

EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

SCENARIO

The Universal Adversary terrorist group has detonated a vehicle bomb in the parking lot of the community's largest public building during business hours. The building is currently hosting a convention with large numbers of people attending the event. Part of the structure has collapsed and fires are burning throughout the facility. There is severe blast and fire damage to the surrounding buildings.

There are a large number of people with trauma and burn injuries, including children. There are an unknown number of people trapped in the primary and surrounding buildings. There are many fatalities.

Your hospital is the closest medical center to the public building, but has not been damaged by the blast. Water, power and communications services are functioning normally in the area. Victims and the uninjured begin arriving at the facility within 15 minutes of the blast.

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INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital have procedures and systems to communicate with local EMS and emergency management for situation/incident information and estimated numbers of casualties?
2. Does your hospital have procedures to secure the facility and control access and egress?
3. Does your hospital have a plan to implement surge capacity plans and accommodate large numbers of patients with trauma, blast and burn injuries?
4. Does your hospital have procedures to rapidly increase blood products supplies?
5. Does your hospital have procedures to determine if the bomb contained radioactive or biological agents and prepare for the possibility of contaminated victims?
6. Does your hospital have procedures for collecting forensic evidence for law enforcement?
7. Does your hospital provide training to security and other personnel on how to recognize and respond to suspicious activity, including unidentified packages and persons exhibiting suspicious behavior?

Response & Recovery

1. Does your hospital have protocols and systems to communicate with the local EOC to relay hospital status and request assistance and supplies and to obtain situation and community status?
2. Does your hospital have a procedure to ascertain the status of other area hospitals?
3. Does your hospital have procedures to rapidly triage trauma and burn patients and prioritize care and resources?
4. Does your hospital have a procedure to notify field incident command of hospital decontamination location, and ingress and egress routes for EMS?
5. Does your hospital have MOUs or agreements with trauma and burn centers to transfer patients for specialty care?
6. Does your hospital consider that you may be a secondary target and implement appropriate security precautions?
7. Does your plan include an emergency patient registration procedure?
8. Does your hospital have a procedure to regularly inventory bed availability/census?
9. Does your hospital have a procedure to provide scheduled family briefings and provide for a family assistance center?
10. Does your hospital have a process to modify family visitation policy?
11. Does your hospital have a process to establish a Media Conference area, a procedure to provide scheduled media briefings in conjunction with local EOC/JIC, and a plan to work with local EOC to address risk communication issues for the public?

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12. Does your hospital have a process to address fatality issues in conjunction with law enforcement and medical examiner/coroner?
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INCIDENT RESPONSE GUIDE

Mission: To safely manage the influx of patients due to the detonation of an IED.

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
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Objectives

- Prepare for the influx/surge of trauma and burn victims
 - Ensure facility security
 - Patient triage and medical management
 - Collect forensic evidence for law enforcement
 - Communicate situation status and information to staff, patients, media and the public
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Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate the Command Staff and Section Chiefs
- Receive notification about the incident from local officials
- Notify the emergency department of possible incoming trauma, blast and burn casualties
- Activate the Emergency Operations Plan and the HCC
- Establish operational periods
- Establish operational objectives

(PIO):

- Monitor media outlets for updates on the incident and possible impacts on the hospital
 - Establish a patient information center; coordinate with the Liaison Officer
 - Establish a media staging/briefing area initiate media/communications plan
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INCIDENT RESPONSE GUIDE

COMMAND

(Liaison):

- Establish communication with the field providers and the local EOC to ascertain incident information
- Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity including trauma and burn beds
- Patient transfer/bed availability
- Capability to loan needed equipment, supplies, medications, personnel, etc.

(Safety Officer):

- Monitor safety practices related to staff, patients, and facility, and implement corrective actions to address or correct the problems

(Medical/Technical Specialist-Pediatric Care):

- Assist Operations Section Chief in identifying specific medical care management needs of children injured by the incident.
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OPERATIONS

- Activate Medical Care, Infrastructure, HazMat, and Security Branch Directors
 - Notify the emergency department of possible incoming trauma and burn casualties
 - Consider the possibility of contaminated victims. Check for radiation and biological contamination of incoming casualties. If necessary, activate appropriate Medical/Technical Specialist
 - Conduct hospital and clinic census to determine early discharges
 - Provide facility security, traffic and crowd control
 - Activate surge capacity plan and patient registration emergency procedures
 - Prepare for fatalities in conjunction with local law enforcement, coroner/medical examiner and local EOC
 - Rapidly triage and prioritize patient care and resources
 - Arrange for transfer of critical trauma and burn patients to specialty care facilities, as appropriate
 - Implement evidence collection procedures
 - Liaison with law enforcement official to interview patients and gather evidence
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INCIDENT RESPONSE GUIDE

PLANNING

- Prepare and implement patient, bed, materiel and personnel tracking
 - Establish operational periods and develop Incident Action Plan, in collaboration with the Incident Commander
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LOGISTICS:

- Initiate staff call-back procedures to obtain additional staffing for impacted areas
 - Conduct an inventory of critical supplies, equipment, medications and blood products and obtain additional supplies as needed
 - Ensure functionality of communications and IT/IS systems
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Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- Review incident objectives and Incident Action Plan, modify as needed

(PIO):

- Establish a patient information center, in collaboration with Liaison Officer
- Manage media relations, public information, risk communication and integrate public relations activities with the Joint Information Center

(Liaison Officer):

- Continue regular communication with the local EOC and other officials to ascertain situation status and communicate hospital status and needs

(Safety Officer):

- Continue to monitor safety practices of staff and patient safety and use of personal protective

(Medical/Technical Specialist-Pediatric Care):

- Assist Operations Section Chief in meeting specific medical care management needs of children injured by the incident.
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INCIDENT RESPONSE GUIDE

OPERATIONS

- Implement procedures for patient valuables management, evidence collection and security
 - Continue patient care and management activities
 - Implement family notification procedures in conjunction with family assistance center operations
 - Ensure rapid patient registration
 - Ensure proper waste water and expendable materials disposal
 - Continue facility security, traffic and crowd control
 - Continue to liaison with law enforcement agencies
 - Implement forensic/evidence collection policies and procedures
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PLANNING

- Continue patient, bed, materiel and personnel tracking
 - Update and revise the Incident Action Plan
 - Ensure documentation of patient care and hospital response
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LOGISTICS

- Provide mental health support services for staff
 - Facilitate procurement of supplies, equipment and medications for response and patient care
 - Continue to provide supplemental staffing to impacted areas to maintain operations
 - Ensure communications systems and IT/IS functionality
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FINANCE/ADMINISTRATION

- Continue tracking response costs and claims and report to the Incident Commander
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INCIDENT RESPONSE GUIDE

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

- Continue regular briefing of Command staff/Section Chiefs. Address issues identified

(Public Information Officer):

- Continue patient information center, as necessary
- Coordinate efforts with local/state public health resources/JIC

(Liaison Officer):

- Continue to ensure integrated response with local EOC
 - Continue to communicate personnel/equipment/supply needs to local EOC
 - Continue to update local public health of any health problems/trends identified

(Safety Officer):

- Continue to monitor safety practices and take appropriate corrective actions

(Medical/Technical Specialist-Pediatric Care):

- Continue to assist Operations Section Chief in meeting specific medical care management needs of children injured by the incident
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OPERATIONS

- Continue patient care and management activities
 - Facilitate law enforcement requests for patient/staff interviewing
 - Maintain infrastructure support and services
 - Continue security measures
 - Plan for demobilization and system recovery
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PLANNING

- Review and update the Incident Action Plan and plan for demobilization and system recovery
 - Ensure documentation is being completed by all Sections
 - Continue patient, personnel, materiel and bed tracking
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INCIDENT RESPONSE GUIDE

LOGISTICS

- Provide for staff food and water
 - Ensure adequate supplies, equipment, personnel and facilities to support extended response operations
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FINANCE/ADMINISTRATION

- Compile response costs and submit to the Incident Commander
 - Track any claims/injuries and complete appropriate documentation, compile report
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Termination/System Recovery

COMMAND

(Incident Commander):

- Oversee and direct demobilization and system recovery operations

(Public Information Officer):

- Provide final briefings as needed to patients/visitors/staff/media, in cooperation with JIC

(Liaison Officer):

- Prepare a summary of the status of the hospital and disseminate to Command staff/Section Chiefs and to public health/EMS as appropriate

(Safety Officer):

- Oversee safe restoration to normal operations
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OPERATIONS

- Return patient care and services to normal operations
 - Ensure evidence and appropriate documentation are provided to law enforcement officials
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INCIDENT RESPONSE GUIDE

PLANNING

- Finalize the Incident Action Plan and demobilization plan
 - Compile a final report of the incident and hospital response and recovery operations
 - Ensure appropriate archiving of incident documentation
 - Write after-action report and corrective action plan to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
 - Recommendations for correction actions
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LOGISTICS

- Provide for mental health (acute and long term) services for staff and patients, in collaboration with Operations Section
 - Restock supplies, equipment, medications and blood products to normal levels
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FINANCE/ ADMINISTRATION

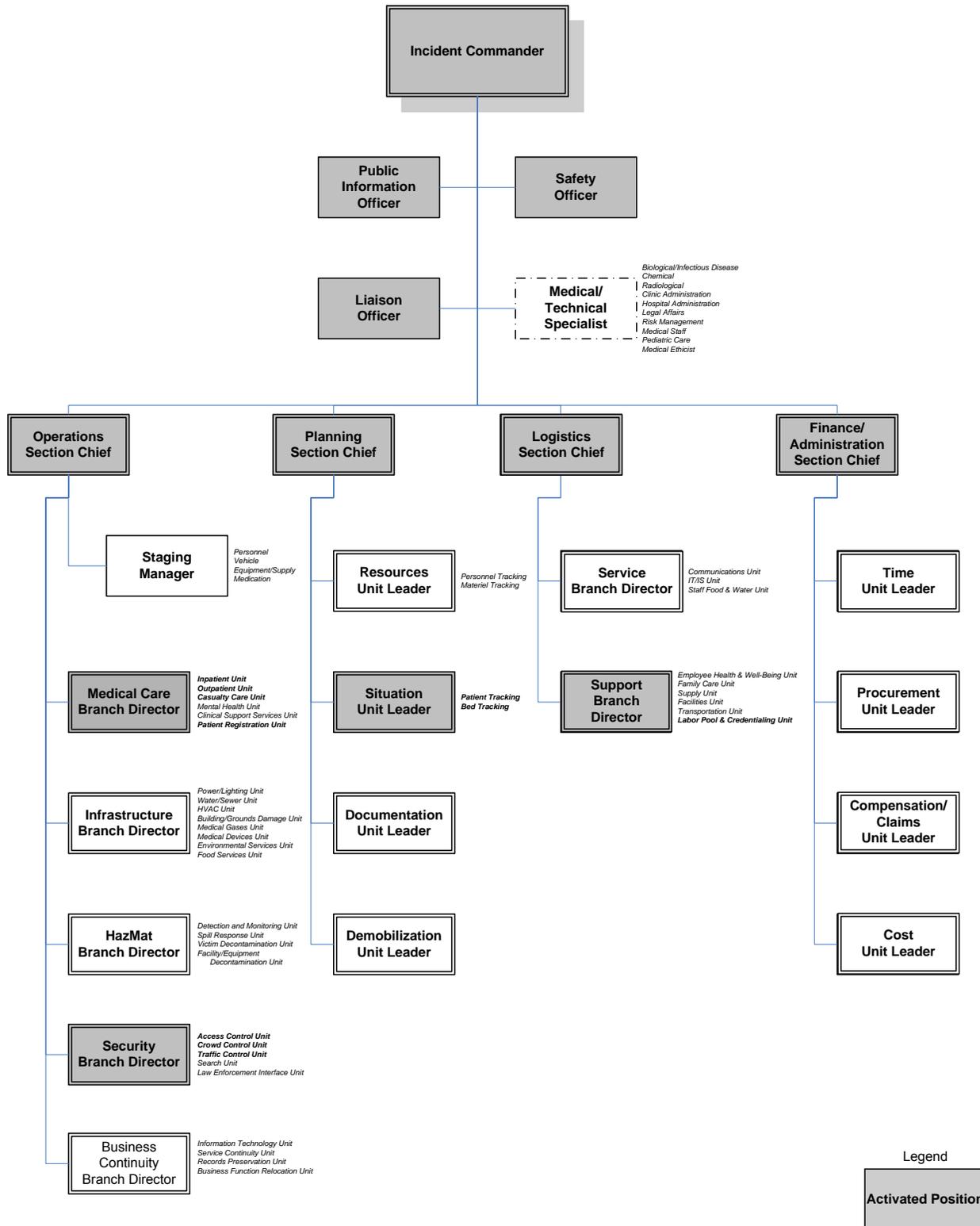
- Submit final response expenses to the Incident Commander for approval and to appropriate external authorities for reimbursement or other assistance
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Documents and Tools

- Hospital Emergency Operations Plan
 - Hospital Decontamination Protocol
 - Evidence Collection Policy
 - Surge Capacity Plan/Mass Casualty Plan
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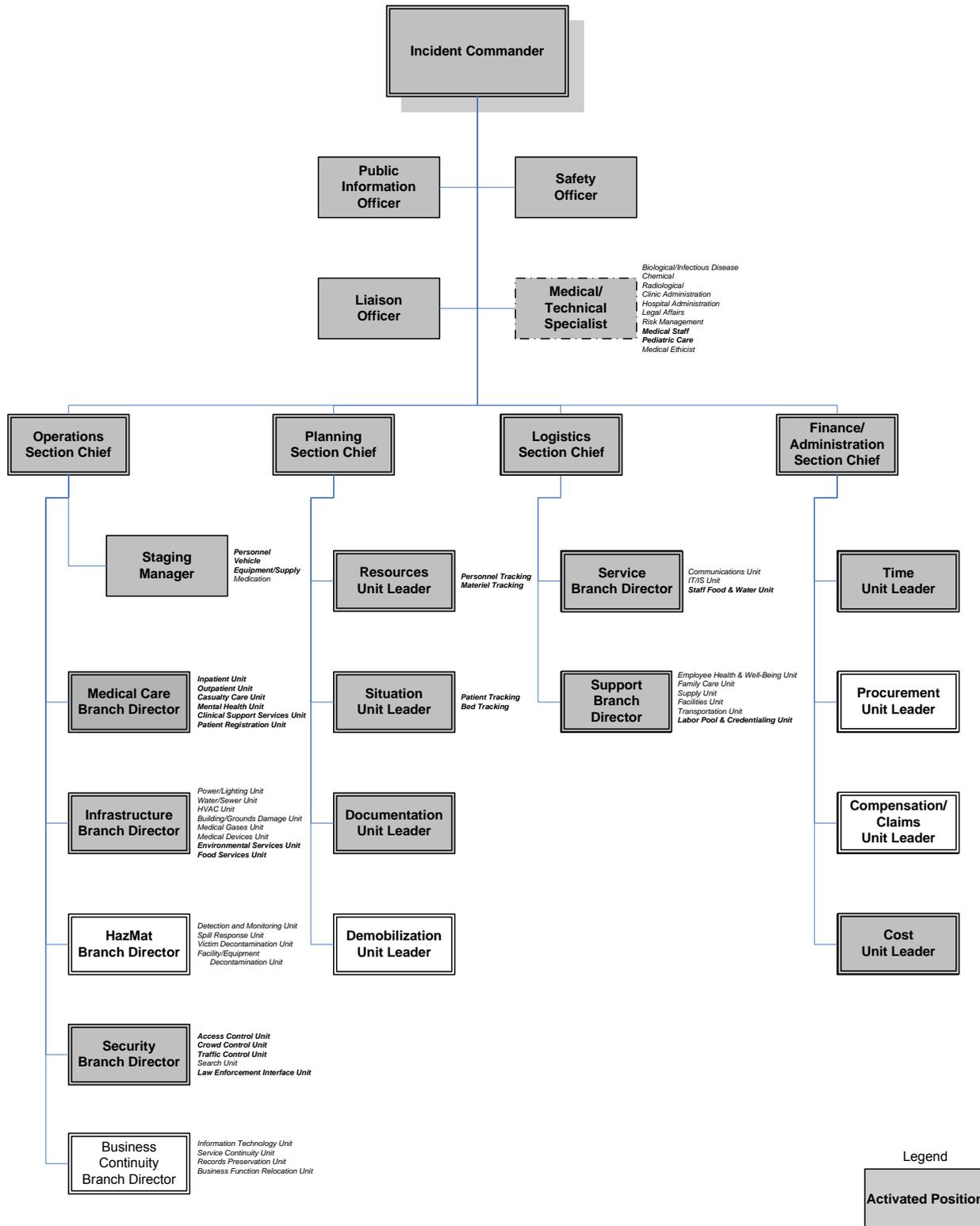
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INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



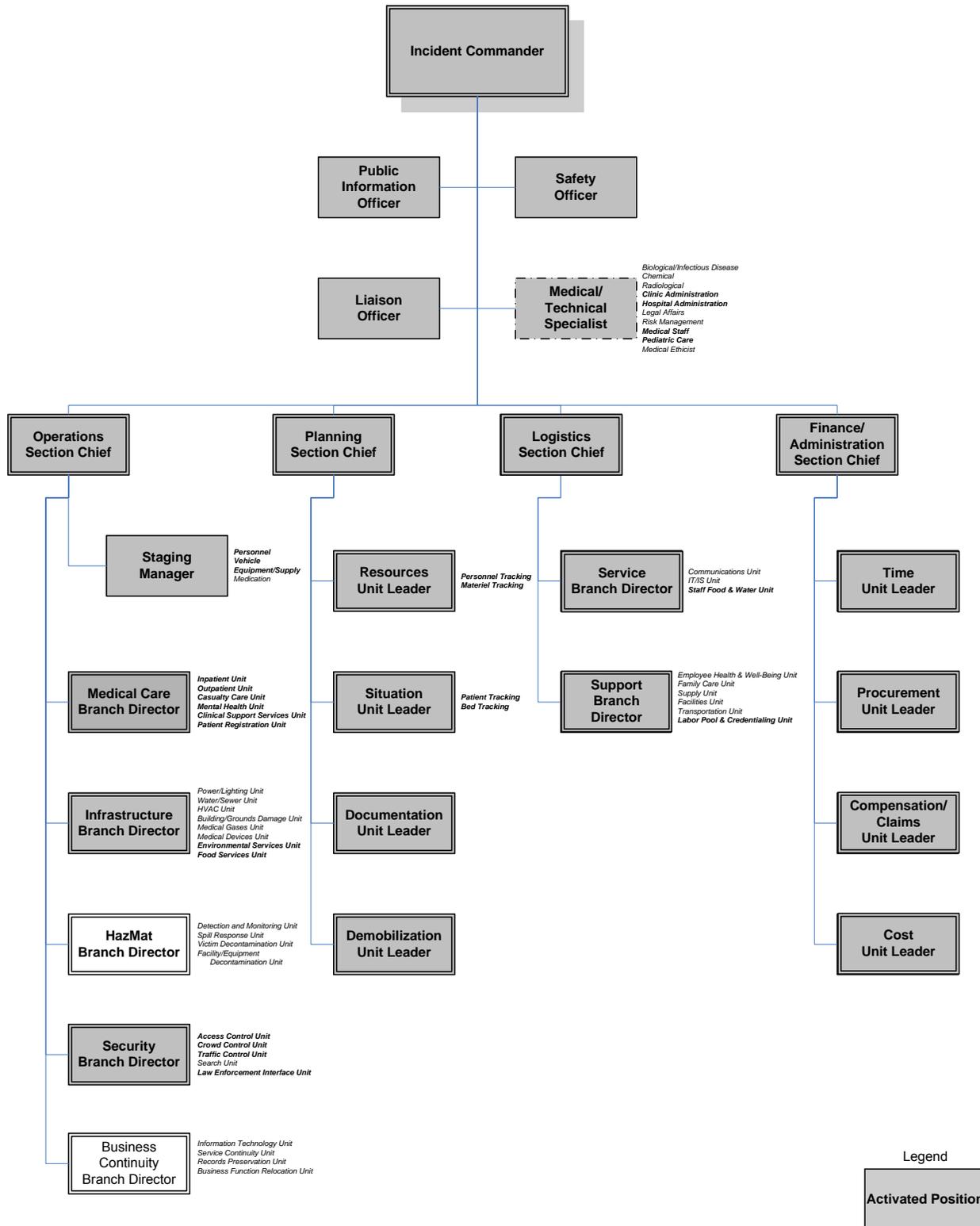
EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT MANAGEMENT TEAM CHART -- INTERMEDIATE



EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT MANAGEMENT TEAM CHART -- EXTENDED



EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT MANAGEMENT TEAM CHART -- DEMOBILIZATION

