

 **FleetCenter**

*Welcome to Boston and the
Democratic National
Convention.*



Democratic National Convention After Action Briefing Richard Serino Boston EMS



**Lessons Learned
Information Sharing**

www.LLIS.gov

AMERICA 2004
THE DEMOCRATIC CONVENTION



Lessons Learned Information Sharing

The national online network of Lessons Learned and Best Practices for emergency response providers and homeland security officials

- Free and secure access
- Responders set the priorities
- Member directory and feedback tools
- Repository of peer-validated, original materials
- Clearinghouse of homeland security-related information

The screenshot shows the homepage of the Lessons Learned Information Sharing (LLIS) website. At the top left is the U.S. Department of Homeland Security logo. The main header includes the site title "Lessons Learned Information Sharing" and the URL "www.LLIS.gov". A search bar is located on the right. Below the header is a navigation menu with links for HOME, ABOUT THE NETWORK, MEMBER DIRECTORY, RESOURCES, COLLABORATION, FEEDBACK, MY SETTINGS, and LOGOUT. The main content area features a "Share your experiences with others!" section, a "WHAT'S NEW" section with a welcome letter from ODP Director C. Suzanne Mencer and MIPT Director Dennis J. Reimer, and a "The Lessons Learned & Best Practices Directory" with sub-sections for Emergency Disciplines, Historical Incidents, Exercises, Emergency Functions, Emergency Operations Phases, and Source Directory. At the bottom, there are sections for "UPCOMING EVENTS AND EXERCISES" and "RECENT PUBLICATIONS AND TESTIMONY". The site is sponsored by MIPT National Memorial Institute.





Overview

- The DNC took place in Boston from July 23-31 at the Fleet Center
- 35,000 in attendance
- Over 70 agencies provided security to the event.





Overview (cont'd)

- Boston EMS led all medical planning and was principal provider of medical care at the event
- Deployed units to 5 Zones: The Fleet Center, The Soft Zone, Venues and Events, Law Enforcement Support, and Citywide Operations
- Coordinated all aspects including federal teams, hospitals and private ambulance providers





Outline

- Planning
- EMS Operations
- Road Closures and EV Lanes
- Public Health Surveillance
- MCI Planning
- Pharmaceutical Support
- Lessons Learned



PLANNING

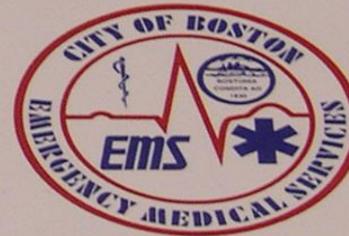
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MEDICAL CONSEQUENCE MANAGEMENT PLAN 2004 DEMOCRATIC NATIONAL CONVENTION



Thomas M. Menino
Mayor of Boston

John Auerbach
Executive Director



Richard Serino
Chief of Department

Peter Moyer, M.D.
*Medical Director
Boston EMS, Police, and Fire*

COMMAND STAFF

July 23rd, 2004 - July 31st, 2004



Timeline

- Boston's bid for the DNC began in Dec. 2001
- Selected as site Nov. 2002
- Request for National Special Security Event (NSSE) designation approved May 2003





NSSE Committee Structure

- Executive Steering Committee and 17 subcommittees including:
- Consequence Management,
- Crisis Management,
- Intelligence,
- Fire/Life Safety,
- Civil Disturbance and
- Air Space Security





Creating the Medical Subgroup

- At the request of the Mayor, Boston EMS appointed to Steering Committee
- Secret Service Designate Boston EMS lead agency for all medical consequence management planning
- Medical Subgroup formed under Consequence Management Committee





Medical Subgroup Membership

39 federal, state and local partner organizations including: USSS, CDC, FEMA, DHHS, USPS, USCG, DOD, MEMA, MDPH, OEMS, BPD, BFD, BEMA, COBTH, CHC, BMC, NEMC, MGH, SCHOC, MBEMSC,

Meetings were held each month from December 2003 through April 2004, and twice monthly leading up to the event in at the end of July





Major Issues

- Surge Capacity and Hospital Readiness
- Public Health Surveillance
- Requests for Federal Assets
- Traffic Impact
- Medical Treatment of Prisoners and Protesters
- Law Enforcement Support
- Venue Coverage





Plan Development

Boston EMS produced a Medical Consequence Management Plan

- Outlined roles and responsibilities of the medical community
- Served as the tactical operations plan for event
- Distributed to Boston EMS members and to partner agencies in hard copy
- Dynamically linked .pdf produced for electronic distribution
- Hailed as a model by Secret Service





Command Posts and Communication Centers

- 25+ across the region
- Boston EMS staffed:
 - Multi-Agency Communications Center
 - Unified Command Center
 - Boston EMS Dispatch
 - Emergency Operations Center
 - Tactical Operations Center
 - Fleet Security Room
 - Fusion Center





Multi-Agency Coordination Center (MACC)

- Primary location for interagency exchange of information including all intelligence
- Representatives from 70 organizations
- Included private sector partners like Verizon, AT&T, NSTAR and other utilities
- Managed process for clearing ambulances through closed roads





Unified Command Center (UCC)

- Served as primary command center for Boston city agencies and for coordination with federal partners
- Decision makers together with access to all intelligence and visuals
- Strong communication links to other command and communications centers and to all units in the field





EMS Dispatch Center

- Increased staffing 24/7 for call takers, dispatchers, and C-MED
- One BEMS member assigned to monitor and update city's WebEOC
- Handled initial transfer of information on closed roads





Boston EMS Operations

- Unified Incident Command System
 - All Boston EMS members trained
- Incident Command:
 - Chief Serino, Medical Incident Commander
 - Dr. Peter Moyer, overall medical control
- Public Information Officer
 - Kristin O'Connor, responsible for all media inquiries for event. Boston EMS EMT assigned to Joint Information Center (JIC)





Zones of Operation

Zone 1: Fleet Center or “Hard Zone”

Zone 2: “Soft Zone” outside Fleet Center

Zone 3: Venues and Events

Zone 4: Law Enforcement Support

Zone 5: Citywide Operations





Zone 1: The Fleet Center

- Zone 1 or “the Hard Zone” encompassed the Fleet Center and exterior inside the hard perimeter.
- All members assigned to Zone 1 had to be credentialed by the Secret Service and searched upon entry.
- Vehicles entering the hard zone had to be scrubbed by law enforcement.





Zone 1 Medical Response

- Six 2-member teams covered interior
- Two 2-member teams on ATV's covered exterior
- 1 ALS, 1 BLS unit staged inside the hard zone to provide transport of acute patients
- 16 patients transported by transferring to units outside hard perimeter





Zone 2: Soft Zone and Staging

- Geographic area of Bulfinch triangle, surrounding areas outside the hard zone and the staging areas at Steretti Rink and Nashua Street Park.
- Responsible for evacuation routes, decontamination and treatment
- Two Mobile Response Teams consisting of 1 EMT and 1 paramedic on an ATV deployed to Soft Zone.
- Boston EMS members on bicycles (x-rays) deployed in and around the Soft Zone.





Zone 2: Staging Areas

- Two staging areas to the East and West of the Fleet Center at ends of evacuation routes
- Designated as Fixed Casualty Clearing Sites, Personnel Staging Sites, and Civilian Evacuee Muster Sites
- Event Packs for treatment of nerve agents and other Strategic National Stockpile (SNS) material stored at sites.





Zone 3: Hotels and Venues

- Operational Commander worked with other zone commanders to ensure adequate resources are detailed to special events, hotels, and dignitary protection missions.
- The MA-1 DMAT assigned to Zone 3 and split into 5 six-member Go-Teams.
- Boston EMS Zone Impact Units (Six trucks) provided additional coverage as needed





Zone 3 (cont'd)

- Boston EMS coverage of special events determined by:
 1. Number of people in attendance
 2. Nature of event
 3. Staffing availability
- Hotels: Municipal Housing or School Police Officer on hotel busses and equipped with a radio to report incidents requiring medical or law enforcement support.





Zone 4: Law Enforcement Support

- The Zone 4 Commander worked closely with the law enforcement agencies and the Suffolk County House of Corrections (SCHOC)
- Six Public Order Platoons (POP) consisting of 50 law enforcement officers deployed.
- EMS provided medical support to consisting of 2 EMT's assigned to each POP.
- Additionally, BEMS bike units assigned to BPD bike units to provide medical coverage and operational awareness for BEMS
- Overall, a quiet week – less than half a dozen arrests for civil disturbance. Prepared for much worse.





Zone 4: Prisoner Processing

- Arrestees transported to the Suffolk House of Corrections
- Sheriff's Department medics did triage and assessment for all arrestees
- DMATs were prepared for deployment to provide additional medical staffing if necessary





BMC Preparation for Protesters

Occupational Health clinic staff assigned to treat police, fire, and EMS staff who are injured

- Fast Track Areas established for
 - Eye washing
 - Prisoner processing
- Designated Emergency Services Area and a Designated Prisoners Area in separate parts of facility





Zone 5: Citywide

- Increased coverage, including staffing a unit in Charlestown for an additional 8 hours a day for the night shift.
- Impacted by traffic and road closure
- Prepared for higher than normal call volume
- Worked in partnership with Mutual Aid Providers to augment coverage
- Overall, time to calls improved





Mutual Aid

- Approximately 20 units deployed at any given time from 7 different providers: Professional, General, Commonwealth, Fallon, AMR, Eascare, Armstrong ambulance companies
- Assigned to neighborhoods based on station locations and familiarity
- All units and dispatch centers provided with a portable radio for communication with Boston EMS
- Handled approximately 25% of call volume for the week



CLOSED ROAD ACCESS





Traffic Impact

- Security concerns prompted the closing of I-93 and auxiliary roads during convention hours
- BEMS & Mass State Police worked hard to keep the health impact of road closures to a minimum
- Boston EMS and State Police Worked out a detailed plan for allowing emergency vehicles access to closed roads and emergency vehicle lanes





Communicating the Plan

- Boston EMS, Mass State Police and Office of Emergency Medical Services co-signed a letter and issued hard copies of the plan to all providers in MA, RI, NH and ME
- Boston EMS made 25+ presentations to hospitals, EMS regions, councils and other states
- Purposefully limited electronic distribution





Road Closure Map

DNC Traffic Plan (Boston Area)

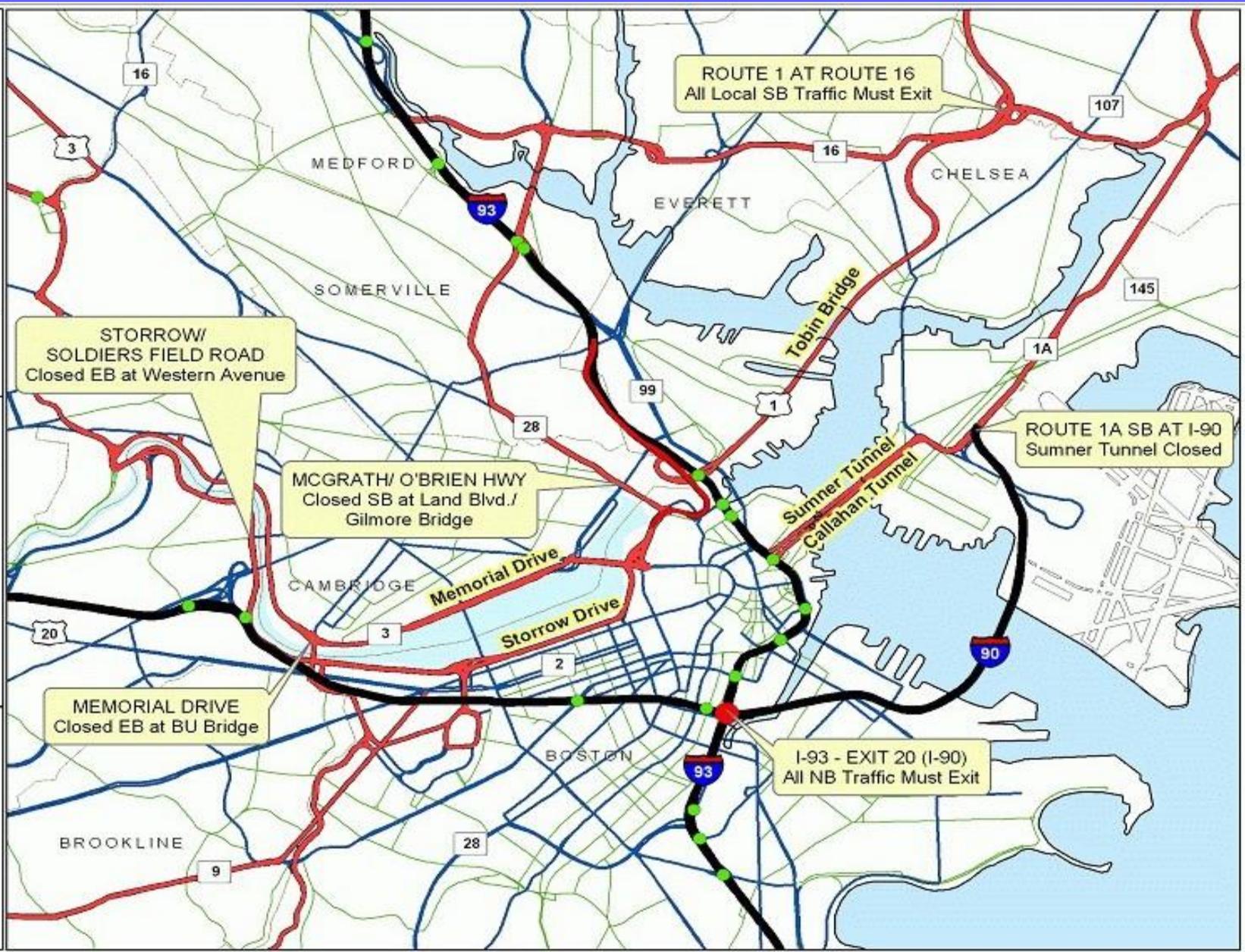


0 0.25 0.5 0.75 1 Miles

1 inch equals 0.9 Miles

Legend

- Key Interchange
- Interchange
- ▬ Interstate
- ▬ Principal Arterial
- ▬ Major Arterial
- ▬ Minor Arterial
- Town Boundary
- Water





Closed Road Access Policy

- Ambulance services asked to submit personnel and vehicle rosters to BEMS prior to DNC
- OEMS compiled a database of all ambulance services dispatch/headquarters main numbers
- BEMS and Mass State Police issued advisory through OEMS





Closed Road Access (cont'd)

When access was needed, services were instructed to contact C-MED and give:

- 1) name of company/town
- 2) vehicle number and license plate
- 3) names of all occupants including patient
- 4) Route and destination





MACC Clearance

- Information relayed to Multi-Agency Coordinating Center (MACC) for clearance
- EMS liaisons at MACC checked information against employee rosters and/or contacted operations centers over land lines to verify
- Information relayed to State Police at MACC to arrange clearance through road blocks





MACC Clearance (cont.)

- Identification checked and all vehicles searched before being granted access
- Ambulances that did not contact C-MED were denied access and directed into normal traffic
- In total, 160 ambulances cleared through closed roads
- Very cooperative relationship with MSP





Public Health Surveillance

- Subgroup worked out detailed chain of command and communications plan for CBRN detection response
- Public Health data was collected daily through existing and new data sources and collection methods.





Sources of Public Health Data

- BPHC and CDC staff analyzed data from many sources to establish possible patterns of disease, outbreaks, or other Public Health Emergencies in the city, including analyses of:
 - EMS Trip Data
 - Poison Control Data
 - Death Certificate Morbidity Data
 - DNC First Aid Station Medical Encounters
 - DNC Hotel Guest Medical Requests





MCI Planning

- Private and Metro-Boston providers will be critical to an effective response
- For an event at the Fleet Center, Steriti Rink and Nashua Street Park are muster points
- Less critical patients out to metro-area hospitals
- Communications over MAN, Radio and Nextel





Mass Casualty Incident

- In the event of an MCI, Boston EMS will institute its Mass Casualty Incident Plan.
 - The DMATs staged at Steriti Rink and Nashua Street will provide necessary surge capacity to deal with injured.





Mutual Aid

- Mutual Aid ambulance service providers incorporated into MCI plan
- Over 200 ambulances available with thirty minutes notice or less
- Boston EMS provided “mini-grants” to Mutual Aid ambulance providers and Fire Departments, for purchases of :
 - 4 caches of Equipment in region;
 - 1300 Escape Masks
 - LifePack 12's
 - Pulse Oximeters
 - Other equipment





Surge Capacity and Hospitals

All Hospitals completed table-top training, and conducted emergency drills

Council of Boston Teaching Hospitals agreed to reschedule elective surgeries and vacation time for the week and increased staff

Maintained a minimum of 500 free beds for the week; held twice daily conference calls to determine bed capacity





Hospital, Public Health & Health Center Training

- DeValle Institute of Emergency Preparedness trained over 600 hospital staff prior to the DNC, offering the following courses:
 - Hazmat Detection Instruments Course
 - Hazmat Protection & Decontamination for Health Care Workers
 - Respirator Fit Testing
 - Respirator Fit Testing, APR & PAPR
 - Incident Command System for EMS (HEICS)
 - Small Pox Vaccinator Training
 - Detection Equipment
 - Responder Operations Radiological/Nuclear





Pharmaceutical Support

Four main caches were available:

- Chempack
- SNS Event Pack
- NDMS Emergency Response Packs
- State Hospital Caches





State Supplied Hospital Caches

- The Commonwealth has provided each hospital with the following chemical antidotes
 - 10,000 doses of Doxycycline
 - 120 Mark 1 Kits
 - 2 Cyanide Antidote Kits
 - 30 - 0.5 mg doses Atropine
- In the event of a nuclear incident, the state has 250,000 doses of Potassium Iodide. Boston EMS has 22,400 Potassium Iodide doses & 200 cyanide kits





LESSONS LEARNED





Federal Agency Interaction

- Continue to enjoy excellent relationship with US Secret Service (USSS)
- USSS took EMS mission seriously, provided support, deferred to our medical expertise
- Developed better relations with Department of Homeland Security/FEMA and the Department of Health and Human Services (DHHS)





NDMS Supplies

- Onerous storage requirements made emergency access problematic
- Inventory and late delivery issues
- 1,000 ventilators and additional pharmaceutical supplies delivered with little notice or time to develop deployment plan





Lead Federal Agency Role

- FEMA did not take lead in organizing federal mobilization with DHHS, US Coast Guard or DOD
- Boston EMS worked directly with all federal organizations
- Worked well but, at times, lines of authority were unclear





EMS Union Concerns

- Union leadership expressed concerns with inclusion of Mutual Aid Partners and Disaster Medical Assistance Teams
 - Necessary resource for large scale events and for mass casualty incidents
 - Partnering is the new modus operandi





Multiple Command Centers?

- There were 29 command centers across the city and region
- Boston EMS staffed six of these: the Unified Command Center, the Multi-Agency Command Center, the city's Emergency Operations Center, Tactical Operations Center, the Fusion Center and the Security Room and Joint Info Center.
- Issues with multiple titles and unclear responsibilities
- Clear definition of all roles needed





Improved Planning

- Could have included more BEMS members earlier on
- Areas of Responsibility should be defined early, and then assigned/modified as necessary for both internal roles and other agency roles
- Earlier dissemination is key
- Copies should be made available in bulk to partner organizations





Conclusions

- Planning paid off
- Developed NSSE Medical Consequence template
- Better relations with partner organizations
- Training
- Equipment
- Improved operations for large scale events like Caribbean festival and Red Sox World Series!!!





Questions ???

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