



15 'TIL 50 HOSPITAL MASS CASUALTY INCIDENT (MCI) RESPONSE STRATEGY



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WELCOME & INTRODUCTION

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- Not a clinician but rather an Emergency Management specialist
- Concept conceived and developed in California by Chris Riccardi of Children's Hospital of Orange County, CA
- Contracted with Chris for webinars and now live exercises
- Today's program is an introduction to the 15 'til 50 (notification to ability to accept 50 patients with 15 minutes notice) Strategy



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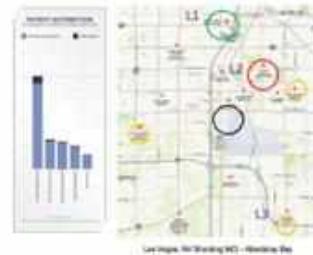
DISASTER STUDIES APPLICATION

- Amtrak Train Derailment NE FL.
- Nearest hospital was a small rural facility
- 146 patients
- Local hospital overwhelmed and eight counties responded with ambulances



DISASTER STUDIES APPLICATION

- Disaster studies: 80% of victims will self transport to the CLOSEST medical facility
- Of that 80% only 20% will be admitted
- 20% left at the scene will be transported by EMS
- Of that 20%, 80% will be admitted
- Trauma centers may be overwhelmed which means smaller hospitals may have to deal with major injury patients



Lesson from both incidents: Every sized facility needs to be ready for an MCI and care needs to be taken to not be overwhelmed by GREEN or MINOR category patients.

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SUPPLIES AND EQUIPMENT



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LAYOUT

- Need to pre-designate layout
- Key is to facilitate triage and flow of patients
- Layout maps should be created and stored with the supplies cache for quick reference
- Minor treatment area should be somewhat separated from immediate & delayed areas
- Cots are only needed for immediate & delayed areas – chairs can be used for the minor area
- Safety should be a primary goal in layout



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BACKGROUND

- Multiple past situations in Florida and across the nation resulted in MCIs
- With increasing Florida population comes an increasing potential for incidents
- Shortages of and turnover in staff necessitate revisiting MCI capabilities



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STAFFING

- Like the Incident Command System (ICS), staffing is scalable
- Walking boss
- Training, assignments, and job action sheets
- As more staff arrive, additional assignments can be made

Role	Primary	Secondary	Tertiary	Quaternary	Quintary	Sextary	Septenary	Octenary	Non-Emergency	Other	Total	Total Staff
Personnel	Medical	Administrative	Logistics	Public Health	Environmental	Security	Communication	Transportation	Other	Other	Total	Total Staff
Emergency Medical Technicians	X	X	X	X	X	X	X	X	X	X	10	10
Paramedics	X	X	X	X	X	X	X	X	X	X	10	10
Nurses	X	X	X	X	X	X	X	X	X	X	10	10
Doctors	X	X	X	X	X	X	X	X	X	X	10	10
Administrators	X	X	X	X	X	X	X	X	X	X	10	10
Logistics	X	X	X	X	X	X	X	X	X	X	10	10
Public Health	X	X	X	X	X	X	X	X	X	X	10	10
Environmental	X	X	X	X	X	X	X	X	X	X	10	10
Security	X	X	X	X	X	X	X	X	X	X	10	10
Communication	X	X	X	X	X	X	X	X	X	X	10	10
Transportation	X	X	X	X	X	X	X	X	X	X	10	10
Other	X	X	X	X	X	X	X	X	X	X	10	10
Total Staff	10	10	10	10	10	10	10	10	10	10	100	100



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SECURITY RESPONSIBILITIES

- Facility Lockdown
- Access Control using barricades, signs, personnel
- Traffic Control, especially near ED
- Crowd Control
- Patient Security
- Ongoing Assistance to Law Enforcement



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BACKGROUND

- MCIs not just limited to urban areas
- New approaches are needed
- COVID-19 provided hospitals in Florida with an opportunity to see how ready they are for an MCI
- While technology is helpful, **Simple - Straightforward Solutions** are needed, which leads us to the "15 'Til 50" MCI Response Strategy



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EMERGENCY DEPARTMENT

- Disaster Lead: (External) RN
- Charge: (Internal): RN
- Setup & DECON: Techs/CCTs
- Triage: RN
- Minor Treatment Area Team: 2 RNs + MD + Registrar + RT
- Immediate Treatment Area: 2 RNs + MD + Registrar + RT
- Delayed Treatment Area Team: 2 RNs + MD + Registrar + RT



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HICS IN A Box

- Hospital Incident Command System (HICS) tools co-located with supplies
- HICS Vests in a Binder
- HICS Forms Filed and Easily Accessible
- Incident Response Guides
- HICS Job Action Sheets
- Organization allows for quick deployment



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INITIAL ACTIVITIES - SEQUENCE

- Notification of MCI and potential patient influx received
- Plan activated by nursing supervisor
- Code "Triage" is announced
- Staff call back is needed
- Activation of Hospital Command Center (HCC)
- Staff access 15 'TIL 50 Go Kits
- Resource system allocates supplies, carts, etc.
- Radios distributed
- Triage areas are established and set up
- Security uses barriers, cones, signage, etc.
- HCC begins operations and develops triage
- Holding area for patients established
- Staff report to pre-designated assignment positions
- Patient allocation to triage areas begins



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KEYS TO SUCCESS

- Keep it Simple
- Do everything possible to have as many steps, tasks, supplies, and procedures as possible pre-organized and staged
- Remember that the strategy is "scalable" and can be enhanced as more help arrives
- Keep supplies in rotation sequence as "tide-up". Items are always available
- Ensure that each shift has at least one "take charge" leader available to organize response



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RESOURCES – 15 'TIL 50 MCI GUIDE

- "Guide" provides great detail on the setup and operation
- Includes specific MCI emergency action sheets & supplies list
- Contains guidance on how to get support for the program and how to implement the strategy
- Basically an A to Z guide to the program – non-proprietary



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CONTACT INFORMATION



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TRIAGE

- START triage is used by most agencies
- Minimal - Delayed - Immediate - Expected
- Delayed and Immediate are usually collocated, together with Minimal separated
- "Dual Wave Phenomenon" will probably be in effect - mostly green in the first 15-30 minutes followed by more serious within 1 hour
- MCI statistics show, typically, the following:
 - 20% RED
 - 30% YELLOW
 - 50% GREEN

Color	Code	Meaning	Level of Care Stage Area
Red	R	Hazardous - Threat to life, immediate care required, patient must be seen within 15-30 minutes	ACU/ED/ICU/ICU/ICU
Yellow	Y	Minor injuries, less severe, patient can wait longer, treatment within 1-2 hours	ED/ICU/ICU/ICU
Green	G	Non-life threatening, patient can wait longer, treatment within 2-4 hours	ED/ICU/ICU/ICU
Black	B	Patient of uncertain status, non-life threatening, treatment within 24 hours	ED/ICU/ICU/ICU

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JACKSONVILLE EXERCISE OCTOBER 2023



WIFR 40 Jacksonville 10/20/23 - Exercise titled "NIGHT TERRIFIC 50 MINUTE" RE

13 MINUTES : 45 SECONDS

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FUTURE OF 15 'TIL 50

- In use now in multiple hospitals in U.S., with more adopting the strategy
- Pediatric focus
- FDOH / Healthcare Coalitions
 - 15 'TIL 50 exercises and training:
 - Tampa - April 22-24, 2024
 - Miami - June 3-5, 2024
- Southern Regional Disaster Response System potential use

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INITIAL ACTIVITIES - SEQUENCE

- Notification of MCI and potential patient influx received.
- Plan activated by nursing supervisor.
- Code "Triage" is announced.
- Staff call-back if needed.
- Activation of Hospital Command Center (HCC).
- Staff arrives at HCC to triage.
- Resource system allocates supplies, tools, etc.
- Routes distributed.
- Triage areas are established and set-up.
- Security uses barriers, cones, tape, etc.
- HCC begins operations and develops MRP.
- Holding area for patients established.
- Staff report to pre-designated assignment positions.
- Patient allocation to triage areas begin.



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CONTINUE

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CONTINUE

LESSONS LEARNED FROM 1ST EXERCISE

- Training needed in addition to "Guts on Time".
- Green area heads reflected from others.
- Portable cot storage.
- Triage areas a trip hazard.
- Phone tree algorithm.
- Resources need to be located online.
- Rolling supply carts.
- Role identification, training, and exercising.
- Closer communications between HCC and Triage Lead, along with an aide.



CONTINUE

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RESOURCES - 15 'TIL 50 MCI TEMPLATE

- "Template" provides a "drag and play" for emergency activation.
- Includes job descriptions.

15 'TIL 50
Mass Casualty Incident
Plan Template



CONTINUE

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PEDIATRIC

- Pediatric patient considerations in MCI.
- Should include decon procedures as these will differ from adults – Process checklist.
- Adults based just to hold and carry pediatric patients.
- Other special procedures.



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CONTINUE

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RESOURCES



Walking to above resources and more!

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QUESTIONS?



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