

Lessons Learned from Baltimore County Public Safety Mass Casualty Table Top Exercise

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Background

On Friday, February 24, 2006, two AID-N team members observed a table top exercise (TTX) conducted by the Baltimore County Department of Homeland Security at 700 East Joppa Road, Towson, Maryland. This memo summarizes the timeline of the Mass Casualty Incident (MCI) that was simulated in the TTX. We end with a discussion of the opportunities for new technological solutions that could address the problems in the MCI.

This TTX is the first in a series of two TTX's, in preparations for the June 4th, 2006 full scale WMD mass casualty exercise simulating a terrorist release of a "Nerve Agent".

Attendees included hospital representatives from Dispatch, EMRC (emergency operations center), Baltimore County universities, Baltimore County Fire & EMS, FRED, and RACES.

Timeline of Events:

The following timed sequence of events show how the dispatch, hospitals and EMRC interact with each other in the event of a MCI in Baltimore county

8:00 light rail accident in Baltimore county. Dispatch calls for 1 engine, 1 medic, and 1 police car

8:05 medics pull up to the accident: there appears to be a nerve agent on the scene; call for mass casualty incident → OEP is notified

8:10 EMS 7 arrived: get on EMRC radio, declare MCI with 100 patients and potential nerve agent → need bed count from hospitals

EMRC send notice to FRED

8:15 Hospitals are notified by EMRC

8:20 EMRC gets beds counts (how many they can handle) of the following categories

- ED beds: Pri I (Critical); Pri III (walking wounded)
- In patient beds: peds, med surge, critical care, burns
- ICU beds

ED logs into FRED: and need to fill in the above information

8:35 MEMA notified

MTA notified

8:37 event is on television

8:40 patients enroute to hospitals (by law, patients must be decontaminated before transport: basic DECON is performed in mass by hosing them off with water)

Transport officer tells each of the hospitals:

"I'll give you 3 R, 2Y, and a bus load of 10 greens"

"I'll give you 4 R, 6 Y, and 20 greens on a bus" → to GMMC

- each hospital can take overflow patients by putting them in hallways, cafeterias, receiving areas
- hospitals still don't know that the hazmat is. They just know it's a liquid exposure that's been hosed off and vaporized.

... at some point later in time, the hospitals surged and patients are sent to the ad-hoc care centers stationed inside of universities

Major take-aways:

- Draft MOU and plan to utilize Baltimore County universities for 'auxiliary care centers' as surge capacity resources.
- Initial supplies have been delivered to university staff

- Hospital staff will manage care at ACC's / Hospital volunteer staff will be re-called to provide bulk of staffing.
- ACC's to be used only in the event of a catastrophic event, after hospitals has reached surge capacity.
- Each hospital is responsible for planning, staffing and oversight. University only provide facilities, and security with possible back up for B. County Law enforcement
- MOU has not been signed/ Plan has not been exercised (hope to exercise plan during June exercise.
- Concerns exist with sufficient volunteer staffing, patient registration and tracking.
- Color coded wrist bands will be placed on "casualties" to indicate decon and treatment with atropine and 2 Pam Chloride for the nerve agent.

Discussion

Our AID-N VitalMotes could replace the wrist bands. This would be implemented on the VitalMote by adding a DECON light and a LCD display to show the number of medications that has been administered the patient.

Furthermore, AID-N PDA could be used for patient registration ACC's and outside of hospital E.R.'s. The AID-N VitalMotes could provide automated patient tracking as the patients embark on the multi-segmented transportation progress of going from the disaster to the hospital ED and then, in the event of a surge, going from the ED to the ACC. This could be implemented by installing and configuring VitalMote base stations at the Hospital and the ACC.