# 15 Minutes til 50 Patients

Mass Casualty Incident Response

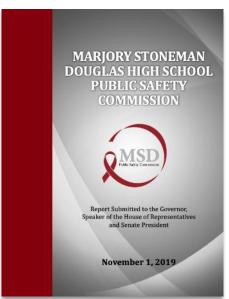
San Joaquin County September 6, 2023

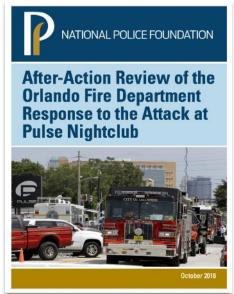


## 15 'til 50 Hospital MCI Response Strategy

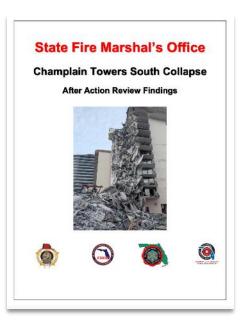
#### **BACKGROUND**

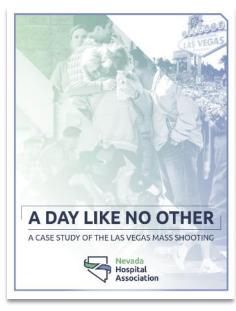
- Multiple Past Situations Across the Nation Resulted in MCIs
- Shortages of and Turnover in Staff Necessitate Revisiting MCI Response Capabilities











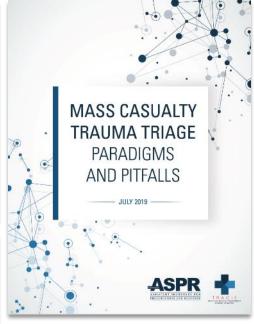
## 15 'til 50 Hospital MCI Response Strategy

#### **BACKGROUND**

- MCIs Not Just Limited to Urban Areas
- New Approaches Needed
- COVID-19 Provided Hospitals in California with an Opportunity to See How Ready They Are for a MCI
- While Technology is Helpful,
   Simple Straightforward Solutions
  are Needed, Which Leads Us To the
  "15 'till 50" MCI Response Strategy









### Objectives

- Describe the "15 `til 50" MCI Response methodology
- Demonstrate how to implement "15 'til 50" in any facility
- Demonstrate the incorporation of pediatrics into the "15 `til 50" response plan
- Identify special considerations for pediatrics
- Identify "15 `til 50" Toolkit resources







#### Modules

- Overview
- Initiation Activities
- Staging & Set-up Procedures
- Roles and Responsibilities
- Hospital vs Clinics
- Pediatric Considerations
- 15 'til 50 Toolkit



#### 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
- Staff training based on roles/responsibilities
- The 15 'til 50 model has been developed, tested, and modified over the past
   15 years



What's In the Box?





### 15 Minutes in 28 Seconds





# Los Angeles LGBT Center





### Past disaster response failures

- Disaster Plan?
- Unknown roles & tasks
- Poor communications
- Unclear patient pathways
- Lack of relevant supplies
- Lack of pediatric planning
- "That's what it says, but that's not what we do."



### "15 'til 50" Disaster Response Solution

- Rapid deployment
- Designated response
- Vetted through over 100 exercises and actual events
- Adaptable for any facility
- Implemented in over 40 California hospitals and clinics





#### Initiation

- ED Notified via MAC/ReddiNet/Social Media
- 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





#### Initiation

- 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





#### **Initial Activities**



- Roles assigned
- Triage (Internal) closed
- Emergency department doors secured
- FT/Red Zone emptied into waiting room
- Inpatient RNs report to ED for immediate admissions & to backfill ED
- Patients processed for discharge or admission
- Consolidate remaining patients
- Count of available beds to Disaster Lead



# Staging & Set Up

# Staging

#### **Go Boxes**

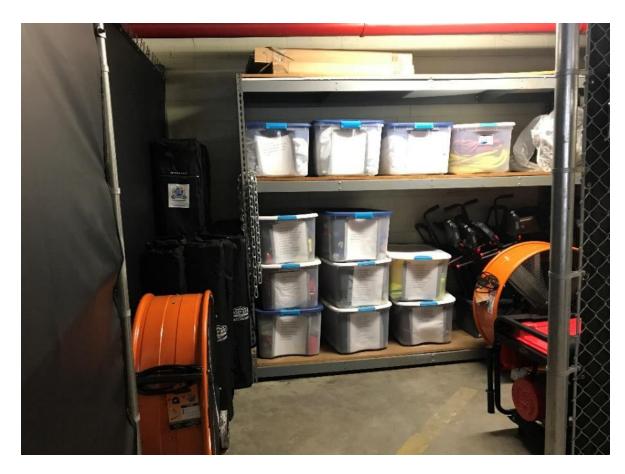
#### **Storage Shed**







# Staging









# Set Up In Progress







#### **Set Up** Decontamination

- Decon trailer is set up everytime
- Moved into position by POM
- Water & power connected by POM
- Decon Team suits up and establishes Hot, Warm and Cold Zones
- Process is bypassed when not needed





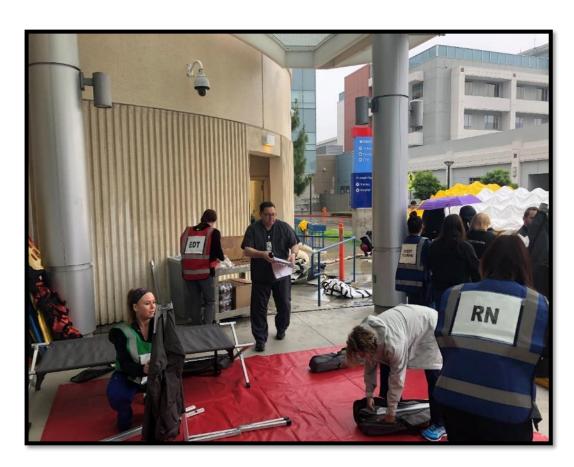
# Set Up In Progress







# Set Up In Progress





**CHOC** 



### Set Up Complete

#### **Delayed Treatment**



#### **Immediate Treatment**

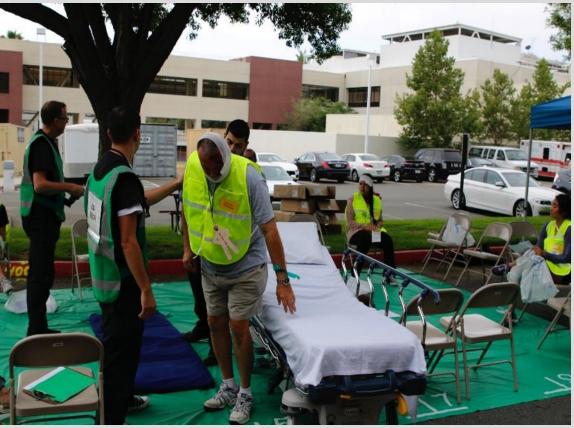




# Set Up Complete

#### **Minor Treatment Area**







### Set Up Complete

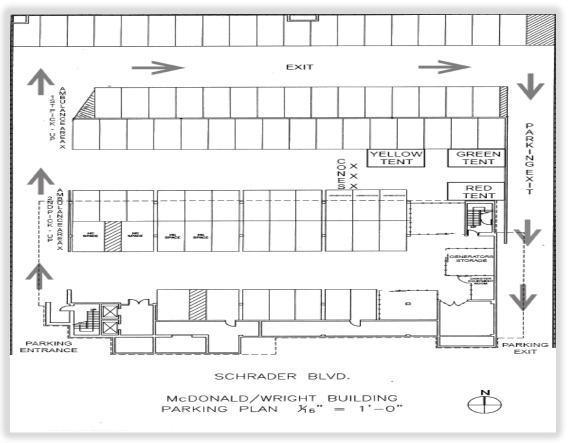
- **□**10-20 gurneys
- □10-20 wheelchairs
- ☐Set up cots
- ■Bassinets
- ☐Signs posted
- □Supply carts out

- □20 IV lines ready
- □20 oxygen tanks
- □ PPE/Vests donned
- ☐ Treatment area teams ready
- ☐ Set up canopies

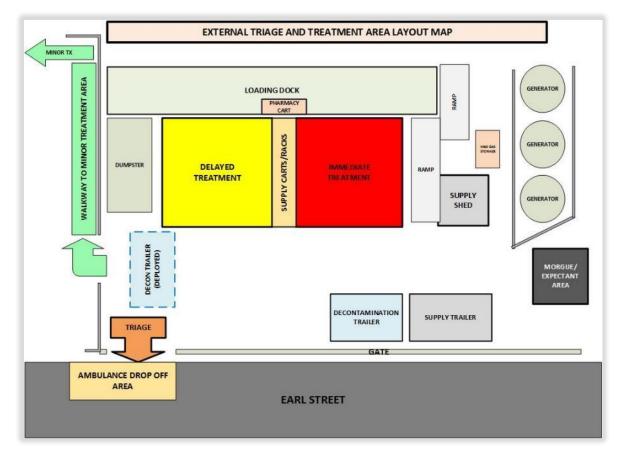


## Layout Maps

#### **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





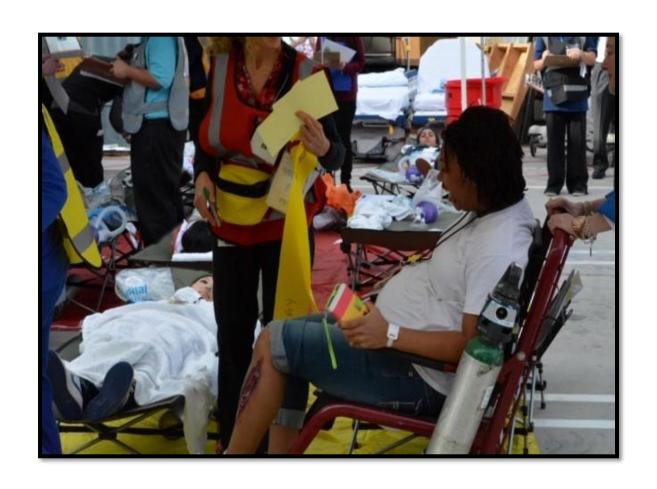
#### **HICS** In A Box

- Grab and Go
- HICS Vests in binder
- HICS Forms
- Incident Response Guides
- HICS Job Action Sheets





#### Roles Treatment Areas



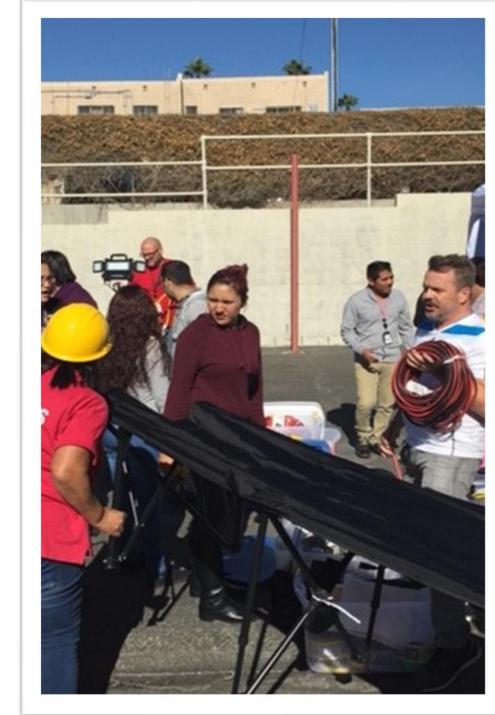
#### **Emergency Department**

- 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



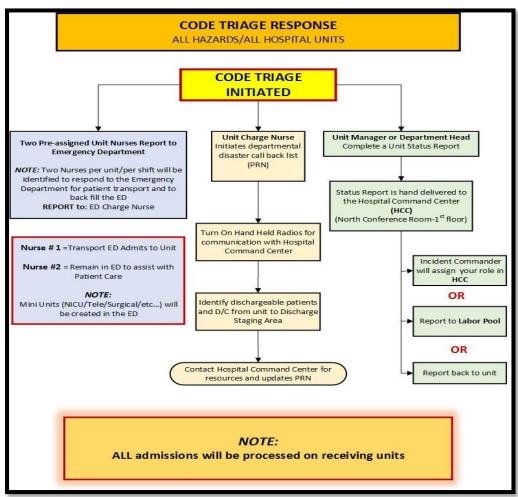
### Roles Clinic Setting

- Facilities and Clinic staff work together to establish triage area and equipment set up
- Once functional, the Clinic staff take the lead
- Identify Clinic Disaster Lead
- Facilities provide support as needed
- Know where emergency medical supplies are located and how to access them!





### **Roles** Inpatient Units



#### ICU/Tele/Med-Surge

- Two RN's from each unit report to emergency department Lead
- Safe patient hand-off
- Facilitate patient flow
- Set-up mini units in ED



#### Roles Pharmacy

- Pre-stocked Med Carts
- Deploy to
  - Immediate/DelayedTreatment Area
  - Minor Treatment Area
- Pharmacy Tech to ED





### Roles Radiology



- Deploy toTreatment Areas
- C-Arm
- Portable X-Ray
- PACS Carts



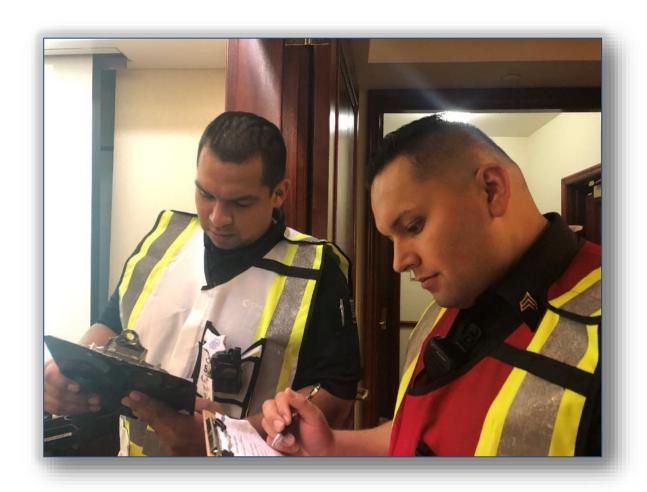
### Roles Case Managers

- Increase bed surge capacity to accommodate an influx of patients resulting from MCI
- Establish a patient discharge area
- Coordinate and expedite discharge of patients
- Assist the Family Information Center
- Provide PsySTART assessments





#### Roles Security



- Facility lockdown
- Access control
- Traffic control
- Crowd control
- Ongoing/PD assist



### Roles Facilities/Plant Operations

- Immediate facilities structural integrity evaluation
- Immediate systems check (True assessment = 1.5-2 hours)
- 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 remain functional



### Roles Supply Chain

- Resource management
  - Tracking supplies and usage
  - Warehouse maintains additional disaster supplies (2 pallets of ED supplies)
- Supply cache
  - Identical supply carts kept at Warehouse
- Logistics
  - All carts are mobile
- Identified gaps/limitations
  - Organization uses a lowest unit of measure system (LUMS)



### **Patient Care**





**Triage and treat patients as they arrive** 







#### Pediatrics in Disasters

- Incorporate children into your drills/exercise
- Unique challenges
- Tracking
- Reunification
- Unaccompanied minors





#### Pediatric Decon



- Different ages = different considerations
- Infants/Toddlers (<2yrs)</li>
- Pre-School (2yrs-8yrs)
- School Age (8yrs-18yrs)
- Special equipment needed
- Laundry basket pros and cons



#### Pediatric Decon



#### **Pediatric Decontamination Process** · Critical injuries are decontaminated first Until hair braids/pony tails prior to decon • Children and their families (parents/guardians) should not be separated unless critical medical issues take priority Non-ambulatory Ambulatory Estimate child's age by visual inspection Infants & Toddlers School Age Preschool 8-18 yrs old 2-8 yrs < 2 yrs old Disrobe by cutting clothing off to Disrobed by child's minimize inhalation Disrobe by cutting Assist with caregiver or decon of contaminate clothing off to disrobing by cutting team member by Place on a clothing off to minimize inhalation cutting clothing off to stretcher, or of contaminate or minimize inhalation restraining device minimize inhalation of by having victim of contaminate or <2 yrs use laundry contaminate hold breath while by having victim Monitor airway baskets as pulling clothing hold breath while Place on stretcher or transport device to over face & mouth pulling clothing restraining device eliminate patient Respect modesty/ over face & mouth fall risk Escort through privacy (caregiver or decon Escort through shower by 2 decon Patient decons self team members) team members AND decon shower by 2 Patient proceeds Direct supervision caregiver decon team through shower in of decon process members & Direct supervision of succession with Escort through decon process of child caregiver caregiver, parent or shower by caregiver Direct supervision and caregiver classmates or decon team NOTE: Child should of decon process of Shower for 90 members patient & of not be carried by seconds (minimum) Shower for 90 caregiver due to risk caregiver seconds (minimum) of trauma from Shower for 90 accidental fall or from seconds (minimum) dropping child in shower Use laundry baskets as transport device to eliminate patient fall Shower for 90 seconds (minimum) Treat or prevent hypothermia by drying patient immediately following decon (towels, gowns and blankets) Register patient with unique identifiers (wristband, triage tag, etc...) Label ALL patient belongings Triage to appropriate treatment area (immediate, delayed, minor) KEY POINT: Incorporate Child Life Specialists in the decon and post decon process where/when possible



### Child-Life Specialists

- Unaccompanied Minors
- Family Reunification
- Toys/Games
- Psychological First Aid





#### Lessons Learned-Pediatrics

- Incorporate pediatrics into all exercises
- Establish unaccompanied minor location
- Ensure you assign a docent for the children
- Periodic head counts

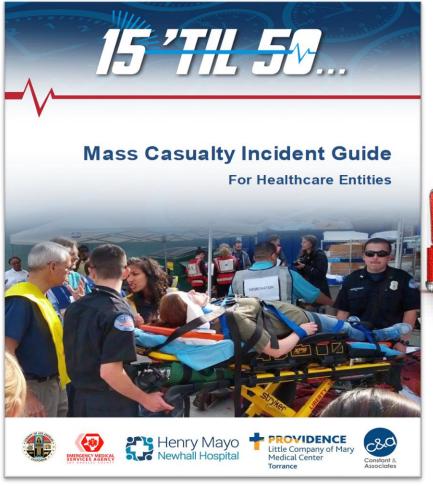
- Identify toys/distractions for all age groups
- Pediatric triage tags to assist with patient reunification
- Do not assume that you will be able to manage without practice
- Age12-13 is optimal



# "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 & Additional Resources

http://cdphready.org/15-til-50-mass-casualty-incident-toolkit/





### Pediatric Disaster Planning Resources

- NYC Pediatric Disaster Coalition
  - http://www.programinfosite.com/pdc/
- Pediatric Readiness Program
  - https://emscimprovement.center/domains/planning/
- Emergency Departments Approved for Pediatrics
  - http://file.lacounty.gov/SDSInter/dhs/232654\_2015EDAP\_brochure.pdf





**DEFENDERS OF CHILDHOOD**ACTIVE SHOOTER MASS CASUALTY INCIDENT NOV. 6, 2019

#### **Contact Information**

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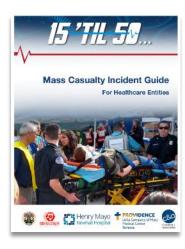
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## 15 'til 50 Hospital MCI Response Strategy

#### RESOURCES

- Participant Feedback Form
- Toolkit Resource Link: <a href="http://cdphready.org/15-til-50-mass-casualty-incident-toolkit/">http://cdphready.org/15-til-50-mass-casualty-incident-toolkit/</a>
- Guidelines \* Planning Template \* Videos \* Exercise Materials \* Supply Lists \* Job Action Sheets and More









15 Minutes Until 50 Patients Mass Casualty Incident Response Preparedness Items		
386581	Package	Hospital Surge Kit with Tarps 67 piece
38E562	Package	Triage Treatment Area Tarps 4 piece
38E590	Package	HICS 2014 Vest Kit, L,76 piece
38E578	Package	HICS 2014 Vest Kit, M, 26 piece
38E589	Package	HICS 2014 Vest Kit, S, 8 piece
5NY99	6	10' x 10' Instant Canopy
29TM90	50	350 Lb. Capacity Kwik Cots
13V987	10	400 Lb. Capacity Kwik Cots
917/09	3	Metro Chrome Plated Wire Shelving
2LHZ1	3	Metro Mobile Wheel Unit Kits for Shelving
5JNT6	3	Metro Shelf Back Ledge
5WXH1	1	Medical Cylinder Cart (12 capacity)
35ZX90	1	Pediatric Crash Cart
6EJF5	2	Dressing Cart
2ENA7	1	Red Basket Truck 36"
2CFP9	1	Yellow Basket Truck 36"
8AEM8	1	Green Basket Truck 36"
8AEN1	1	Black (Trim ) Basket Truck
3LVG3	24	Orange Traffic Cones (42" Height)
157241	2	Mobile Reversible Dry Erase Boards (40° x 30°)
3LXF1	4	Portable Tool Boxes

