

# PACER



A HOMELAND SECURITY  
CENTER OF EXCELLENCE

## National Study Center for Preparedness and Catastrophic Event Response

---

### *Development of EMCAPS Electronic Mass Casualty Assessment and Planning Scenarios*

James J. Scheulen  
Johns Hopkins Medicine  
Emergency Medicine  
PACER



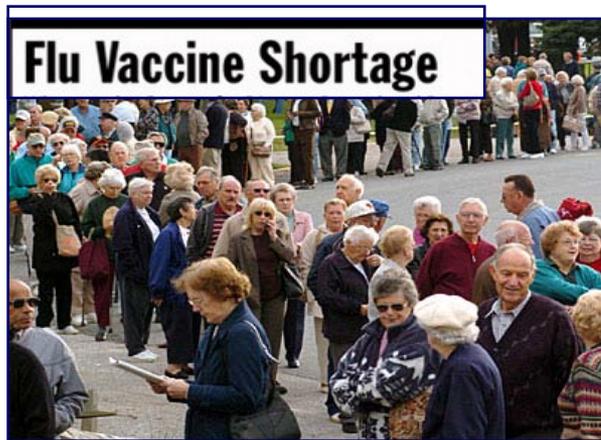
---

National Center for the Study of  
PREPAREDNESS AND CATASTROPHIC EVENT RESPONSE

# EMCAPS Concept

---

- **Johns Hopkins Office of Critical Event Preparedness and Response (CEPAR)**
  - Prepare the Johns Hopkins Enterprise
  - Connect with local, regional and national agencies
  - Health system preparedness in the nation



# CEPAR

## Planning and Operations

### Assess Vulnerabilities



### Planning



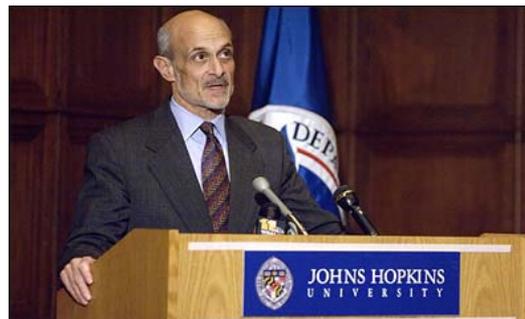
### Communications



### Drills and Exercises



### Research



### Policy

THE NEW ENGLAND JOURNAL OF MEDICINE

SPECIAL ARTICLE

#### A Model for a Smallpox-Vaccination Policy

Samuel A. Bozzette, M.D., Ph.D., Rob Boer, Ph.D., Vibha Bhatnagar, M.D., M.P.H., Jennifer L. Brower, Ph.D., Emmett B. Keeler, Ph.D., Sally C. Morton, Ph.D., and Michael A. Stoto, Ph.D.

# EMCAPS

## Development

---

- **Development of Surge Capacity**
- **Hazard Vulnerability Analysis**
- **Capability Based Planning**
- **The Scenario: An bomb is exploded at the stadium...**
  - **Unrealistic projections**
  - **My Eyes Glaze Over effect**



# EMCAPS Development

---

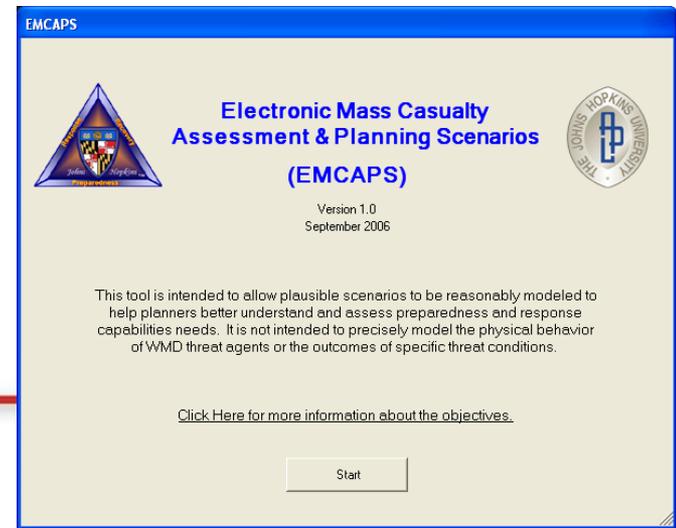
- **Develop a simple planning tool**
- **Act as simulation or exercise front end**
- **Scale the National Planning Scenarios**
  - Can be used for specific communities
  - Can be scaled for different events and locales
  - Useful for EMS, state and local government and healthcare preparedness personnel



# EMCAPS

## Development

- **Assumptions and Calculations based upon DHS scenarios**
  - **Augmented by further research**
  - **Augmented by previously developed predictive models**
  - **Expert panel review of input and output variables**
    - **Weapons of mass destruction**
    - **Agent model transport and delivery**
    - **Medical management**



# Electronic Mass Casualty Assessment & Planning Scenarios

---

EMCAPS



**Electronic Mass Casualty  
Assessment & Planning Scenarios  
(EMCAPS)**



Version 1.0  
September 2006

This tool is intended to allow plausible scenarios to be reasonably modeled to help planners better understand and assess preparedness and response capabilities needs. It is not intended to precisely model the physical behavior of WMD threat agents or the outcomes of specific threat conditions.

[Click Here for more information about the objectives.](#)

Start

# Electronic Mass Casualty Assessment & Planning Scenarios

Scenario Selection



## EMCAPS

Electronic Mass Casualty Assessment And Planning Scenarios



<u>RADIOLOGICAL</u>	<u>BIOLOGICAL</u>	<u>CHEMICAL</u>	<u>EXPLOSIVE</u>
RDD - Dirty Bomb	Inhalational Anthrax	Blister Agent - Mustard Gas	IED - Truck Bomb
	Pneumonic Plague	Toxic Gas - Chlorine	
	Food Contamination GI Anthrax	Nerve Agent - Sarin	
	Pandemic Influenza: CDC FluSurge Model		
			Exit EMCAPS

# EMCAPS

---

- Strong focus on **EASE of OPERATION** and **PRACTICAL** application

# Conclusion

---

- **EMCAPS provides a practical planning tool that enables planners at all levels to perform directed, capability based planning using scenarios that are scaled specifically for their community.**

# Annals of Emergency Medicine

## February 2009

**James J. Scheulen**  
**Meridith H. Thanner**  
**Edbert Hsu**  
**Christian Latimer**  
**Jeffery Brown**  
**Gabor D. Kelen**

## Electronic Mass Casualty Assessment and Planning Scenarios (EMCAPS): Development and Application of Computer Modeling to Selected National Planning Scenarios for High-Consequence Events

James J. Scheulen, PA-C, MBA  
 Meridith H. Thanner, PhD  
 Edbert B. Hsu, MD, MPH  
 Christian K. Latimer, BA  
 Jeffrey Brown, BSME, MBA  
 Gabor D. Kelen, MD

From the Department of Emergency Medicine (Scheulen, Thanner, Hsu, Kelen), Johns Hopkins Applied Physics Laboratory (Latimer, Brown), Johns Hopkins Office of Critical Event Preparedness and Response (Scheulen, Thanner, Hsu, Latimer, Kelen), and the National Center for the Study of Catastrophic Preparedness and Response (Scheulen, Thanner, Hsu, Latimer, Kelen), The Johns Hopkins University, Baltimore, MD.

Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the authors and do not represent the policy or position of the Department of Homeland Security.

Few tools exist that are sufficiently robust to allow manipulation of key input variables to produce casualty estimates resulting from high-consequence events reflecting local or specific regions of concern. This article describes the design and utility of a computerized modeling simulation tool, Electronic Mass Casualty Assessment and Planning Scenarios (EMCAPS), developed to have broad application across emergency management and public health fields as part of a catastrophic events preparedness planning process. As a scalable, flexible tool, EMCAPS is intended to support emergency preparedness planning efforts at multiple levels ranging from local health systems to regional and state public health departments to Metropolitan Medical Response System jurisdictions. Designed around the subset of the National Planning Scenarios with health effects, advanced by the US Department of Homeland Security, the tool's platform is supported by the detailed descriptions and readily retrievable evidence-based assumptions of each scenario. The EMCAPS program allows the user to manipulate key scenario-based input variables that would best reflect the region or locale of interest. Inputs include population density, vulnerabilities, event size, and potency, as applicable. Using these inputs, EMCAPS generates the anticipated population-based health surge influence of the hazard scenario. Casualty estimates are stratified by injury severity/types where appropriate. Outputs are graph and table tabulations of surge estimates. The data can then be used to assess and tailor response capabilities for specific jurisdictions, organizations, and health care systems. EMCAPS may be downloaded without cost from <http://www.hopkins-oeparr.org/EMCAPS/EMCAPS.html> as shareware. [Ann Emerg Med. 2009;53:226-232.]

0196-0644/\$-see front matter  
 Copyright © 2008 by the American College of Emergency Physicians.  
 doi:10.1016/j.annemergmed.2008.09.014

### INTRODUCTION

As part of comprehensive disaster preparedness planning, regional planners and health care system administrators must routinely conduct assessments of their response capabilities, including surge capacity and overall systems resources required for accommodating the influx of casualties after an event.<sup>1-5</sup> Health care systems and response organizations must also assess their capability in the context of broader external factors, such as their location, populations served, and availability of outside resources. During a disaster with resultant mass casualties, all levels of responders are expected to provide the best possible care to the greatest number of victims; this can best be accomplished when a region or specific hospital medical system knows *in advance* its capability to absorb and respond to the

surge.<sup>4-6</sup> Advance and directed planning, taking into consideration accurate scaling of a potential event and its consequent effect, allows emergency managers at all levels to act as more flexible and effective decisionmakers during the event.

To assist emergency planners, the Department of Homeland Security released a set of 15 National Planning Scenarios for use in federal, state, and local homeland security preparedness and response activities.<sup>7</sup> Each scenario is described in terms of background, critical assumptions, and various effects (eg, medical, financial, logistical). The scenarios are intended to be used as the basis for exercises or as planning tools to help emergency planners better understand the nature and scope of natural and terrorist-induced hazards in their area and to guide prioritization of preparedness expenditures. However, practical

**Thank you!**

**National Center for the  
Study of Preparedness and  
Catastrophic Event Response**

[www.pacercenter.org](http://www.pacercenter.org)

# Electronic Mass Casualty Assessment & Planning Scenarios

---

EMCAPS



**Electronic Mass Casualty  
Assessment & Planning Scenarios  
(EMCAPS)**



Version 1.0  
September 2006

This tool is intended to allow plausible scenarios to be reasonably modeled to help planners better understand and assess preparedness and response capabilities needs. It is not intended to precisely model the physical behavior of WMD threat agents or the outcomes of specific threat conditions.

[Click Here for more information about the objectives.](#)

Start

# Electronic Mass Casualty Assessment & Planning Scenarios

Scenario Selection



## EMCAPS

Electronic Mass Casualty Assessment And Planning Scenarios



<u>RADIOLOGICAL</u>	<u>BIOLOGICAL</u>	<u>CHEMICAL</u>	<u>EXPLOSIVE</u>
RDD - Dirty Bomb	Inhalational Anthrax	Blister Agent - Mustard Gas	IED - Truck Bomb
	Pneumonic Plague	Toxic Gas - Chlorine	
	Food Contamination GI Anthrax	Nerve Agent - Sarin	
	Pandemic Influenza: CDC FluSurge Model		
			Exit EMCAPS

**Toxic Gas - Chlorine**

CHEM: Toxic Gas - Chlorine Release

**Scenario Overview:** A bomb is attached to a tractor trailer tanker carrying compressed chlorine. The entire contents of the tank escape to the atmosphere and the plume spreads to the surrounding area. The plume spreading and the affect on the population are calculated according to the input variables below.

[View DHS Scenario Executive Summary](#)

[View Applicable Target Capabilities](#)

**Assumptions**

- 4,850 gallon tank, all contents released through 3-ft hole
- Partly cloudy, no precipitation
- 50% of people in plume area are indoors
- Affects of chlorine on population determined through evaluation of chlorine gas concentration zones, which were determined using ALOHA plume modeling software (see References)
- First effects on humans at concentration = 10 ppm
- Minimum lethal dose = 430 ppm for 30 min
- Median lethal dose (short-term exposure) = 1,000 ppm

**References**

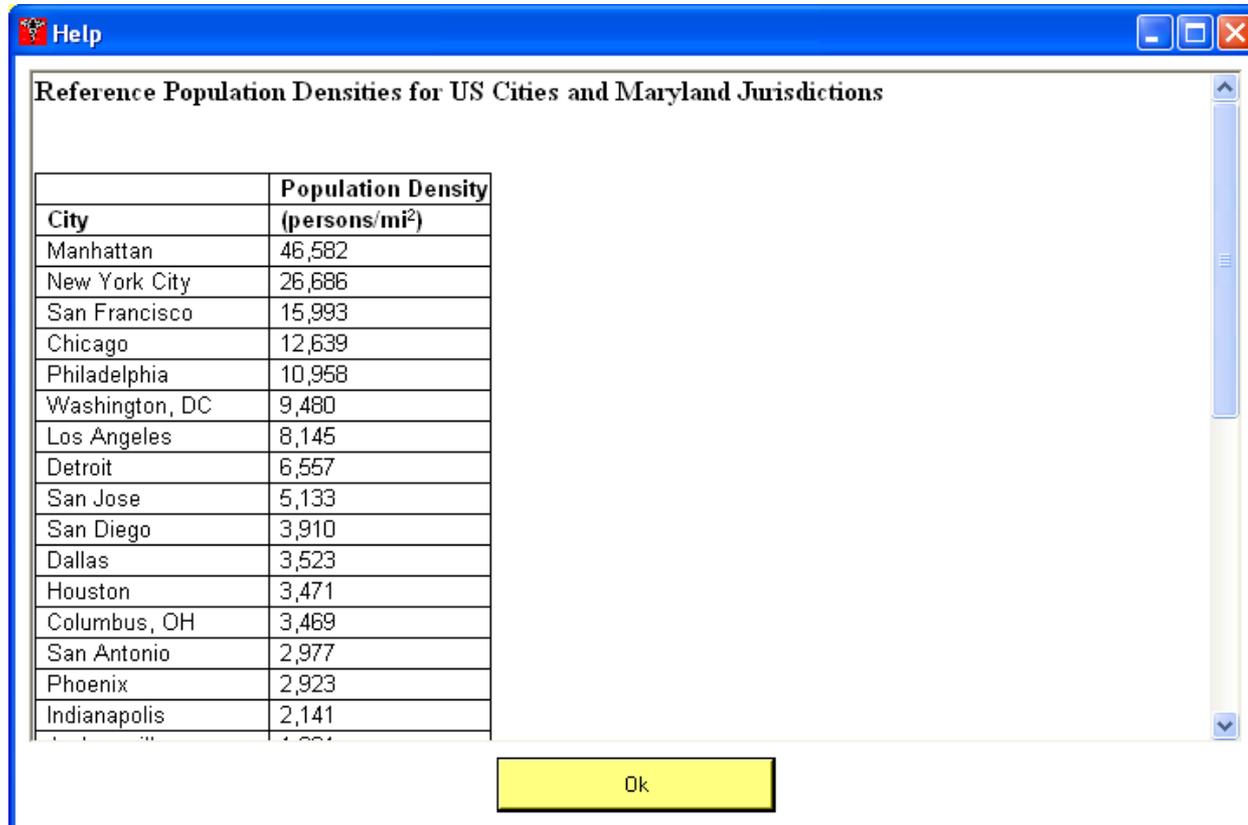
Variable		Range / Units	User Input
Outdoor Temperature	<a href="#">Selection Guidance</a>	(30, 60, or 85) °F	30
Wind Speed	<a href="#">Selection Guidance</a>	(3, 9, or 15) mph	9
Setting	<a href="#">Selection Guidance</a>	Urban or Rural	Urban
Population Density	<a href="#">Selection Guidance</a>	(500 - 46,500) persons/m <sup>2</sup>	8000

[Calculation Methodology & Scaling](#)

Taskbar: Microsoft PowerPoint ..., Toxic Gas - Chlorine, http://www.marinalif...



# Electronic Mass Casualty Assessment & Planning Scenarios



Reference Population Densities for US Cities and Maryland Jurisdictions

City	Population Density (persons/mi <sup>2</sup> )
Manhattan	46,582
New York City	26,686
San Francisco	15,993
Chicago	12,639
Philadelphia	10,958
Washington, DC	9,480
Los Angeles	8,145
Detroit	6,557
San Jose	5,133
San Diego	3,910
Dallas	3,523
Houston	3,471
Columbus, OH	3,469
San Antonio	2,977
Phoenix	2,923
Indianapolis	2,141

Ok

**IED - Truck Bomb**

EXP: IED - Truck Bomb

**Scenario Overview:** An Improvised Explosive Device (IED) utilizing an ammonium nitrate/fuel oil (ANFO) mixture is carried in a cargo truck to a populated area and detonated. Depending upon the size of the explosive that is chosen and the population density, EMCAPS will calculate the resulting casualty population. Buildings and other physical structures are not considered in these calculations; it is assumed that the explosion takes place in a relatively open area (e.g. stadium parking lot, park, etc).



[View DHS Scenario Executive Summary](#)

[View Applicable Target Capabilities](#)

**Help**

Bomb size selection guidance: 1993 World Trade Center in New York City = 2,000-lb ANFO, 1995 Murrah Building in Oklahoma City, OK = 4,000-lb ANFO

Ok

[References](#)

Variable		Range / Units	User Input
Bomb Size	<a href="#">Selection Guidance</a>	(500, 1000, 2000, 3000, 4000 or 5000) lbs ANFO	1000
Population Density	<a href="#">Selection Guidance</a>	1 person per 'x' ft <sup>2</sup>	100

[Calculation Methodology & Scaling](#)

COMPUTE      [Back to Scenario Selection](#)

start      Microsoft PowerPoint ...      IED - Truck Bomb      http://www.marinalif ...

**Results**

Help

MainReport



## EMCAPS Scenario Output

### IED - Truck Bomb Scenario

Selected Inputs:

Bomb Size	1000 lbs ANFO
Population Density	1 person per 100 ft <sup>2</sup>

---

**Casualties:**

<b>Dead</b>	137
<b>Trauma Injuries</b>	241
<b>Urgent Care Injuries</b>	1,183
<b>Injuries Not Requiring Hospitalization</b>	443

**Symptoms**

- Impact injuries - pulmonary blast	- GI blast injury - edema, hemorrhage, rupture
- Pulmonary contusion	- Auditory blast injury - partial or total loss of hearing
- Barotrauma	- Lacerations
- Fractures - internal, compound, spinal	- Shrapnel, debris penetrations: glass, metal, etc.
- Smoke inhalation	- Burns

---

**Healthcare Considerations**

- Triage concerns:
  - Many victims will be unconscious
  - Many victims will have hearing loss - partial or total
- Psychological distressed but uninfected population (a.k.a. "worried well") reporting to hospitals could be

Taskbar: Microsoft PowerPoint ..., IED - Truck Bomb, Results, http://www.marinalif...