Medical Consequence Management Plan

High Impact, Low Frequency Incidents

Effective: 10-24-19

INTRODUCTION

A class of incidents, known as High-Impact, Low-Frequency (HILF) incidents, have the potential to result in a significant number of injuries and loss of life. Similarly, such incidents have the potential to impact the provision of emergency medical services to Boston's residents and neighborhoods. HILF incidents occur infrequently and while the probability of future occurrence and impact is difficult to measure, it is essential that proper planning and operating guidelines address these risks in a systematic and comprehensive fashion. Examples of HILF incidents include but are not limited to incidents involving an active shooter, bombing or vehicle into a crowd.

By regulation, Boston EMS is the primary and responsible municipal emergency medical services provider for the City of Boston. Boston EMS is the medical consequence management lead for all pre-hospital emergency medical incidents, including mass casualty incidents (MCIs).

During the response to and recovery from a HILF incident, as with all response operations, personnel health and safety is paramount.

This document is intended to work in conjunction with other department standard operating procedures, specifically the Metro Boston MCI Response Plan.

PURPOSE

This document is intended to address Boston EMS's medical consequence management to HILF incidents.

EMERGENCY MEDICAL SERVICES' OBJECTIVES

Boston EMS's primary objectives are personnel safety and maximize survival of patients. Secondarily, the department will support overall public health and healthcare system needs during response and recovery operations. This will include supporting family reunification and family assistance efforts, as appropriate.

PLANNING ASSUMPTIONS

This section outlines the various planning assumptions surrounding the design and development of this medical consequence management plan:

- Role of law enforcement is to neutralize threats, provide scene security & intelligence, and crime scene processing
- Role of fire is fire suppression, management of hazardous materials, property & environmental monitoring and assist EMS with patient care and movement, specifically patient extrication
- Regarding HILF incidents of mass violence, the prevalence of such incidents with multiple assailants or multiple threats is less, however, responders should be aware that more than one threat may exist until advised otherwise by law enforcement

- Response plans and contingencies should account for potential multi-complex coordinated incidents
- Ambulance access and egress is imperative, it is presumed that access and egress will be a challenge due to the multi-agency response, coordinated communication should commence immediately between operations centers to ensure access and egress for EMS vehicles
- Depending on the nature of the incident (ie: bombing, subway incident, etc.), structural or environmental hazards should be ascertained

CONCEPT OF OPERATIONS

Other HILF incidents of mass violence, such as the Boston Bombings, 2015 November Paris Attacks and the 2017 Route 91 Harvest Festival (Las Vegas) mass shooting, have provided experiences and lessons learned to inform the EMS and the healthcare system method of operations.

Zones:

1. Hot Zone: an area where there is a known hazard or direct threat to life. This area is deemed unsafe until the threat has been neutralized.
2. Warm Zone: an area where there is a potential for a hazard or an indirect threat to life. This area may be deemed secured by law enforcement or another public safety agency depending on the potential hazard.
3. Cold Zone: an area with no potential threat, defined by law enforcement.

INCIDENT MANAGEMENT

HILF response operations will function in accordance with the National Incident Management System's (NIMS) and the Incident Command System (ICS). These systems are widely accepted and utilized across public safety and emergency operations. Multi-agency and multi-discipline coordination will be essential for effective development of an interagency response that is adaptable and flexible to meet the needs of the incident to maximize survival.

COMMUNICATIONS

Communication across all public safety services operating in the warm zone is crucial. Dispatch Operations is responsible for gathering, providing and managing information during all incidents. HILF incidents warrant the following actions:

- Retain as much pertinent information, including the possible threat(s), number of patients, law enforcement radio traffic, and the location of the command post(s);
- Receive as much information as possible from 9-1-1 caller(s), differentiating between known information which has been provided and accounted for, and new pertinent details which can aid in response and patient care operations;
- Provide appropriate notifications to:
    - Department members (Peer Support);
    - Hospitals; and
    - Boston Area Ambulance Mutual Aid partners;
- Account for all EMS assets dispatched to the incident;
- Manage and account for hospital distribution and destination of all patient transports; and

- Consideration should be given to assign an individual in a support role as a scribe to assist.

DISPATCH	City Wide CH -1	Tactical CH - 7
MCI/FIELD	Tactical CH -7	Tactical CH -6
EVENT (if needed)	Tactical CH - 3	Tactical CH - 6
LOGISTICS (as needed)	Tactical CH - 6	
BELOW GRADE/ SUBWAY	Tactical CH - 5	
INTEROP	Boston InterOp (UHF/800)	UHF or 800 alone if either one fails
EMS Mutual Aid	BAMA	Analog only
HOSPITAL	Remote/155.280	155.280
HEALTH CENTER	800/4 TG	Alternate TG

At the discretion of the Incident Commander, a secondary radio channel may be designated to handle incident ops as well as logistics, if necessary. Any decisions to do so shall be done in coordination with the senior ranking member on-duty at Dispatch Operations.

During protracted or extended operations, the Incident Commander may designate member(s) as liaisons to any of the following locations:

- Boston Emergency Operations Center (EOC)
- Law Enforcement Command Center (LECC)
- Massachusetts State Police Command Center
- Stephen M. Lawlor Medical Intelligence Center (MIC)
- Joint Information Center (JIC)

MEDICAL OPERATIONS

Responding to incidents of this nature will likely present complexities which require a unified strategy and response. All responding personnel are encouraged to don their personal protective equipment in accordance with the department's Body Armor policy.

First Arriving Unit

The first arriving EMS unit should:

- Assume Incident Command (until relieved);
- Coordinate with the on-scene law enforcement supervisor to ascertain situational awareness;
- An appropriate and safe staging location for incoming units should be identified in coordination with law enforcement in the cold zone;

- The precise location of the staging location should then be communicated to Dispatch Operations and repeated for all units.

If incident involves an active shooter, the first arriving police officers responding will quickly move to form initial contact team(s) and enter the location per standard police protocol. In the course of the contact team's movements, law enforcement will clear the location relaying information back to unified command about the potential number of patients and their location. It is expected that law enforcement will bypass patients to neutralize the threat(s), although they may designate one or more casualty collection points within warm zone areas. Once information is communicated and a request is made by law enforcement for EMS, the EMS Incident Commander (IC) will rapidly designate the formation and direction for the rescue task force (RTF) team(s).

Rescue Task Force

As additional EMS units respond to the staging location, personnel will be identified for RTF(s). An EMS Team Leader shall be designated for each RTF. The EMS Team Leader will identify him or herself to the police and fire team leaders and be responsible for coordinating and communicating with them as well as relaying pertinent information via the radio regarding:

- Team movements;
- Patient numbers and severity; and
- The need for additional resources (medical supplies and personnel).

The design and make-up of an RTF will be incident specific. When considering RTF design, law enforcement will provide direction and resource availability and patient numbers should be a factor. Taking into consideration the potential number of patients, each RTF shall be equipped with at least one hemorrhage control kit and appropriate patient movement device(s).

The I/C assumes the responsibility of Safety Officer, to include on scene personnel accountability unless otherwise delegated. In this role, the safety officer will be responsible for tracking both the units and personnel assigned to different roles (ie: RTF, triage officer, loading officer, etc.) as well as their movements (ie: tracking RTF movement in warm zone).

Warm Zone Operations

RTF teams will be instructed by law enforcement to enter the warm zone under force protection. Upon entering the warm zone, EMS personnel should:

- Rapidly and proficiently triage;
- Treat life-threatening injuries; and
- Prepare patients for expeditious extrication.

Personnel should use START/JUMPSTART Triage unless the IC determines the conditions and number of casualties largely exceed available resources and patient extrication is delayed. If the IC determines that initial warm zone triage and patient assessment should transition, rapid evaluation for life-threatening injuries and necessary treatment should be conducted in accordance with the clinicians' skill level. Decision-based prioritization and movement should be to offer the greatest good to the greatest number of people.

Initial Warm Zone Triage

- Green: mental status → obeys commands

- Red: mental status → altered/unconscious; brachial pulse present
- Expectant: mental status → altered/unconscious; brachial pulse absent
- Black: Obvious signs of death

During warm zone operations, after patient contact, patients with life threatening injuries should not be left unattended. Secondarily, patients will be extricated to a cold zone casualty collection point (CCP), where patients will be re-triaged (triage tags used), treated and prepared for transport. Depending on the number and location of patients, multiple CCPs may be necessary. Rapid triage, treatment, extrication and transport are critical to maximizing survival. In order to effectively do so, members must communicate concise and pertinent information via the radio.

All other medical operations should be performed in accordance with the Metro Boston MCI Response Plan. Patient transport will be under MCI management guidelines, to include the use of MCI triage tags. Based on the number of and the acuity of patients, steps should be taken to distribute patients across the hospital network. Bearing in mind, depending on the incident, patients may self-transport to closest hospital. Patient requests for particular hospital transport will not be honored except as approved by the IC or his/her designee.

All patient interventions should be documented, if Command advises crews to delay ePCR documentation, personnel shall make note of patient name, age, gender and receiving hospital, for all patients transported to support completion of records at a later time. As downtime becomes available, these patient interventions should then be entered in an ePCR.

HEALTHCARE SYSTEM COORDINATION

As the patient distribution and transport directing authority for the city of Boston, Boston EMS will work in conjunction with the Mayor's Office of Emergency Management (OEM) and the Boston Public Health Commission to support family reunification and assistance efforts.

PUBLIC INFORMATION

All media requests relating to information pertaining to HILF incidents must be referred to the Office of the Chief at media@bostonems.org or 617-343-6976. It is expected that incidents of this nature may warrant the mobilization of a Joint Information Center (JIC) where all responses for public information will be coordinated.