



Totally Rad!
Pinellas County Mass Casualty Drill
March 22, 2006

INTRODUCTION

PURPOSE

This disaster drill offers participants the opportunity to gain an understanding of their hospital's and first responder's ability to respond to a mass casualty event involving blast injuries as well as radiological identification, decontamination and treatment.

SCOPE



The Pinellas County Mass Casualty Drill will focus on a "dirty bomb" explosion during a pep rally in the gym at a local high school. Because of the possibility of radiological contamination, each hospital will exercise their decontamination procedures. This drill has two focus areas. The first being the specific detailed response procedures at the hospital level, including communication, emergency response coordination, resource integration, problem identification and resolution. All participating hospitals will be expected to utilize their existing abilities and assets to respond to the situation. The second focus is the on-scene response. HazMat, Fire, EMS and police units will respond to the scene to decon, triage and transport casualties to local hospitals. The Pinellas County school system will utilize their mobile response unit on-scene as well.

OBJECTIVES

1. **Inter-Agency Communication.** Examine local interface between agencies during the conduct of crisis and consequence management activities.
2. **Hospital Decision-Making Process.** Assess the communication, coordination and effectiveness of the hospital command structure. (HEICS)
3. **Decontamination Capabilities.** Test processes in place to set up decontamination equipment, manage contaminated patients and limit ER contamination.

4. **Hospital Planning.** Test the hospital's plan for Planning, Response, Recovery and Mitigation for their Emergency Preparedness planning and identify improvements if necessary.
5. **Patient Tracking.** Assess the capabilities of the hospital to track a disaster victim from time of arrival at the hospital through disposition.

DRILL STRUCTURE

The Pinellas County Hospital Disaster Drill is a live-action exercise using real people as play patients. Patients transported from the scene will have a triage tag detailing injuries they have received during the incident. Patients self-transporting will need to be triaged at the facility. Patients will simulate transport via ambulance to emergency bay or will self-transport to various hospital doors. Most patients will not be triaged at the scene and will require decontamination at the hospital locations. Decontamination facilities are expected to be set up and patients deconned before entry into the hospital.

ROLES

Evaluators observe the actions of the hospital participants and provide feedback on possible changes.

Hospital-Student Liaisons will direct the students and bus where to go during the drill and where lunch will be served.

Student Chaperones are responsible for the well-being of the students participating.

DRILL GUIDELINES

- This drill is the ideal opportunity to exercise the plans already in place and determine if improvements are necessary.
- Responses should be based on current capabilities.
- If at any time a real emergency occurs the hospital will notify Pinellas County Emergency Management with the code words "emergency traffic" and switch to channel Delta.
- Students will indicate an actual emergency with the code word "Spongebob". This will opt out a single player and not terminate the entire exercise.
- A hospital may decide at any time to end the drill for their location with the code "terminate exercise" and the name of the hospital.

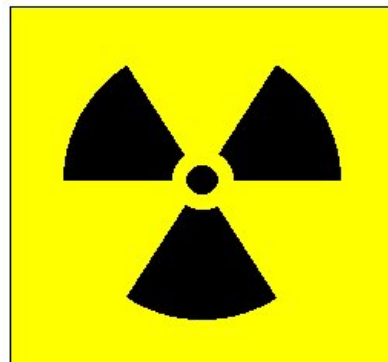
ASSUMPTIONS AND ARTIFICIALITIES

In any exercise, a number of assumptions and artificialities may be necessary to complete the exercise within the allotted time. During the Pinellas County Hospital Disaster Drill the following apply:

- The Pinellas County EOC will be manned during the exercise by Emergency Management and Health Department personnel for direction and safety.
- The exercise will be played at the hospitals and there will be on-scene activities.
- Students should simulate being dropped off via ambulance, there will not be any ambulances at the hospitals to drop off drill participants.
- Students will be mobile.
- Few students will have been deconned at the scene before arrival at the hospitals and will therefore require decon at the hospital.
- The high school students must be dry deconned – they cannot get wet.

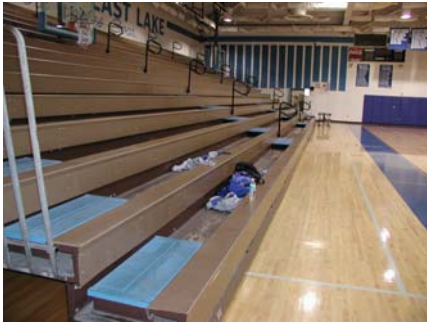
SCENARIO

A facility in Tampa is licensed by the State of Florida's Department of Health to possess 100 curies of Cs137. Local authorities have reported the material has been missing for the past few days. Cesium 137 is usually in the form of a salt compound (cesium chloride). The radioisotope has a half-life of 30 years, and emits energetic beta particles (1.1MeV), as well as penetrating gamma rays (0.662 MeV). Both emissions will result in deep tissue damage to humans if present in significant quantities (millicurie's or more).



On March 22, 2006 around 9:30am an explosion occurred during a pep rally in a local high school gym causing massive structural damage to the building. There were over 1000 students and teachers in the building who may have suffered blast injuries such as broken bones, burns and contusions. The HazMat team was called to the scene and discovered radiological contamination. Decontamination procedures were set up, however, many students left the scene before decon could occur. Fire rescue and Sunstar will be transporting victims from the scene to all area hospitals. Victims

arriving via ambulance or simulated ambulance have been triaged and deconned; however, victims arriving on foot have not.



Individuals in close proximity to the blast (~50 feet) will receive significant radiation exposure and be highly contaminated. They should receive immediate medical attention; however, first responders should use protective gear to minimize their exposure. The responders should also utilize radiation meters and wear dosimeters to monitor their exposure. These victims will receive radiation doses estimated between 10 – 100 rads. This is not a lethal dose but Acute

Radiation Syndrome (ARS) symptoms may occur (nausea, vomiting). These symptoms will not be present immediately, but will occur several hours later. These victims should have their clothing removed and be decontaminated prior to hospital admittance. Medical evaluation should include testing for internal uptake of the Cs137. The use of Prussian Blue should be considered to aid in the secretion of the cesium.

Radiation exposure to individuals beyond the immediate blast area will not cause long term health effects, but they will be contaminated with radioactive particles. First responders should triage these persons and monitor for radioactive contamination. Removal of contaminated clothing will greatly reduce radiation exposure. These victims will not need medical attention regarding radiation exposure but may need routine medical care. Decontamination could occur on-site or at a medical facility.

Persons close to the effected area should be monitored to ensure no radioactive contamination is present. No radioactive plumb is anticipated with this device.

The area should be secured until monitoring and decontamination of responders, vehicles, equipment and the general area is completed.





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EVENT SCHEDULE

TIME	EVENT	DESCRIPTION
0700	SPC students assemble at PPK campus and travel to scene – Discovery Center: 305 4 th Ave SW, Largo	<ul style="list-style-type: none"> • Students transported to scene via bus • Moulage provided by PinCHD moulage team • Moulage material returned to PinCHD
0800	HS students assemble at schools; prepare for transportation	<ul style="list-style-type: none"> • Rules of conduct reviewed • Student groups created with specific number of students for each hospital; students given wristbands to identify them as drill players • Student safety officer (orange vest) assigned • Radios assigned and test conducted between EOC and safety officer • Symptom cards and triage tags distributed
0915	Students board bus for staging area	<ul style="list-style-type: none"> • List of names created and number of students going to each hospital called in to EOC when bus leaves • Hospital-student (H-S) liaison meets student group at hospital staging area; overview/rules of hospital given to students
0945	Hospitals notified of start of drill	<ul style="list-style-type: none"> • Page sent over hospital notification system and Ready Alert
0955	MCO contacts hospitals	<ul style="list-style-type: none"> • MCO reads script for each hospital over radio
1000	Students transported to hospital	<ul style="list-style-type: none"> • H-S liaison relocates to ER to observe reception of students • Students may challenge non-emergency doors • SPC students will be wet deconned • HS students will be dry deconned • Students are triaged before entry into hospital
1115	Drill completed	<ul style="list-style-type: none"> • All students should be through decon and triage at hospital • Radios and vests given to hospital coordinator • Evaluators review notes with hospital staff; give evaluation to hospital and fax copy to health department (727-820-4250)
1115	Students and auxiliary personnel served lunch at hospital	<ul style="list-style-type: none"> • H-S liaison directs students, bus driver, chaperones, etc. to lunch area
1215	Students returned to school	<ul style="list-style-type: none"> • Student names checked by safety officer before boarding bus
1400-1600	Hotwash	<ul style="list-style-type: none"> • Located at Discovery Center – 305 4th Ave SW, Largo



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PARTICIPANTS

- Pinellas County Emergency Management
- Pinellas County Health Department
- Pinellas County Hospitals
 - All Children's Hospital
 - Bay Pines VA Hospital
 - Bayfront Medical Center
 - Edward White Hospital
 - Helen Ellis Memorial Hospital
 - Kindred Hospital
 - Largo Medical Center
 - Mease Hospital – Countryside
 - Mease Hospital – Dunedin
 - Morton Plant Hospital
 - Northside Hospital
 - Palms of Pasadena Hospital
 - St. Anthony's Hospital
 - St. Petersburg General Hospital
 - Sun Coast Hospital
- Pinellas County Schools
 - Transportation Department
 - Palm Harbor University High School; Medical Magnet Program
 - Boca Ciega High School; Medical Magnet Program
- Pinellas County HazMat Team
- Largo Fire and Police Departments
- American Red Cross
- St. Pete College Nursing Program
- Bayflite Air Medical Transport





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COMMUNICATIONS

RADIO CALL SIGNS

All normal radio calls will be on EOC Channel Alpha.
Calls including sensitive information will be transferred to Channel Delta.

Group Name	Call Sign	Assigned Location	Bus Number
Boca Ciega Group 1	Boca One	All Children's	South 4
Boca Ciega Group 2	Boca Two	Bayfront	South 3
Boca Ciega Group 3	Boca Three	Ed White	South 2
Boca Ciega Group 4	Boca Four	Kindred	South 6
Boca Ciega Group 5	Boca Five	Northside	South 1
Boca Ciega Group 6	Boca Six	Palms of Pasadena	South 5
Boca Ciega Group 7	Boca Seven	St. Anthony's	South 2
Boca Ciega Group 8	Boca Eight	St. Pete General	South 1
Palm Harbor Group 1	Palm One	Helen Ellis	North 1
Palm Harbor Group 2	Palm Two	Mease Countryside	North 2
Palm Harbor Group 3	Palm Three	Mease Dunedin	North 3
Palm Harbor Group 4	Palm Four	Morton Plant	North 4
Palm Harbor Group 5	Palm Five	Sun Coast	North 5
Boca Ciega Dispatcher	Boca Dispatch	Boca Ciega HS	
Palm Harbor Dispatcher	Palm Dispatch	Palm Harbor HS	
Main Bus Dispatcher	Bus Dispatch	High Point	
SPC Group	SPC Dispatch	Discovery Center	

Hospital Coordinators: Hospital name + 100 (Example - Bayfront 100)

Hospital-Student Liaisons: Hospital Name + 200 (Example - Bayfront 200)

Pinellas County Health Department: Health Department 100

Emergency Management: Pinellas County EOC

IMPORTANT PHONE NUMBERS

Emergency Operations Center	
Operations Desk	464-4677
Health Dept Desk	464-4740
Dave Casto – Cell	647-7048
Radio Call Sign = County 610	
David MacNamee – Cell	647-7033
Radio Call Sign = County 640	
Emergency Management Main	464-3800

Additional Numbers:
