
Control Mission-Critical Functions

• Getting units in place way before the crowd is vital to operation
• Are other agencies able to manage logistics?
• GPS mapping of grounds, responders and vehicles is a solution
Mission Critical EMS

- Dispatching “off the ramp” using members of the Department, should be institutionalized for major incidents, particularly unplanned.
- One page orientation sheet for incoming units. Keep a version “in stock” and prepared for an unplanned mass casualty incident, to hand out in staging.
Contingency Planning

• Create and Exercise Contingency Plans
• Our radio system relies on immediate response to radio communications
• Pace may overwhelm ability to track the incidents
Planning Framework

- NCR National Capital Region
- HECC (Health Emergency Coord Center) oversees strategies and hospital capacities
- Community activity (higher level across NCR)
- A variety of “on-site” health care, but no field hospitals
- Some new “urgent care” facilities
## Patient Planning Volumes By Day

*Long Term Planning Formula = 1 Transport per 10K*

<table>
<thead>
<tr>
<th>Jan 18</th>
<th>Jan 19</th>
<th>Jan 20</th>
<th>Jan 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening ceremony</td>
<td>• Martin Luther King Day Celebrations</td>
<td>• Inauguration</td>
<td>• Right to life march</td>
</tr>
<tr>
<td>Crowd = 800,000</td>
<td>crowd = 1 million</td>
<td>crowd = 2 million</td>
<td>crowd = 500,000</td>
</tr>
<tr>
<td>Casualty incidence = 80</td>
<td>Casualty incidence = 100</td>
<td>Casualty incidence = 200</td>
<td>Casualty incidence = 50</td>
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</tbody>
</table>

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♦ The District’s First Response All Hazards Agency ♦
System Planning

- Thank you: Dan Hanfling, Rick Alcorta, Bob Bass
- Weeklong Planning
- Transport Accidents in Traffic Zones
- Hospital/EMS Staffing plans
- Public Messaging
- Ombudsman/311 at DOH for “Family Reunification”
Patient Transport Zones: Patient Transport out of DC

Transport Corridors

Zone 1
- Suburban
- Washington Adventist

Zone 2
- Doctors Community

Zone 3
- Prince Georges
- United Medical Center
- Southern Maryland

Zone 4
- Inova Fairfax
- Inova Alexandria

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System/Hospital Prep

- The 7 day Stress Test
- Diurese inpatients the week before
- Feed and house staff
- Review mgt of WMD and IED care
- Consider big viral load
- Backup with DMAT-Staffed Facilities
Ongoing Concerns

Inclement weather

- Cold weather illnesses
- Traffic accidents impact on healthcare system
- Traffic congestion limitation on patient transfer ability
- Limited access to specialty medical services:
  - Methadone clinics
  - Dialysis clinics
  - Mental Health, Hospice
- Power outage, CO

Medical Surge Capacity

- Small incident (non-WMD) will create large impact on the healthcare system
- WMD incident will overwhelm the healthcare system
- Hysteria will increase casualties even from a potential incident
- Federal hospital assets (FMS) in stand-by mode in MD and VA

- Prep on food poisoning, WMD, and IED patients
- Influenza impact on hospitals predictable week before
- ED usage reduction possible with use of Federal treatment assets (DMAT)
- Stafford Act declaration, can modify impact EMTALA and HIPAA
The EMS Liaison Officer (ELO)

- The Traffic Manager
- Support Field Units on Transportation
- Manage Closures and Diversions
- "Code Red" procedures
ELOs on Game Day

- Maryland and Northern Virginia “ELOs” sitting together
- Managed enormous transport volumes
- Separate Incident from Routine Ops
Communication Modeling

• Expansion of Everyday System Utilization

<table>
<thead>
<tr>
<th>ELO 2 TAC 14</th>
<th>ELO 1 TAC 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW TAC 12</td>
<td>NE TAC 11</td>
</tr>
<tr>
<td>SW TAC 12</td>
<td>SE TAC 11</td>
</tr>
</tbody>
</table>

Special Event Event Channels

Northern Virginia Operations Channels

Maryland Operations Channels
Coordination/Documentation

- Medical Branch
- Extension of Day to Day Operation