

# Decentralizing Mass Casualty Incident Planning at Children's Hospital of Philadelphia

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## INTRODUCTION

Recent Mass Casualty Incidents (MCIs), such as the Boston Marathon bombing and the Las Vegas shooting, have shown that the hospital response to an MCI requires a multi-faceted, systemic effort, with many units and departments performing unique yet interdependent actions. Each of these actions must be coordinated in order to execute an effective response and the hospital's overall MCI plan must reflect the synchronization of the organization's response.

## OBJECTIVES AND SIGNIFICANCE

This level of complexity can make it challenging to prepare for an MCI. The emergency management professional is responsible for writing the MCI plan, but may not be well-versed in the workflow, environment, and priorities of each functional area (e.g., Blood Bank, Security, intensive care units). Additionally, exercising the entire MCI plan with all departments is critically important but is time and resource intensive. The objective of this operational practice is to take some of the planning load off of the emergency management professional and distribute it among representatives from the pertinent functional areas, as well as make it easier to prepare and train for an MCI.

## METHODOLOGY

The Department of Emergency Preparedness at The Children's Hospital of Philadelphia (CHOP) has addressed the complexity of MCI planning by teaming with representatives from units and departments throughout the hospital and utilizing these partnerships to decentralize the MCI planning process. At the core of this partnership is the creation of unit and department specific job aids for every functional area that would play a significant role in a MCI response. The Department of Emergency Preparedness works with a representative from each area to create their job aid, with the representative taking the lead and Emergency Preparedness acting as a guide, ensuring that all job aids follow the same format, complement one another, and work together to create a coordinated systemic response. In this manner, the representative serves as a subject matter expert and is able to ensure that their unit/department-specific response covers all necessary items and responsibilities.

## RESULTS

This approach to MCI planning has resulted in a greater level of detail in CHOP's MCI response plan (there are currently 17 supporting job aids) as well as more accessibility during a time of crisis. Each unit and department that has created an MCI job aid is encouraged to keep at least one printed copy of it easily accessible, in addition to the digital version that is stored in the hospital's policy management database. This approach also allows for more frequent MCI trainings and exercises as it is easier to practice just one aspect of the response. In addition to a large-scale, multi-department exercise, The Department of Emergency Preparedness can work with individual units and departments to hold small, targeted exercises more frequently and with a lower strain on scheduling and resources. Together, a more detailed response plan and more frequent trainings and exercises results in a more prepared hospital.

## Decentralizing the planning process for a Mass Casualty Incident response allows for more effective planning and more frequent trainings and exercises.

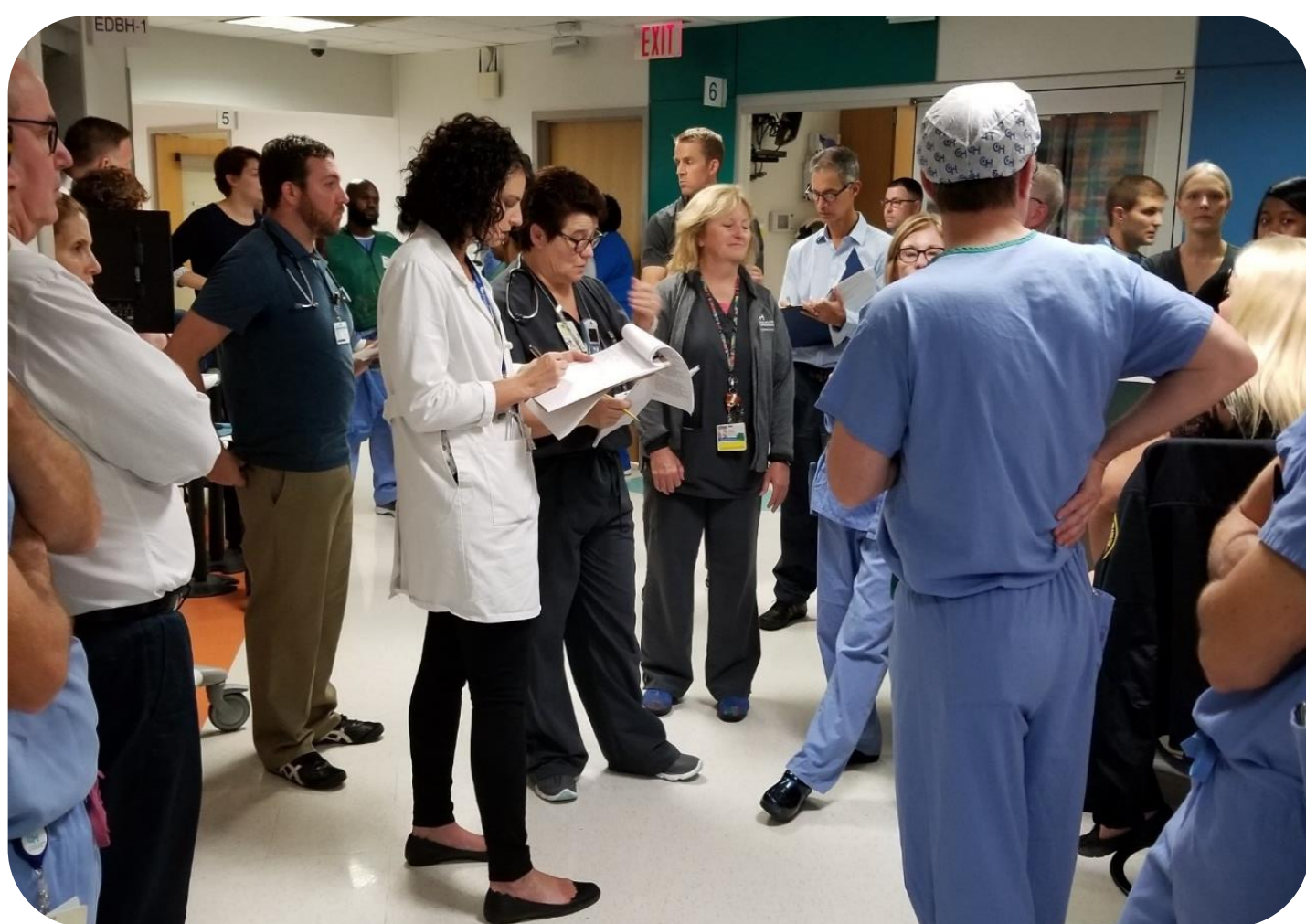


Figure 1. MCI exercise at CHOP. October 11, 2018.



Figure 2. Mini-drill at CHOP. September 27, 2019.



Figure 3. OR drill at CHOP. September 19, 2019.

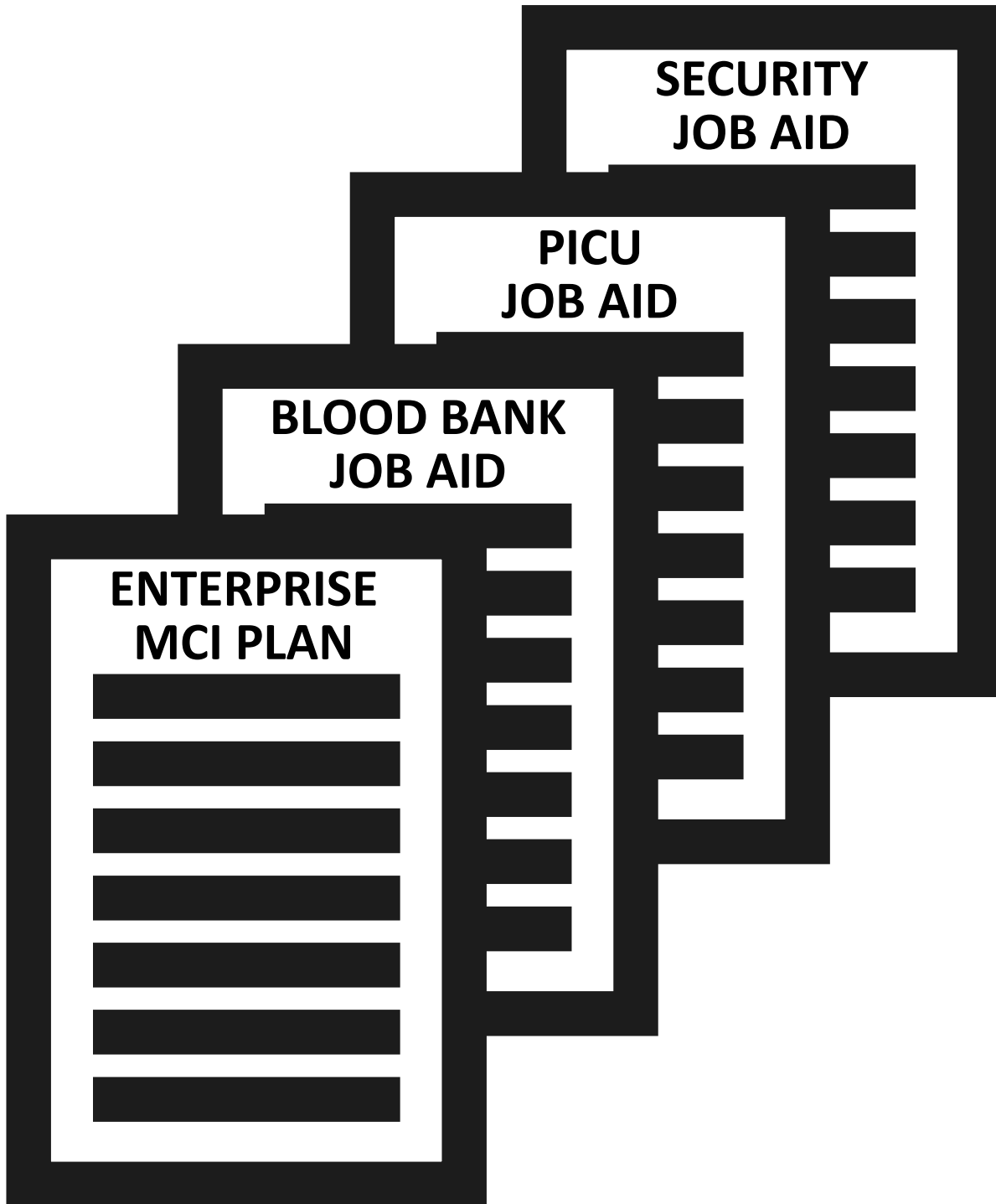
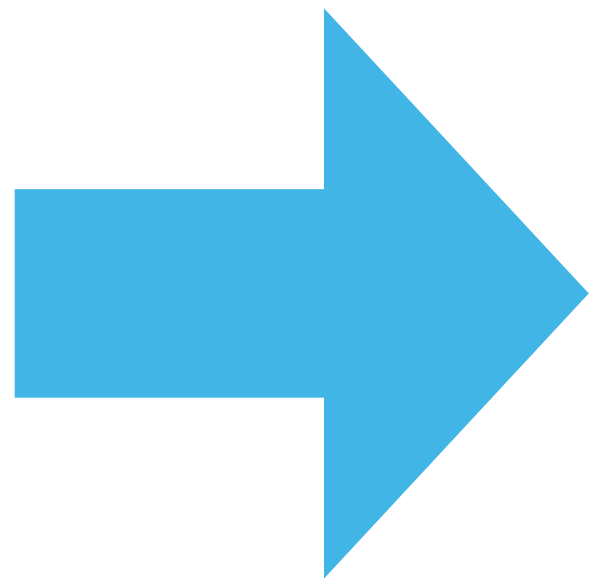
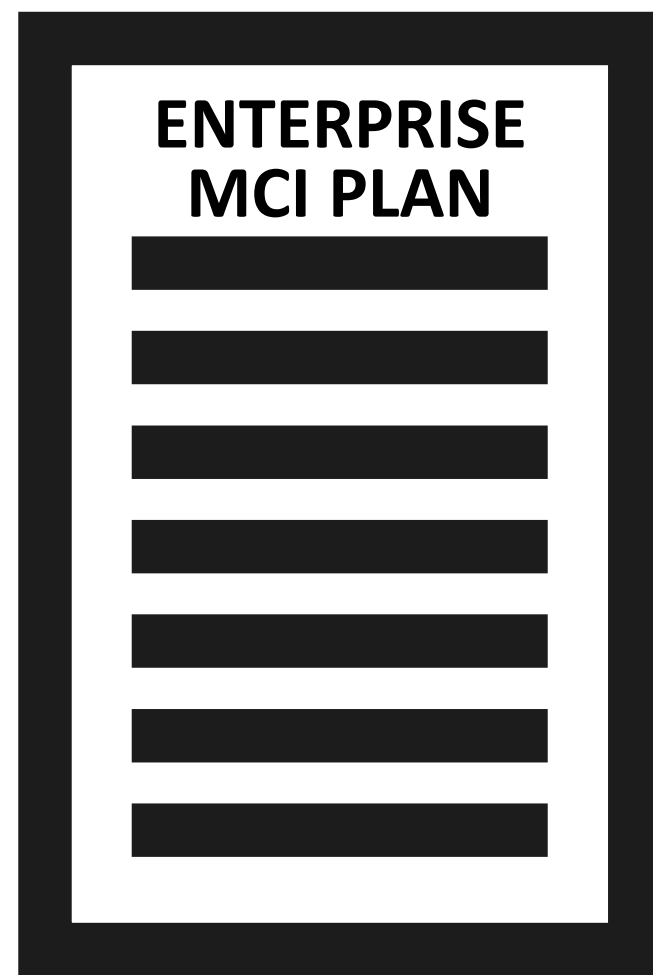


Figure 4. Nursing exercise at CHOP. September 28, 2017.



## FUTURE PRACTICE

This approach to planning and training for complex scenarios should be implemented in other organizations to determine if the benefits are as great as have been experienced for MCI preparedness at CHOP. Any response that requires a multi-faceted approach can implement this method of decentralization, making the various components of the response more responsible for their part in the preparedness process.