

**Conclusion:** In Lebanon, burn care appears to be fragmented and heterogeneous. This is in addition to the fact, that the different parties (Army, EMT responders, physicians, etc.), that should sequentially be involved in addressing burn care, seem unsure of their role in the chain of command. Centralization of burn care by means of a national catastrophe burn plan would allow for a multi-disciplinary and coordinated approach, which is the only effective way of treating a burn victim.

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### Patient and Family Reunification During Disasters - Hospital Perspectives and Process Improvements, Boston, MA

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**Study/Objective:** Patient and family reunification during and after disasters requires thoughtful, innovative planning by hospitals. A clear and practiced Family Response Protocol ensures that in addition to providing clinical care for patients injured in disasters, hospitals are prepared to rapidly and effectively reunite patients with their loved ones.

**Background:** The Massachusetts General Hospital (MGH) Family Response Protocol is informed by our experience responding to multiple mass casualty events, including the Station Nightclub Fire in 2003 and the Boston Marathon Bombings in 2013. Our experience in these events identified the need to quickly mobilize trained patient/family support teams as part of our mass casualty disaster response, and to implement mechanisms to support patients and families at our hospital, as well as those looking for loved ones located at other hospitals in the area. The key tenant of the protocol is to connect patients, family members and friends of victims with the most appropriate resources to meet their needs. Multi-disciplinary in nature, the Family Response Protocol leverages the expertise of leaders in psychiatric care, social services and emergency management as well as hospital security and support personnel.

**Methods:** Our strategy and protocol for patient/family reunification is based on our experiences responding to several mass casualty events, and internal review of event data from other responses.

**Results:** A well exercised Family Response Protocol focused on supporting patients and families post disaster, is a critical component of the hospital Emergency Operations Plan.

**Conclusion:** Our presentation will discuss best practices in hospital patient/family reunification post disaster. Using case studies from our experiences responding to the 2003 Station Nightclub Fire and the 2013 Boston Marathon Bombings. We will explain how key aspects of the plan were used in each event, and identify critical improvements implemented based on lessons learned.

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### Communication: The Antidote to Chaos during a Mass Casualty Event

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**Study/Objective:** Mass Casualty Incidents (MCI) typically occur without warning, unfold rapidly and unpredictably, creating a chaotic environment. The lack of advanced notice and the nearly-ubiquitous lack of good situational awareness regarding the early event details, creates major challenges for hospitals and health systems in their response, often resulting in suboptimal mobilization and/or use of resources.

**Background:** The initial development of the MGH MCI Protocol in 2010, was formed by lessons learned from terrorist, and other mass casualty events, in Israel, London, Madrid, Mumbai, and others. The MGH MCI protocol has been updated and refined following critical evaluation of our own response to the 2013 Boston Marathon bombing, and other less severe events. Our experiences have confirmed the importance of setting clear expectations for a large number of hospital departments outside of the Emergency Department upon identification of an MCI. Setting clear and actionable responsibilities for the operating rooms, ICUs, blood bank, radiology, and even internal medicine services in the hospital, has helped us ensure a rapid, coordinated response to no notice events that supports the safe and efficient movement of patients through the hospital.

**Methods:** Our findings are based on a review of published, and informally shared event data, as well as on our own experience in the Boston Marathon bombing of 2013.

**Results:** We believe that a comprehensive and detailed hospital-wide protocol to proscribe the initial hospital MCI response actions is a required component of an optimal response.

**Conclusion:** We will present an overview of the collaborative process that we used to develop our MCI Protocol and discuss examples of its use. We will also give session participants a template to create their own MCI Response Protocol for their Emergency Operations Plan, and present strategies for use when developing such a protocol that is appropriate for the capabilities of their hospital and setting.

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### Airport Aviation Disaster Patient Transfer Point Lifesaving Enhancement

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**Study/Objective:** Comparison between the means of voice reporting messaging apps and a dedicated app for counting, tracking, and decision-making in the transfer point out during aviation airport disasters.

**Background:** In Israel, the medical preparedness and response to aviation disaster events is the responsibility of Magen David Adom (MDA), the Israeli national EMS organization.