Mass Casualty in a Rural Town: The FedEx Bus Accident

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Emergency Management Coordinator, Glenn Medical Center

Amy Travis
Hospital Preparedness Program Coordinator, Glenn County

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Nurse Manager, Emergency Department, Enloe Medical Center
Traci Torres, EMT-B
Emergency Management Coordinator
Glenn Medical Center

Traci Torres serves as the emergency management coordinator for Glenn Medical Center where she coordinates and administers the Hospital Preparedness Program grants. Traci also serves as the public information officer (PIO) and training and exercise coordinator. Traci has served Glenn Medical Center in Hospital Preparedness Programs for the past five years.

Amy Travis
Hospital Preparedness Program Coordinator
Glenn County

Amy Travis serves as the Medical-Health Emergency Preparedness Program coordinator for the County of Glenn. In this role, she coordinates and administers the Public Health and Hospital Preparedness Program grants, and serves as the Medical Health Operational Area Coordinator (MHOAC), public information officer (PIO), and training and exercise coordinator. Amy has served northern California counties in the medical-health preparedness program for the past seven years. Amy has a Bachelor of Science in Health Science Education from CSU Chico.
Incident Overview

- On Thursday, April 10, 2014 at 5:40 p.m., a collision occurred on Interstate 5 (I-5) north of State Route 32, in Glenn County.
- The driver of the FedEx truck towing two trailers was traveling southbound I-5.
- For an unknown reason, the driver of the FedEx truck allowed it to drift to the left across the southbound lanes and through the median.
Incident Overview (cont.)

- FedEx truck entered the northbound lanes and side swiped the left side of a Nissan
- The FedEx truck continued in a southeasterly direction and collided head-on with the Setra tour bus
- As a result of the collision, both vehicles became fully engulfed in fire, as they came to rest on the east shoulder of northbound I-5
Incident Overview (cont.)

• On board the Setra tour bus, were 43 high school students from the greater Los Angeles area and 3 adult chaperones
### Orland, CA — Glenn County

- Glenn County population: 28,350
- City of Orland population: 7,300
- 100 miles north of Sacramento
- Fire Department: All volunteer
- Hospital: 15 bed — Critical Access in Willows (15 miles)
- Nearest trauma center: Chico, CA (Butte County) 20 miles away
Incident Overview (cont.)

As a result of the traffic collision:
- 34 injured, ranging from minor to major injuries
- 9 fatalities at the scene
- 1 fatality at UC Davis

The fatalities consisted of:
- Bus driver
- FedEx truck driver
- All 3 adult chaperones
- 5 students
- The investigation is ongoing by CHP
Timeline

• 1740: Collisions occur/explosions
  – Within minutes First Responders arrive
• 1747: Students evacuated bus
• 1752: Traffic diverted from I-5
• 1752: First patient transport — Enloe Flight Care transported a severely burned to UC Davis

Timeline (cont.)

• 1759: Students staged and triaged on southbound I-5
• 1803: Control Facility — EMSSystems MCI alert
• 1910: Media starts to arrive
• 1924: Shelter established at Memorial Hall in Orland
Large Incident, Small Town

Huge implications
• Multi-Casualty Incident
• Mass Fatality
• I-5 closed to traffic for 17 hours

Mutual Aid
• Automatic, day-to-day mutual aid
• Immediate response from all jurisdictions within the county and from multiple counties within the region
• Regional Disaster Medical Health Specialist (RDMHS) program activated immediately

Regional Response/Coordination

• 2 Disaster Medical Support Units and an MCI Trailer from 3 counties
• On-scene ICS Medical Branch positions staffed by personnel from multiple different providers and counties
• Patient dispersal Control Facility
• Enloe Medical Center (Butte County)
Regional Response/Coordination (cont.)

- 14 ground ambulances from 6 counties
- 4 ground ambulances cancelled en-route

Regional Response/Coordination (cont.)

7 EMS aircraft from 5 counties
Enloe Medical Center

- Medical Control Facility
- Level 2 Trauma Center
- Regional Referral Center
- ED: 35 beds — Approx. 50,000 visits/year

Initial Incident Timeline

- 1742: Initial Enloe Dispatch request by GCSO
- 1744: WS Ambulance on scene requesting additional
- 1745-1754: Additional ambulance and aircraft requests
- 1803: EMC DCF event created
- 1815: Command Center activated
- 1834: OHP Code Triage Level 1
- 1839: First patient arrives REACH HC
Initial Incident Timeline (cont.)

- 1845: Media inquiries begin
- 1900-1904: 4 patients arrive AMB
- 2036-2044: 4 patients arrive AMB
- 2153: Final 2 patients arrive
- 2400: Command Center shuts down for night
- 2400-0300: PIO staff dealing with media


- Disaster Control Facility and patient disbursement
- Patient identification system
- Patient information and tracking
- Interpreter resource list
- Improve cable TV in HCC
Enloe Initial Objectives

- Coordinate patient destinations
- Prepare for incoming patients
- Track patient dispersal for family reunification
- Manage media

Activate HCC

[Diagram showing the hierarchy of roles and responsibilities, including Incident Commander, PIO, Liaison Officer, Safety Officer, Medical Staff Director, Operations Chief, Planning Chief, Logistics Chief, and Finance Chief.]
Coordinate Patient Destination

Determining Receiving Facility Capacity

Immediate Team (1 patient)
1 ED MD, 2 RNs

Delayed Team (2 patients)
1 ED MD, 1 RN

Minor Team (10 patients)
1 RN

Coordinate Patient Destination (cont.)

- Area Hospitals
  Polled on EM Resource at 1803
- EMC
- CRMC
- OMC
- SRMC
- FRH
- ST E’s
- MMC
- GMC
- Orchard
Track Patient Dispersal for Family Reunification

- Communicate with EMS/DCF to determine names/destination facilities
- Call all receiving facilities
- Tracking log created
- Updated in HCC
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**Chico Enterprise Record - Ryan Olson**
Opportunities for Improvement

• Communications between scene and DCF Coordinator
• Staff staging area for ED
• Media location site and access control
• Better coordinate patient information with receiving hospitals

Glenn Medical Center

• 15-bed critical access hospital
• Level IV designation
• 5-bed ED
• Average number of patients per year: 5,000
**Initial Notification**

- Staff on shift at time of notification:
  - Staffed with 1 RN, 1 Tech, 1 MD
  - Total RN staffing: 4 (at time of incident)
- En route to the hospital, communicated with MHOAC to try to confirm the situation and details
- At 6:10 pm we had 9 staff members ready to receive patients (varying from RNs, EMTs, Radiology Techs, RT, FNP and 2 MDs)

**Initial Activities**

- EMResource and communication with Control Facility
  - We had been on the phone with the control center regarding number of patient’s we could take and were expecting 3
- Media
  - We started receiving media phone calls at 7:30 pm, the first being from Good Morning America
- We received our first patients at 9:00 pm
  - We had 4 patients
  - All of our patients were minors except 1, who was 18
  - Received an additional patient next day from shelter
Issues that Arose

EMResource
- ED staff did not update the EMResource
  - Updated at 7:30 pm
- Minor patients
- Responsibility for minor patients.
- Because it’s an MCI, do you release the patients or are you ultimately responsible until their parents consent to release?

Reunification
- 2 of our patients' parents came and picked them up
- The 3 that remained were all minors

Issues that Arose (cont.)

Consent to release minor to Mental Health
- We received requests from Mental Health to release them to the crisis worker to be returned to the shelter
- Our concern was that we have communicated with each minor’s parent or guardian and they wanted them to remain in our care until transportation arrangements were made for them to return home
- We were not prepared to release these minors until we had a plan
Media and Security

- Patient communication with the media
  - We were not prepared for the adult patient we had to contact multiple media sites while housed in our facility
  - We did not have a PIO on site
- Multiple media staff arriving at our front door
  - We had 5 different media companies on the front steps of the hospital
- No security
  - Our hospital was built in 1949, so locking down the facility has always been a challenge
  - We did not allow any media person inside the facility, except to use the bathroom and they had a chaperone

MHOAC Program: A Multi-Faceted Response

Glenn County Health and Human Services Agency
Notification and Information Sharing

• MHOAC program was notified 3 ways:
  – Local family/friends of employee at 1750
  – EMSSystems MCI alert at 1803
  – Glenn Medical Center at 1805
• Received briefing from Glenn Medical at 1822
• MHOAC notified RDMHS 1828
  – Submitted initial SITREP 1928
  – LEMSA notified 1840

MHOAC/HHSA Response

• MHOAC program staff deployed to shelter/triage site/EOC to assist in overall OA response
• HHSA responsibilities:
  – Patient tracking and accountability (MHOAC)
  – Sheltering (Human Services/Red Cross)
    • 7 sheltered overnight
  – Crisis counselling (Mental Health)
  – EOC Management
    • Partnership with Sheriff-OES
Patient Tracking

- 32 patients transported to 7 hospitals from Redding to Sacramento
  - EMS tracking logs identified patients by triage tag #, not name
  - Bus roster reporting to CHP was delayed due to last minute changes of students among the 3 buses travelling on the trip
- Multiple entities conducting tracking — uncoordinated
  - Medical Control Facility
  - Glenn County MHOAC
  - CHP
The Media

Lesson learned…
Even in little Glenn County, a lot of media comes

Joint Information and Media

- A major role and a major toll
- CHP organized a multi-agency press conference
- It was determined that HHSA needed a PIO/spokesperson at the morning press conference
  - We have 2 trained PIOs:
    - DOC/EOC Manager
    - MHOAC/Plans Chief
Mental Health: A Huge Need, a Huge Help

- Mental health counselors responded immediately and provided crisis counselling services to the sheltered survivors throughout the night
  - Assisted in family reunification
  - Accompanied surviving students on return trip
Community in Crisis

- Multiple Critical Incident Stress Debriefings were conducted with the various responding agencies
- Community debriefing and PTSD presentation

Orland Town Hall Meeting

Orland residents cope with aftermath of bus crash
- Chico ER

“Disasters and events such as this accident will forever change our community.”
Lessons Learned

Lessons Learned (cont.)

- This incident was fast and furious... Managed Chaos
  - Stronger ICS/EOC structure
- Communications challenges
  - On-scene communications, Med frequency interoperability and dispatch overload
- Patient tracking and information sharing
  - No names on MCI triage log
  - Multiple entities tracking patients
  - Some hospitals unwilling to provide information to MHOAC
- Media
  - County/OA procedure for Joint Information System
Strengths

• Multi-agency, multi-jurisdictional response
  – Teamwork, partnerships, mutual aid
  – MHOAC program lead EOC operations, relieving the burden from already overtaxed Sheriff/Coroner/OES
• Information Sharing
  – EMSystems
  – Situation reporting
  – Coordination with Region and state
• Medical Control Facility
• Traffic management
• Shelter security
• Mental health services

Improvements in Coordination and Response

• 2008 Colusa Bus Accident
• 2014 Glenn Bus Accident
Then and Now — Lessons Learned

- October 5, 2008 — Colusa County
- “At least 8 killed, 35 injured in Williams bus crash”
- Incident location 40 miles south of Orland

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<th>Incident Comparison</th>
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<th>Glenn County Incident</th>
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<td>Incident Date</td>
<td>10/8/2008</td>
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<td>Hospitals Utilized</td>
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Then and Now — Lessons Learned (cont.)

“Review Probes Rescue Effort, Colusa Tragedy Exposes Flaws in Procedures.”

- “Some helicopters departing the crash scene with injured patients were given no destination.”
- “The nurse and paramedic relied on phone calls and an automated system that wasn’t kept fully updated that evening.”
- “The paramedic on the scene said each helicopter should have been given a specific destination, but he couldn’t be certain they were.”

Then and Now — Lessons Learned (cont.)

Glenn County Incident Feedback
- “Excellent work on scene!!!!”
- “Great job by all agencies involved. The chaotic scene was well managed and controlled. Patients were systematically organized and appropriately treated for their injuries. Well done.”
- “The incident progressed without any major issues. Ground units arrived in a timely manner, often arriving before patients had been packaged and ready for transport. Air units were able to land at 3 designated helispots less than 100 yards from the treatment area.”
- “This was a remarkable success. What a blessing to all that all facilities did a drill 2 weeks ago.”
What Changed?

- Improved Integration and coordination between EMS, Public Health, LEMSAs, OAs, region and state
  - MHOAC, RDMHS and Duty Officer programs
  - Training and drills

What Changed? (cont.)

- Region III MCI Plan (2013)
  - Patient dispersal control facility designation and regional training
  - Electronic hospital polling system integration across Region III and Region IV
Thank you to Assisting Agencies

- CHP
- Glenn County Sheriff/OES
- Orland Police
- Willows Police
- US Forest Service
- Willows Fire
- Orland Fire
- Artois Fire
- Hamilton City Fire
- Copay Fire
- Corning Fire
- Cal-Fire
- Tehama County Fire
- Westside Ambulance
- Butte EMS
- Dignity Healthcare EMS
- Enloe Flightcare
- ReachCal-Star
- Glenn Medical Center
- Enloe Medical Center
- Oroville Hospital
- St. Elizabeth Hospital
- Mercy Medical Center
- Shasta Regional Medical Center
- UC Davis Medical Center
- Glenn County Health & Human Services
- American Red Cross
- Salvation Army
- Sierra-Sac Valley EMS
- Nor-Cal EMS
- EMSA
- CDPH-EPO
- Cal-OES
- LA Unified School District
- CSU Humboldt

Thank you

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