CHEMICAL ATTACK – BLISTER AGENT

SCENARIO

The Universal Adversary terrorist group uses a light aircraft to spray a chemical blister agent into a full college football stadium 5 miles from your hospital. The agent is sprayed over the entire stadium, contaminating and inflicting injuries on scores of people, killing several people, and rendering the stadium and immediate surrounding area contaminated. In a panic, many in the stadium rush out of the exits, resulting in more injuries from falls and trampling. Many of the contaminated and/or injured and will self present to the hospital without triage or decontamination.

The first EMS and law enforcement units arriving at the scene are also contaminated. A safe perimeter is established and patient triage and decontamination begins.

A moderate number of people living downwind from the stadium are exposed to the chemical agent, but exposure is low. These people arrive via private vehicles at the hospital. Your hospital is downwind from the stadium and you must consider shelter-in-place.

The media arrive at the stadium and news of the event quickly becomes the top story in the local, state and national news. People living in the city are worried about possible exposure and seek medical care/reassurance from area hospitals, clinics and medical offices.

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital have a procedure to obtain incident and chemical specific details from local officials immediately after the incident and regularly throughout the response?
2.	Does your hospital have immediate access to medication/antidotes?
3.	Does your hospital have integrated response plans with the local EOC that provides for patient tracking and demographic information to designated officials?
4.	Does your hospital have a hazardous material/chemical agent response plan?
5.	Does your hospital have a procedure for individually controlling HVAC and return air for impacted areas?
6.	Does your hospital have a chemical decontamination plan that can be immediately activated and receive victims? Does your plan include provisions for gross decontamination of the victims until full decontamination can be conducted?
7.	Does your hospital have a process to ensure medically qualified and test-fitted personnel are available and assigned to use PPE and provide patient decontamination?
8.	Does your hospital have criteria for and a procedure to determine the need for and implement shelter-in-place or evacuation, in consultation with local officials/experts?
9.	Does your hospital security plan consider the possibility of the hospital as a secondary site (target) for a chemical agent release?
10.	Does your hospital have procedures for securing the facility and for limiting hospital access to designated secure screening points for staff and visitors entering the facility?
11.	Does your hospital have a decontamination procedure, maintain decontamination equipment, and provide related training and fit-testing?
12.	Does your hospital have a surge capacity plan and pre-defined triggers for activation?

Response & Recovery

1.	Does your emergency management/operations plan address how your hospital receives timely and pertinent incident information from field incident command (e.g., chemical information, decontamination provided/recommendations, etc.)?
2.	Does your hospital have a procedure to notify field incident command of hospital decontamination location, and ingress and egress routes for EMS?
3.	Does your hospital have a procedure to secure the decontamination area?
4.	If chemical detection/monitoring equipment is available, does your hospital provide training in its use and maintain ready state of equipment?

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

5.	Does your hospital have a procedure to provide agent information to decontamination team, all treatment areas, security, and Hospital Command Center?
6.	Does your hospital have a process to contain or divert water run off collection and disposal in conjunction with local EPA and local water authority, and appropriately notify authorities when decontamination is activated?
7.	Does your hospital have a procedure to notify local EOC of operational status?
8.	Does your hospital have a procedure to receive on status of other area hospitals?
9.	Does your hospital have a procedure to consult with resident experts/Poison Control Center for assessment and treatment guidelines?
10.	Does your plan include an emergency patient registration procedure?
11.	Does your plan address the possibility that hospital and public safety personnel are among the injured?
12.	Does your plan address the possibility that perpetrator is among the injured?
13.	Does your hospital have a procedure to regularly inventory bed availability/census?
14.	Does your hospital have a procedure to regularly inventory antidote supplies?
15.	Does your hospital have a procedure to inventory blood products?
16.	Does your hospital have a procedure to modify staffing of the HCC as needed?
17.	Does your hospital have a process to identify and address issues associated with ongoing shelter in place, if applicable?
18.	Does your plan address evidence preservation measures and issues regarding return of patient belongings with HAZMAT/police?
19.	Does your hospital have a decision-making process and defined triggers to evaluate need for (further) evacuation?
20.	Does your hospital have a procedure to provide scheduled family briefings and provide for a family assistance center?
21.	Does your hospital have a process to modify family visitation policy?
22.	Does your hospital have a process to establish 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?
23.	Does your hospital have a process to address fatality issues in conjunction with law enforcement and medical examiner/coroner?
24.	Does your hospital have a process to address bio-waste disposal?

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

25.	Does your hospital have a procedure to clean up decontamination area and other “contaminated” areas and reopen them for normal operations?

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

Mission: To safely manage victims of a blister agent attack.

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.

Objectives

☐ Decontaminate and manage affected patients while protecting staff and existing patients

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- ❑ Receive notification about the incident from local officials
- ❑ Activate the Emergency Operations Plan and the HCC
- ❑ Appoint Section Chiefs and Branch Directors and Medical/Technical Specialist -- Chemical, appropriate

(Liaison):

- ❑ Establish communication with the field providers to ascertain incident information
- ❑ Communicate with local EOC/regional healthcare facility coordination centers
- ☐ ❑ Notify appropriate external official of incident (e.g., water authority, emergency management, fire department, etc.)
- ❑ Communicate with other healthcare facilities to determine:
  - Situation status
  - Surge capacity
  - Patient transfer/bed availability
  - Capability to loan needed equipment, supplies, medications, personnel, etc.

(Safety):

- ❑ Implement decontamination operations and safety measures including staff, patient and facility protection
- ❑ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

Immediate (Operational Period 0-2 Hours)

COMMAND

☐ (Medical/Technical Specialist - Chemical):

- ❑ Investigate agent identification and disseminate clinical management information

OPERATIONS

- ❑ Set up decontamination area and implement decontamination plan and procedures for adults, pediatrics, and patients with special needs.
- ❑ Direct implementation of procedures for technical and emergency decontamination and ensure proper use of PPE
- ❑ Implement staff monitoring in and rotation through the decontamination area
- ❑ Relocate medications/antidotes to clinical care and decontamination areas and prepare specific patient antidote dose amounts (e.g., pediatric, geriatric)

☐

- ❑ Consult with Medical/Technical Specialist - Chemical and internal and external consultants, including Poison Control Center, Agency for Toxic Substances and Disease Registry (ATSDR) of the CDC to ascertain treatment protocols
- ❑ Implement shelter-in-place or evacuation plan, as determined by the Incident Commander
- ❑ Provide facility security, traffic and crowd control
- ❑ Activate surge capacity plan and patient registration emergency procedures
- ❑ Prepare for fatalities, including contaminated remains, in conjunction with local law enforcement, coroner/medical examiner and EOC
- ❑ Provide mental health support for staff, visitors, families and volunteers, in collaboration with Logistics Section

PLANNING

☐

- ❑ Implement patient, materiel, personnel and bed tracking
- ❑ Establish operational periods and develop Incident Action Plan

LOGISTICS

- ❑ Inventory medications and supplies (e.g., antidotes, ventilators, blood products, burn supplies, etc.), and bed availability

☐

- ❑ Determine medication, equipment, supply, and personnel needs and implement procedure to request and receive and allocate external resources into the hospital response
- ❑ Provide mental health support for patients/family/staff/command personnel
- ❑ Manage Labor Pool and solicited and unsolicited volunteers

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

FINANCE/ ADMINISTRATION

☐

- ❑ Track response costs and procurement

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- ❑ Ensure communications and decision making are coordinated with external agencies and healthcare facilities
- ❑ Direct implementation of surge capacity plan

☐ (PIO):

- ❑ Manage media relations/public information /risk communication and integrate public relations activities with the Joint Information Center.

(Safety Officer):

- ❑ Continue to monitor decontamination areas, staff and patient safety and use of personal protective equipment

OPERATIONS

- ❑ Ensure the victim decontamination is in compliance with established decontamination practices.
- ❑ Implement procedures for patient valuables management, evidence collection and security

☐

- ❑ Evaluate and update staff scheduling to accommodate decontamination team supplementation
- ❑ Implement family notification procedures in conjunction with family assistance center operations
- ❑ Ensure proper waste water and expendable materials disposal
- ❑ Continue patient management and facility monitoring activities

PLANNING

☐

- ❑ Update and revise the Incident Action Plan and initiate demobilization assessment and processes.
- ❑ Continue patient, materiel, personnel and bed tracking

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

LOGISTICS

☐
- ❑ Monitor the health status staff who participate in decontamination activities, provide appropriate medical care and follow up
- ❑ Facilitate procurement of supplies, equipment and medications for response and patient care

FINANCE/ADMINISTRATION

☐
- ❑ Continue tracking response costs and claims and report to the Incident Commander

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 and Medical/Technical Specialist-Chemical):

- ❑ Continue to monitor decontamination operations and begin facility decontamination as appropriate
- ❑ Monitor patient and staff safety and appropriate use of PPE

OPERATIONS

- ❑ Facilitate law enforcement requests for patient/staff interviewing

☐
- ❑ Manage ongoing patient care issues
- ❑ Maintain infrastructure support and services
- ❑ Continue security and facility decontamination and plan for return to normal services

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

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

LOGISTICS

☐
- ❑ Implement medical surveillance of response personnel
- ❑ Provide for staff food and water
- ❑ Ensure adequate supplies, equipment, personnel and facilities to support extended response operations

FINANCE/ADMINISTRATION

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

Demobilization/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 facility decontamination and declare facility safe to conduct normal operations

OPERATIONS

☐
- ❑ Manage decontamination of the facility and restore patient care and facility to normal operations

CHEMICAL ATTACK – BLISTER AGENT

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

LOGISTICS

☐

- ❑ Provide for mental health (acute and long term) services for staff and patients, in collaboration with Operations Section's Mental Health Unit Leader
- ❑ Provide for equipment and supply repair or replacement
- ❑ Provide ongoing support to injured staff or family of deceased staff

FINANCE/ ADMINISTRATION

☐

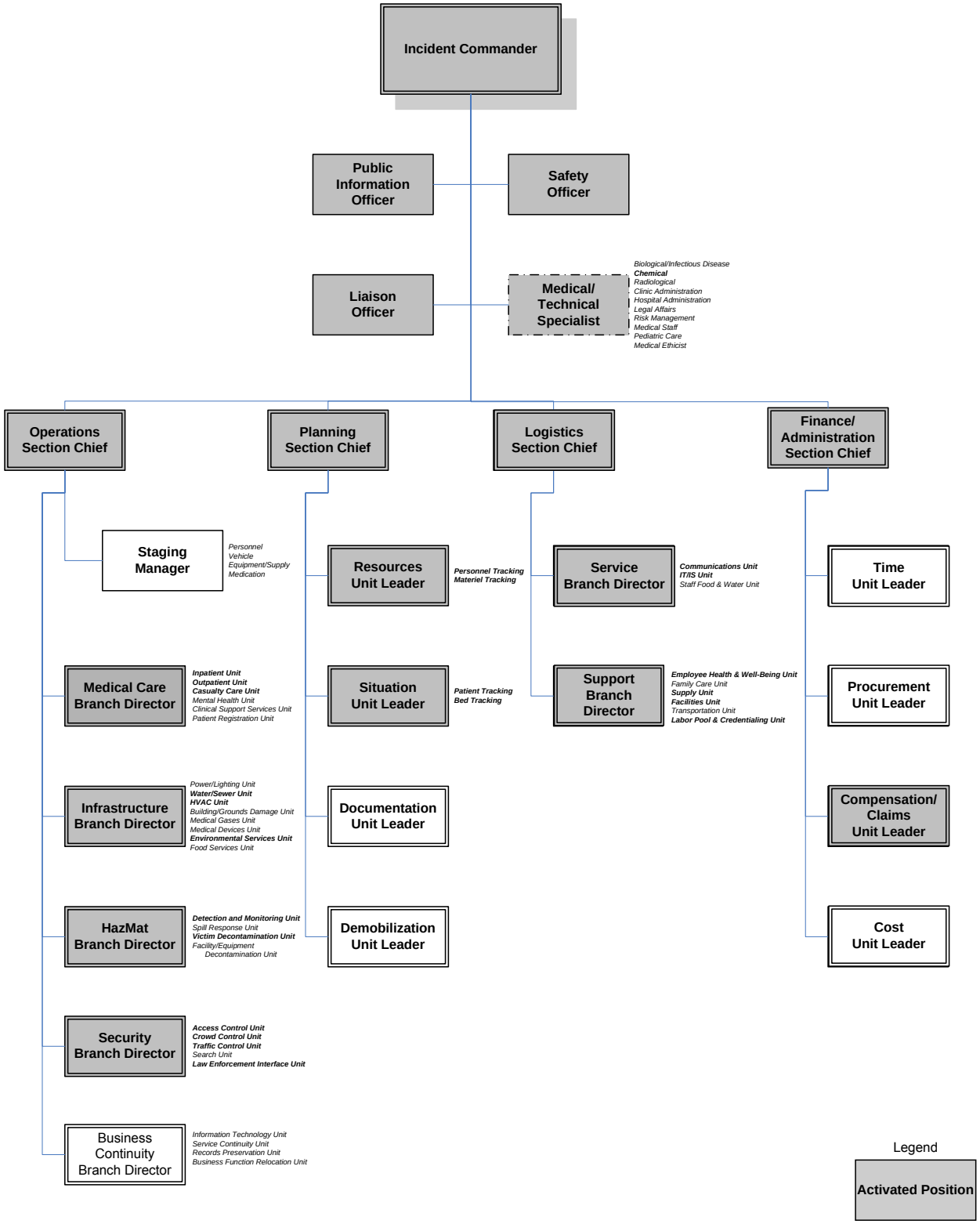
- ❑ Submit final response expenses to the Incident Commander for approval and to appropriate external authorities for reimbursement or other assistance

Documents and Tools

☐	Hospital hazardous materials plan
☐	HICS
☐	Emergency management plan
☐	Hospital decontamination plan
☐	Hazmat and terrorism/WMD annexes of local Emergency Operations Plan

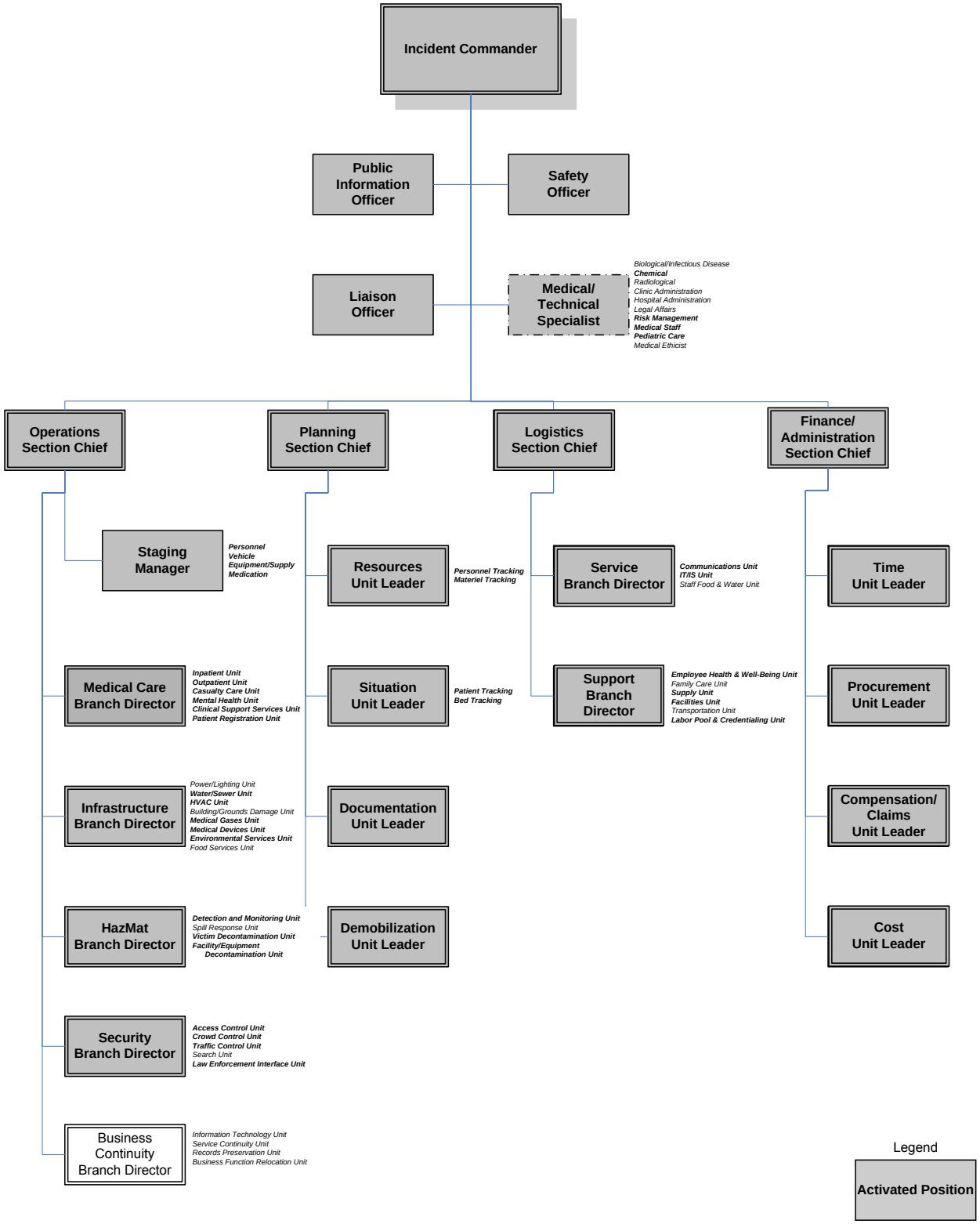
CHEMICAL ATTACK – BLISTER AGENT

INCIDENT MANAGEMENT TEAM CHART - **IMMEDIATE**



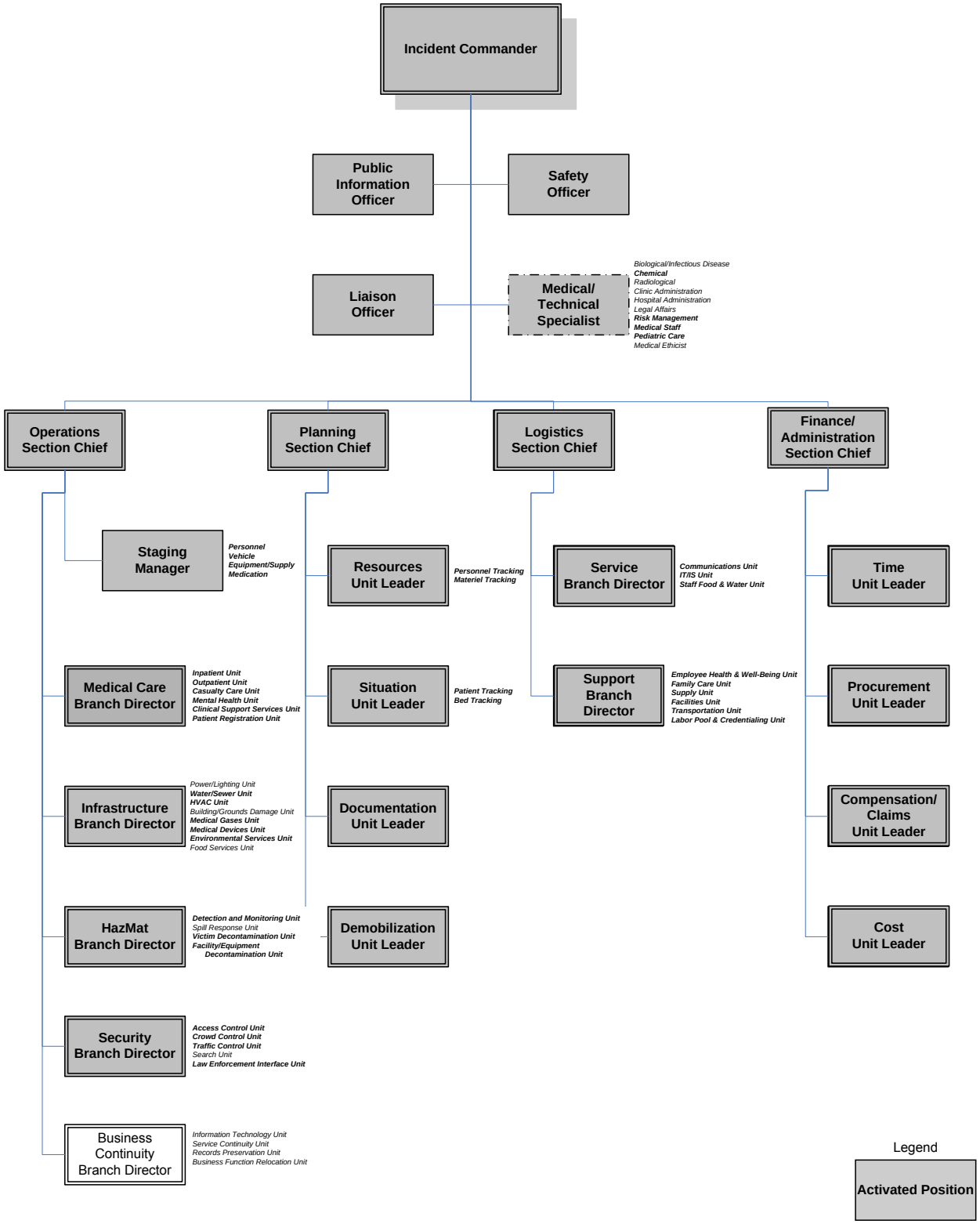
CHEMICAL ATTACK – BLISTER AGENT

INCIDENT MANAGEMENT TEAM CHART - **INTERMEDIATE**



CHEMICAL ATTACK – BLISTER AGENT

INCIDENT MANAGEMENT TEAM CHART - **EXTENDED**



CHEMICAL ATTACK – BLISTER AGENT

INCIDENT MANAGEMENT TEAM CHART - **EXTENDED**