

RELATED TERMS

- Disaster Planning
- Mass Casualty Incident
- Special Events



Lessons Learned Information Sharing

www.LLIS.gov

GOOD STORY

PRIMARY DISCIPLINES

- Emergency Medical Services
- Medical Care
- Public Health
- Law Enforcement

Boston, Massachusetts' Medical Consequence Management Plan for the 2004 Democratic National Convention

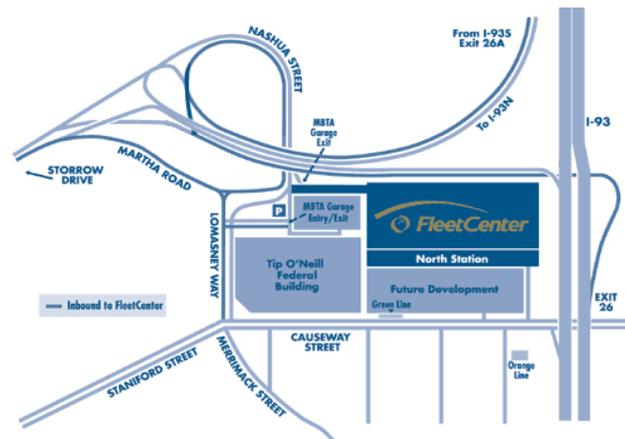
SUMMARY

The 2004 Democratic National Convention (DNC) was held in Boston, Massachusetts from July 26-29. In preparation for the DNC, Boston Emergency Medical Services (EMS) coordinated the development of a Medical Consequence Management Plan to cover all medical and health aspects of DNC security.

BACKGROUND

The Democratic National Convention Committee selected Boston, Massachusetts to host the 2004 DNC. The Committee selected the Fleet Center, Boston's multi-purpose 19,600 seat indoor sports arena, as the Convention's primary venue site.

The Fleet Center is located in downtown Boston, adjacent to Interstate 93 and several other major arteries that serve the City of Boston, the downtown area, and the outlying region. It is also in close proximity to Faneuil Hall, Lovejoy Wharf, Boston's Inner Harbor, and the historic North End. The Fleet Center is also located directly above Boston's underground metrorail system and serves as a major hub for the commuter rail system, Boston's North End Station.



The Fleet Center in relation to I-93

The 2004 DNC was designated a National Special Security Event (NSSE) by the Department of Homeland Security (DHS) on May 27, 2003, following a request from Massachusetts Governor Mitt Romney. The United States Secret Service (USSS), the Federal Bureau of Investigation (FBI), and the Federal Emergency Management Agency (FEMA) were responsible for interagency incident management coordination during the DNC. The USSS had primary responsibility for security design, planning, and implementation during the DNC; the FBI had primary responsibility for law enforcement, intelligence, hostage rescue, counterterrorism, and criminal investigation; and FEMA had primary responsibility for emergency response and recovery planning and coordination.

As the Lead Federal Agency (LFA) for security planning and preparedness at the DNC, the USSS established an Executive Steering Committee to oversee the planning process. The USSS designated Boston EMS the lead agency for health and medical services related to the Convention. At the request of Boston Mayor Thomas Menino, Boston EMS Chief Richard Serino was appointed to the Executive Steering Committee. As a member of the Executive Steering Committee, Chief Serino coordinated the development of the DNC Medical Consequence Management Plan.

GOALS

The Democratic National Convention Medical Consequence Management Plan covers all medical and health aspects of DNC security. It clarified roles, responsibilities, and lines of communication between the local, state, and federal agencies and private sector partners that played a role in managing medical incidents and consequence management during the Convention.

Boston EMS and the Boston medical community worked cooperatively with other city, county, state, and federal agencies and departments, area hospitals, public health departments, community health centers, and mutual aid partners to provide protection from and response to, medical emergencies and catastrophic events for individuals attending or participating in DNC related activities. Boston EMS and the Boston medical community strove to meet their commitments and responsibilities to the DNC while continuing to maintain the high level of 9-1-1 service routinely delivered to the citizens and visitors of Boston.

DESCRIPTION

From the outset, Boston EMS Chief Richard Serino recognized the need to coordinate all medical and health aspects of DNC security with the greater Boston medical community. As a member of the Executive Steering Committee, Chief Serino was ideally positioned to act as a conduit of information between Boston EMS and the Boston medical community and the local, state, and federal agencies involved in the DNC planning process.

Medical Subgroup Formation and Composition

A Medical Subgroup was formed under the direction of Chief Serino to better address the health and security concerns of DNC event planners and the Boston medical community. The Medical Subgroup helped Boston EMS draft the Medical Consequence Management Plan. The Plan was then distributed to all members of the Medical Subgroup, the Boston medical community, and all local, state, and federal agencies involved in the DNC planning process.

Membership in the Medical Subgroup was made up of 39 local, state and federal partner organizations, including:

- USSS;
- FBI;
- FEMA;
- Department of Health and Human Services;
- Centers for Disease Control and Prevention (CDC);
- Massachusetts Emergency Management Agency;
- Massachusetts Department of Public Health;
- Boston Public Health Commission;

- Boston Police Department;
- Boston Fire Department;
- Boston Emergency Medical Services;
- Boston Emergency Management Agency;
- Boston Medical Center;
- Conference of Boston Teaching Hospitals;
- New England Medical Center;
- Community Health Centers; and
- Massachusetts General Hospital.

Members of the Medical Subgroup worked collaboratively for over six months to draft plans for the DNC. The Subgroup met with the Boston medical community and the local, state, and federal partner organizations each month from December 2003 through April 2004, and twice monthly leading up to the event at the end of July 2004. The initial meetings developed specific medical consequence management plans for a wide range of issues, including venue coverage, traffic management, hospital surge capacity, and public health surveillance. The meetings progressed to include the logistics of developing and implementing a Medical Consequence Management Plan.

As a member of the Medical Subgroup, the [Conference of Boston Teaching Hospitals \(COBTH\)](#) played an important role in facilitating the Boston medical community's interactions with the local, state, and federal agencies. COBTH used established partnerships to facilitate communications and aid in the preparation of medical and health security plans for the DNC. In particular, COBTH's Disaster Subcommittee aided the Medical Subgroup in drafting the regional response plans found in the Medical Consequence Management Plan.

COBTH is the coalition of Boston's twelve hospitals, all of which are teaching institutions. COBTH's mission is to maximize the hospitals' visibility on the issues that are fundamental to their unique missions of teaching and research. COBTH educates opinion leaders at all levels about the contributions of its members to the area's health and economy.

Health and Security Planning Concerns

Given the magnitude of the event and the heightened state of risk for terrorist attacks, members of the Medical Subgroup were concerned about the possibility of a large-scale mass casualty incident occurring at the DNC. The Medical Subgroup was particularly concerned with the possibility of a terrorist attack using a chemical, biological, radiological, nuclear, or explosive (CBRNE) device.

Based on the experience of other high profile political events, the Medical Subgroup also had to prepare for the possibility that mass demonstrations could turn violent and could target law enforcement, EMS, and other public safety officials. The Medical Subgroup had to consider how the Boston medical community would maintain normal operations while preparing for any extraordinary events. To meet the concerns about terrorism, weapons of mass destruction, treatment of protestors, and the maintenance of normal medical services to the citizens and visitors of Boston, the Medical Subgroup developed a plan that was broad, flexible, and addressed a range of topics.

Components of the Medical Consequence Management Plan

The Medical Consequence Management Plan covered all medical and health aspects of DNC security, including those that were not the direct responsibilities of Boston EMS. Its emphasis was on clarifying roles, responsibilities, and lines of communication between

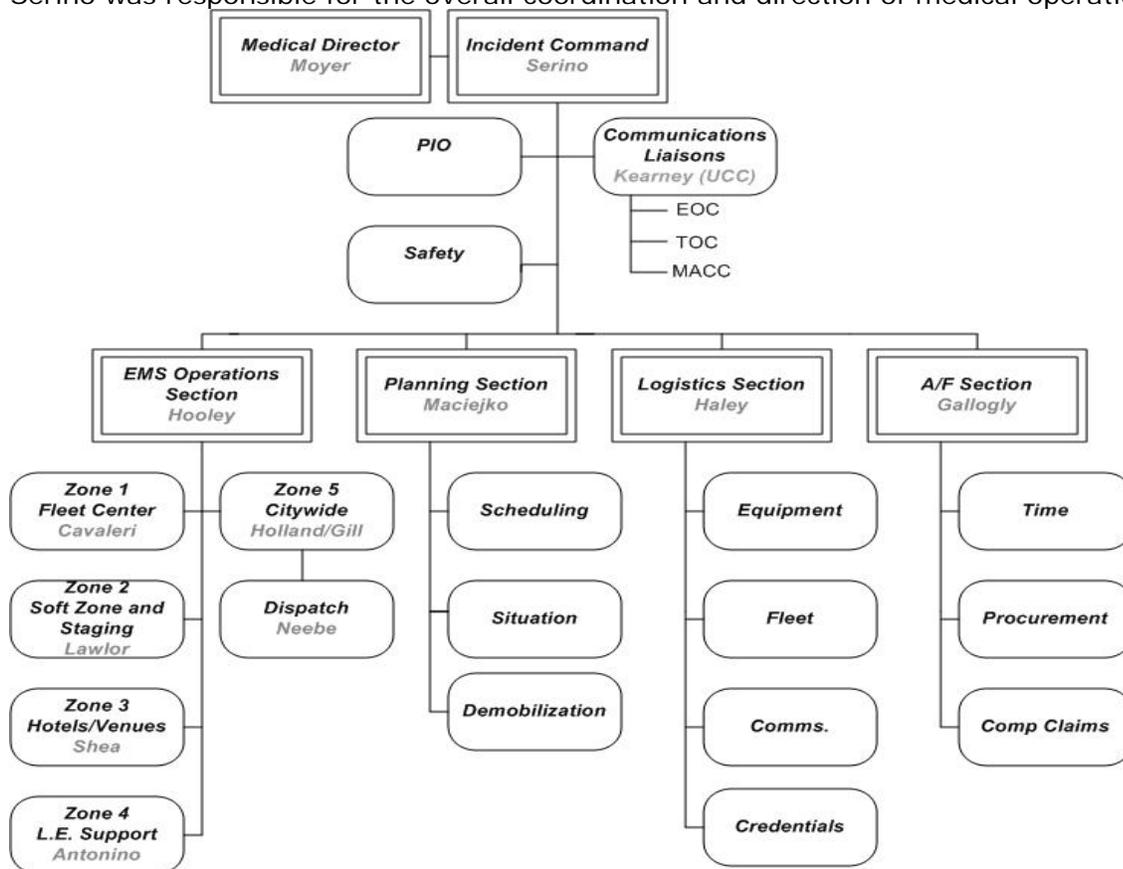
the local, state, and federal agencies and private sector partners that would play a role in managing medical incidents at the DNC.

Boston EMS took the lead role in developing the Medical Consequence Management Plan, receiving input from the Medical Subgroup. Boston EMS hired two Harvard University, Kennedy School of Government, graduate Summer Fellows to manage the organization and drafting of the Plan. Under the direction of Chief Serino, Boston EMS senior staff met weekly to address development issues and review drafts produced by the Fellows.

The Plan detailed how Boston EMS and the Boston medical community would maintain normal operations and prepare for any extraordinary events during the DNC. The Plan established guidelines and procedures for Incident Command (IC), venue coverage, traffic management, surge capacity and hospital readiness, public health surveillance, and law enforcement support and treatment of prisoners and protestors.

Incident Command

The Medical Consequence Management Plan established that the medical operations for the DNC would operate under the Incident Command System (ICS). It made clear that although each organization would maintain the control of its own personnel, operations would come under a single Unified Command (UC). The Plan established Boston EMS Chief Serino as the EMS Medical Incident Commander (EMS I/C). As EMS I/C, Chief Serino was responsible for the overall coordination and direction of medical operations.



I/C Chart for the 2004 DNC

DNC Venue Coverage

The Medical Consequence Management Plan offered a detailed overview of DNC venue coverage. The actual Convention venue was designated the “Hard Zone” while the outlying perimeter was designated the “Soft Zone.” All medical personnel assigned to the hard zone had to be credentialed by the USSS and searched upon entry. Vehicles entering the perimeter of the hard zone had to be scrubbed by law enforcement.

- **Hard Zone Coverage:** The Plan called for six two-member teams to cover the interior of the hard zone and two-two member teams on all-terrain vehicles to patrol the exterior of the hard zone. Boston EMS staff assigned to the hard zone handled all requests for medical assistance from staff, delegates, media, and all other individuals. These teams examined, treated, and released any patient present in the hard zone. Patients could also be brought to the onsite medical station for further evaluation and treatment or be transferred directly to an area hospital;
- **Fleet Center Medical Station:** Boston EMS established an onsite medical station in the Fleet Center Medical Room. The Fleet Center Medical Station was setup to be a “treat and release” site for all minor injuries and illnesses. In the event that transport was not possible, the Medical Station was equipped to treat serious trauma, give blood, and treat airway issues, as well as provide limited pediatric and obstetrics capability;
- **Soft Zone Coverage:** The Plan called for two two-member teams on all-terrain vehicles, bicycles, and ambulances to patrol the soft zone. It also called for two staging areas to be set up on each end of the soft zone to serve as fixed casualty clearing sites, personnel staging sites, and civilian evacuee muster sites; and
- **Staging Areas:** The Plan called for two staging areas to be set up to the East and West of the Fleet Center at the ends of the evacuation routes. Disaster Medical Assistance Teams (DMATs) were deployed to the staging areas to assist Boston EMS in the event of a mass casualty incident. The Plan also required Boston EMS and private mutual aid ambulance providers to stage six units at these areas.

Traffic Management

Security concerns necessitated the closing of Interstate 93, Route 1, the Sumner and Callahan Tunnels, the Leverett Connector and McGrath-O’Brien Highway, Storrow Drive, Memorial Drive, and city streets surrounding the Fleet Center during Convention hours. Inbound and outbound traffic to the City of Boston was essentially terminated during Convention hours. These street closures prompted concerns from healthcare workers and the public about the impact that it would have on providing healthcare for the city and to the event.

Boston EMS, the Massachusetts State Police (MSP), and the Massachusetts Department of Public Health’s Office of Emergency Medical Services (OEMS) worked closely to keep the impact of the closed roads on the healthcare community to a minimum. They generated a detailed response plan for allowing emergency vehicles access to closed roads and emergency vehicle lanes inbound to Boston. This response plan was incorporated into the Medical Consequence Management Plan.

- **DNC Emergency Vehicle Response Plan:** The DNC Emergency Vehicle Response Plan covered emergency vehicle lanes, closed roads, and emergency vehicle road access. In an effort to ease emergency vehicle access into Boston, the MSP established a series of emergency vehicle lanes on routes inbound to Boston. Ambulance services

Surge Capacity and Hospital Readiness

The Medical Consequence Management Plan established a detailed framework for DNC surge capacity and hospital readiness. The Plan sought to address surge capacity and hospital readiness given a 500+ patient surge. In particular, the Plan detailed ambulance diversion, elective surgeries, surge capacity, expanded staffing plans, blood supply, and forward deployment of state supplied hospital caches.

- **Ambulance Diversion:** The major city hospitals agreed to suspend ambulance diversion during the week of the DNC given the potential high number of patients and the expected difficulty in transporting patients due to traffic problems and closed roads;
- **Elective Surgeries:** COBTH and its member hospitals agreed to reschedule the vast majority of elective surgeries for the week of the DNC;
- **Surge capacity:** COBTH and its member hospitals maintained a minimum of 500 free beds for the week and held twice daily conference calls to determine total bed capacity for the City of Boston. Bed status reports specified the number of intensive care and general hospitals beds available immediately and additional beds that could be available after feasible discharges, transfers to nursing homes and to hospital holding areas;
- **Expanded Staffing Plans:** COBTH and its member hospitals agreed to cancel all vacation time for the week of the DNC. COBTH and its member hospitals also developed expanded staffing plans and physician recall plans to be implemented in case of an emergency or a mass casualty incident;
- **Blood Supply:** The American Red Cross (ARC) hosted a summer blood drive to increase regional capacity during the DNC. The ARC also filmed a series of public service announcements (PSAs) with Chief Serino to highlight the importance of donating blood. The PSAs increased the blood supply of the region by 111%. The New England Region normally operates on a one-day supply of blood. Severe traffic or a mass casualty incident would strain available resources. The Red Cross agreed to provide daily updates on the blood supply, and, if blood delivery was urgent, the Massachusetts Ambulance Association offered to transport blood and/or organ donations; and
- **Forward Deployment of State Supplied Hospital Caches:** The Plan detailed the forward deployment of State Supplied Hospital Caches. These caches included 10,000 doses of Doxycycline, 120 Mark 1 Kits, two Cyanide Antidote Kits, and 30 0.5mg doses of Atropine. State hospitals were equipped with 250,000 doses of Potassium Iodide in the event of a nuclear incident.

Public Health Surveillance

Boston EMS developed a plan in coordination with Boston Public Health Commission and CDC staff to analyze data from various sources during the DNC to establish possible patterns of disease, outbreaks, or other public health emergencies in the city. The sources outlined in the Plan included: EMS trip data, poison control data, death certificate morbidity rate, DNC medical station encounters, and DNC hotel guest medical requests.

BPHC and CDC staff used volume-based and enhanced syndromic surveillance to analyze the collected data. The volume-based system automatically recorded the number of patients seen at each of Boston's 11 acute care facilities during the previous 24 hours. The enhanced syndromic system analyzed a wider range of data such as chief complaint

and emergency room discharge diagnosis. The system sorted chief complaint data and then measured volumes against historic thresholds. The Plan stipulated that any exceedances over historic thresholds were to be investigated by BPHC and CDC nursing staff.

Law Enforcement Support and Medical Treatment of Prisoners and Protestors

The Medical Consequence Management Plan called for six Public Order Platoons (POPs) consisting of 50 law enforcement officers, an emergency medical technician (EMT), and a paramedic to be deployed around the perimeter of the hard zone. The plan also called for Boston EMS bike units to be assigned to BPD bike units to provide medical coverage and operational awareness for Boston EMS during the event. The plan stipulated that members of Boston EMS were there to provide medical support to law enforcement officers and any others who may have been injured, not to take part in law enforcement.

The Plan also called for the creation of an Emergency Services Area and a Prisoner Treatment Area in separate parts of any medical treatment facility. Boston Medical Center (BMC) established separate reception and treatment areas for prisoners and law enforcement personnel. BMC's Occupational Health Clinic staff was used to treat injured police, fire, and EMS personnel. BMC also established a fast track area for eye washing and processing prisoners who were triaged by medics from the Sheriff's Department.

Supporting Elements of the Medical Consequence Management Plan

The Medical Consequence Management Plan relied on mutual aid agreements with partner ambulance service providers and fire departments, the deployment of federal assets, and the establishment of a Public Information Office.

Mutual Aid

Mutual aid ambulance service providers and fire departments were incorporated into the framework of the Medical Consequence Management Plan. Boston EMS negotiated an agreement with the service providers whereby over 200 ambulances would be available within 30 minutes or less. In addition, Boston EMS provided "mini-grants" to mutual aid ambulance providers and fire departments for equipment caches, including Lifepak 12 monitors, escape masks, pulse oximeters, and interoperable radio equipment. This promoted interoperability between Boston EMS, its mutual aid partners, and all public safety officials present at the DNC.

Federal Assets

Boston EMS took the lead role in requesting federal assets to be deployed as part of the Medical Consequence Management Plan. Boston EMS and the Massachusetts Strategic National Stockpile (SNS) Program requested and received through the CDC's SNS Program 40 CHEMPACKS, five Event Packs, and four Emergency Response Packs (ERPs). The CHEMPACKS, Event Packs, and ERPs were leave-behind assets.

Public Information

The Boston EMS Public Information Office was responsible for providing information regarding health and medical operations, concerns, or alerts to all media outlets and the public in general. Boston EMS members and personnel from the Boston medical community were instructed not to provide comment to any members of the media, unless authorized by the EMS I/C or his designee.

Distribution of the Medical Consequence Management Plan

The Medical Consequence Management Plan was confidential and was not available for duplication or distribution without the express consent of Boston EMS. Boston EMS

distributed a hard copy of the Plan to its mutual aid partners and all local, state, and federal partner organizations involved in the DNC planning process. A dynamically linked PDF version was also produced for electronic distribution. Senior staff at Boston EMS produced a Command Staff version that included other organizations' operational plans.

Chief Serino and the other members of the Medical Subgroup worked hard at convincing all partner organizations to adopt the Plan. Chief Serino made numerous presentations to the members of the Executive Committee and to the local, state, and federal partner organizations involved in the DNC planning process. Chief Serino's efforts were not in vain; every partner organization involved in the DNC planning process adopted the Plan before the start of the DNC.

REQUIREMENTS

Keys to Success

Interagency cooperation: The success of the Medical Consequence Management Plan depended on local, state, and federal interagency cooperation. Boston EMS and the Boston medical community worked with a multitude of agencies at the local, state, and federal levels to develop and implement health and medical security programs for the DNC. In the end, the USSS hailed Boston's Democratic National Convention Medical Consequence Management Plan as a template for future NSSE medical consequence planning.

Sufficient time to plan: Boston EMS and the Boston medical community spent over one year planning, researching, and developing the Medical Consequence Management Plan. It was at times a tedious process that involved a great deal of time and effort.

Well-established partnerships: The development of the Medical Consequence Management Plan benefited from the well-established partnerships between Boston's emergency response agencies and the Boston medical community. In particular, research and development of the Plan was greatly aided by the well-established working relationship between Boston EMS and COBTH.

Resources

The medical consequence management planning process demanded a variety of resources, not the least of which was time. Boston EMS, the Boston medical community, and a large number of local, state, and federal employees dedicated months to planning and developing the Medical Consequence Management Plan.

Implementation of the Plan did not require specialized resources beyond those necessary for ICS and UC operations.

Training

All employees in Boston's emergency response community were trained in the use of ICS. Boston EMS' DelValle Institute of Emergency Preparedness offered basic ICS training courses and train-the-trainer courses to members of the Boston medical community (hospitals, EMS, public health departments, and community health centers) and anyone else involved in the DNC health and medical security planning process. Boston EMS' DelValle Institute of Emergency Preparedness also trained all Boston EMS staff to the 40 hour WMD HAZMAT technician training prior to the DNC.

Boston EMS and the Boston medical community participated in several major training exercises conducted by the Office of Domestic Preparedness, Department of Homeland Security. These exercises allowed Boston EMS and the Boston medical community to identify the strengths and weaknesses of the Medical Consequence Management Plan. These observations were then used to make last minute adjustments to ensure the Plan's effectiveness in time for the DNC.

Links

- Boston Emergency Medical Services:
<http://www.bostonems.com>
- Council of Boston Teaching Hospitals:
<http://www.cobth.org>
- DelValle Institute for Emergency Preparedness (the training institute for public health professionals, infectious disease specialists, emergency department staff, EMS providers, and public safety professionals serving the City of Boston):
<http://www.bphc.org/delvalle>
- United States Secret Service National Special Security Events:
<http://www.ustreas.gov/usss/nsse.shtml>

DISCLAIMER

Lessons Learned Information Sharing (LLIS.gov) is the US Department of Homeland Security/Federal Emergency Management Agency's national online network of lessons learned, best practices, and innovative ideas for the emergency response and homeland security communities. The Web site and its contents are provided for informational purposes only, without warranty or guarantee of any kind, and do not represent the official positions of the US Department of Homeland Security. For more information on *LLIS.gov*, please email Feedback@llis.dhs.gov or visit www.llis.gov.