

The EMSA/AMR Response to the April 19, 1995 Bombing

Submitted by EMSA/AMR

Summary

On Wednesday, April 19, 1995 at 0902 hours, a Ryder rental truck carrying 4,800 pounds of explosive material detonated in front of the northeast corner of the Alfred P. Murrah Federal Building. The resulting explosion changed the lives of Americans forever; we finally realized that terrorism could occur anywhere in the United States, even in the heartland of Oklahoma City. During this tragedy, the Police Department, Fire Department and Emergency Medical Services (EMS) all had distinct rolls that allowed for the successful management of this terrible incident. This briefing is designed to tell the story of how the EMS system rose to meet the needs of Oklahoma City on April 19, 1995.

The tragedy of April 19 claimed the lives of 168 people, 19 of whom were children. It resulted in the injury of over 517 people and required the utilization of 66 ambulances to transport the 215 patients who went to the hospital by ambulance. Two hundred of these patients were transported to the hospital within the first 50 minutes.

The resulting explosion from the 4,800 pounds of Ammonia Nitrate/Fuel Oil material caused damage to buildings over a 48 square block area, predominately to the north of the Federal Building. This damage ranged from significant structural damage of those buildings in close proximity of the Federal Building to minor structural damage in buildings located as far as one mile away to the north. The velocity of the blast was estimated at 40,000 feet per second and the sound of the blast was heard up to 30 miles away.

Damage to the Federal Building itself was extensive. The blast caused all nine stories of the Federal Building to be blown upwards in such a way that when the nine floors came down, they fell in a pancaking manner as each floor came to rest immediately on top of the other, removing all the air space. The blast also blew downward, creating a giant crater in the middle

of the street that was eight feet deep and 32 feet in diameter. However, due to the large amount of debris that immediately filled the crater, its size was not evident until the later stages of the rescue phase.

Within 90 seconds of the blast, EMSA had seven ambulances and two supervisor vehicles enroute to the scene with 24 medical personnel. Two minutes after the blast, EMSA had those units on scene and were beginning to treat the injured. Upon arrival to the scene, the first units encountered large numbers of injured patients. They immediately set up triage areas and began to establish the Incident Command System. Within six minutes of the detonation, the Incident Command System's key elements of Triage, Treatment, Transportation, Staging, Incident Command and Medical Command were identified.

Shortly after these elements were identified, the word was given to Incident Command to send all patients needing medical evaluation to the Primary Triage & Treatment area located at NW 6 and Robinson. This designation was necessary due to the numerous calls that were beginning to come in to the Communications Center from buildings surrounding the Federal Building. In addition to the Primary Triage & Treatment at NW 5 and Robinson, two Secondary Triage & Treatment areas were established at the northwest corner and the southwest corner of the Federal Building, respectively. These Secondary Triage & Treatment areas were established to rapidly treat and transport those patients who could not walk the block from the Federal Building to the Primary Triage & Treatment area.

At the same time the first units were responding to the Federal Building, the Communications Center was beginning to get reports that the explosion had occurred and that our units would be encountering large numbers of patients. The Communications Center immediately implemented the disaster plan and

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designated a Disaster Coordinator, who was responsible for all the radio traffic and tracking of the units associated with the incident. Next, the Transport Coordinator was designated to act as a liaison between the transport units and the receiving hospitals. Finally, the System Coordinator was designated to continue maintaining system coverage for the rest of the 750 square mile area not associated with the incident.

EMSA, Emergency Medical Services Authority, is a high performance system that uses a demand analysis to determine the exact number of ambulances necessary to meet the requests for service for each hour of the day, every day of the week. It also uses a demand analysis to determine exactly where those units should be positioned every hour of the day, every day of the week. On April 19, at 0900 hours the system had a total of 16 units available. Eleven of those units were strategically positioned within the system; four of those units were on emergency calls and one unit was unloading at a hospital.

Once the Incident Command Elements were identified and put into place, the next task was to coordinate the other units of the system into the Incident Command structure to begin the rapid transportation of the injured. This coordination of units into the Incident Command structure was done in two phases. The first phase was the commitment of all the EMSA units into the incident. Within 15 minutes of the blast, EMSA had committed all 34 of its units to the disaster and was maintaining one unit to provide system coverage in the central part of the service area. These additional EMSA units were staffed by off-duty medics who had seen the devastation that had occurred to the Federal Building and had responded to meet that need. Most all of these additional EMSA units were staffed even before the 0917 hour Recall Page was sent.

Mutual Aid units from Mercy EMS, Midwest City EMS, Norman EMS and Welleston EMS were initially used to provide system coverage to the peripheral area of the system, making the total system coverage five units. The second phase was the coordination of Mutual Aid units into the incident. Fifteen minutes after the explosion had occurred, all the EMSA units were committed to the incident but reports were indicating that the 34 EMSA units would be greatly taxed to attempt to transport all the patients that had been encountered. As a result of these reports, the Communications Center began to contact the Mutual Aid services and ask if they could commit any units to

the disaster in addition to the system coverage they were already providing.

The response was phenomenal. The traditional responses of "Let me check with my supervisor," or "Let me check to see if we have any units available," did not occur; instead, in all instances, the response was "We already have X units on the way and just need you (EMSA) to tell us where to report." Forty-five minutes after the blast had occurred, EMSA was not only coordinating its own 34 units but was also directing 29 other Mutual Aid units.

At 0927 hours, 25 minutes after the blast had occurred, EMSA transported its first patient from the scene. From that point on there was a constant flow of ambulances into the Triage & Treatment areas where they received patients and were directed to the appropriate hospitals. This flow continued until 1000 hours when it was determined that all the patients had been transported. At this point, as units became available from the hospitals, they were posted within the system so that EMSA's system coverage maintained five units available at all times. A total of 139 patients had been transported from the Primary Triage & Treatment area, 61 patients had been transported from the Secondary Triage & Treatment area located at the southwest corner of the Federal Building and 10 patients were transported from the Secondary Triage & Treatment area located at the northwest corner of the Federal Building for a total of 210 patients transported within the first 50 minutes after the explosion.

Reports were then being received from Incident Command indicating there were another 200-300 people who were trapped in the Federal Building and would be coming out soon. Reports indicated that these 200-300 people would be coming out in 10-20 member groups from air pockets. However, they would probably not be able to walk to the Primary Triage & Treatment area.

As a result of these reports, the decision was made to move the Primary Triage & Treatment closer to the Federal Building so the structure that had allowed the rapid transport of patient within the first hour could continue to be utilized as the next wave of patients were brought out of the Federal Building.

At approximately 1015 hours, all of the civilian doctors, nurses and paramedics who had assisted in the Primary Triage & Treatment area loaded a unit from top to bottom with all of the medical supplies that had been accumulated and made the journey to the north-

east corner of the Federal Building at NW 5 and Robinson. This site was chosen so that, in the event of a building collapse, this new Primary Triage & Treatment site would not be effected.

At 1029 hours, as the last of the equipment had been unloaded from the unit, a mass exodus was noted coming from the Federal Building. It was initially believed this was due to the building starting to collapse. However, as firemen began to run by the Primary Triage & Treatment area and shout "There's another bomb!" Doctors, nurses and paramedics grabbed whatever they could carry and ran away from the Federal Building to safety. Within minutes after the bomb threat, the Triage & Treatment area was re-established at NW 5 and Broadway by the railroad tracks. Medical Command was moved to NW 7 and Robinson, Staging was moved to NW 10 and Robinson and Incident Command was moved to NW 7 and Harvey.

Shortly after that, a second bomb threat occurred which caused a second relocation of all the Incident Command elements. Triage & Treatment was moved to NW 5 and Oklahoma in a vacant warehouse that was later converted to a Field Hospital capable of treating anything that did not require major surgery. This Field Hospital developed as a result of the civilian medical doctors, nurses, paramedics and supplies that were at the Primary Triage & Treatment area being organized into areas of specialty. Medical Command was moved to NW 5 and Oklahoma and Incident Command was moved to NW 10 and Harvey.

For the next hour, all emergency response agencies waited for the bomb squad to clear the area. It was during this time that the following resources were noted:

Staging at NW 10 and Robinson had 29 ambulances, eight AidCars, and two Mass Trans buses standing by.

Triage & Treatment at NW 5 and Oklahoma had 12 ambulances and two Mass Trans buses standing by.

Three Mediflight Helicopters were at NW 6 and Walker.

Two MAST Helicopter were at the Downtown Airpark with two more standing by in Lawton ready to launch if needed.

It was also during this time that a "Rescue Plan" was developed to maintain order once the Federal Building was cleared and the rescue operation re-

sued. This Rescue Plan consisted of only sending four carefully selected units along with a Triage Team to standby at the Federal Building. As patients were to be brought out of the Federal Building, they would immediately be loaded into a unit and transported to the Field Hospital for stabilization before being transported on to the receiving hospital.

Stabilization at the Field Hospital was determined to be necessary for two reasons. First of all, it allowed the structure that had transported so many in a short time during the first hour of the incident and had coordinated so many different resources to continue to play an important, necessary role. Secondly, it was determined that more stabilization would be important for the second wave of expected patients, since they would have transport distances of 10-20 miles to reach our more peripheral hospitals. These peripheral hospital would have to be utilized due to the fact that close hospitals located one to three miles from the Federal Building had been overwhelmed with the first wave of 200 patients that had been transported during the first hour of the incident.

At 1133 hours it was determined that the second bombs found were only training bombs. The Federal Building was cleared and the rescue operation resumed. Four units and a Triage Team were deployed to the Federal Building as had been determined in the Rescue Plan development. Rescue attempts continued until 1315 hours when word was received that one female patient had been rescued and would be coming from the building. This patient was immediately brought from the Federal Building, placed in a unit, transported to the Field Hospital for evaluation and then transported on to the appropriate hospital.

It was during the 1300 hour time frame that it began to become apparent that during this heavy rescue phase of the operation, large numbers of patients were not going to be rescued quickly. As a result, the decision was made to stand down all of the Mutual Aid units and allow them to return to their respective service areas after stopping at EMSA Headquarters for refreshments and Critical Incident Stress Debriefing.

At 1347 hours a third bomb threat was declared at the Federal Building, which was evacuated again; however, no explosive devices were found after inspection. Soon after returning back to the Federal Building, three additional patients were rescued and transported to appropriate hospitals. One of those three required the amputation of her leg in order to free her from the large column of rubble that had crushed her leg.



Finally at 1530 hours, it was determined that this operation was going to be extensive and EMSA was going to primarily be providing medical support throughout the rest of the operation. At this time it was decided to return all of the EMSA units back to service except for four units to stand by at the Federal Building and two units to stand by at the Field Hospital. These EMSA units were also rotated through EMSA Headquarters for refreshments and Critical Incident Stress Debriefing. Medical Command was established at the Rectory of the Catholic Church located across the street from the Federal Building. Incident Command was maintained at NW 7 and Harvey and Rescue Command was established at the Federal Building by the Fire Department. EMSA representatives were maintained both at Incident Command and Rescue Command.

The last patient to come out of the Federal Building alive was rescued at approximately 2240 hours that night. The Triage Team at the Federal Building and the Field Hospital were maintained throughout the rest of the night before being dissolved the next morning. From 1530 hours through the rest of the operation, EMSA functioned primarily in the medical support role. This was done by strategically placing its three units around the Federal Building based on where the rescue operation was being conducted. This strategic placement allowed the units to quickly access, treat and transport those rescue workers that were injured.

Mission and Function

EMSA/AMR is the local ambulance service that provides Advanced Life Support ambulance coverage to Oklahoma City, Tulsa, and their surrounding suburbs. EMSA /AMR is a Public Utility Model that has response time requirements of 90% reliability to a 7:59 minute response for life threatening emergencies and 11:59 minute response for non-life threatening emergencies.

On April 19, 1995 EMSA/AMR fulfilled the Medical Command role of triaging the injured, providing emergency life-saving treatment and rapidly transporting the injured to appropriate hospitals. As the incident escalated in the first few minutes, EMSA/AMR integrated and coordinated the civilian medical response of doctors, nurses and paramedics as well as 29 other Mutual Aid units to assist with the rapid evaluation and transport of the injured. As a result of this integrated and coordinated effort, 210 patients were transported within 50 minutes after the explosion.

From 1530 on April 19, 1995 until the end of the operation, EMSA/AMR provided medical support to the rescue operation, evaluating and transporting over 26 rescue workers.

American Medical Response of Oklahoma, Inc.

AMR is the subcontractor to EMSA in the Public Utility Model. AMR oversees the day-to-day operation of the ambulance service and provides the man power and training necessary for the paramedics and EMTs in the system.

On April 19, American Medical Response medics, along with their training and expertise, rose to meet the needs of the citizens of Oklahoma City. Because AMR is the leading provider of ambulance service in the United States, national resources were made available to its sister company, American Medical Response of Oklahoma, Inc.

In the months after the April 19 tragedy, sister companies of American Medical Response were instrumental in assisting Oklahoma City's medics as to how to emotionally deal with the tragedy as well as provide insight on what to expect moving forward. Many of the AMR companies had similar experiences with events such as widespread flooding, massive fires and California earthquakes, and therefore, were able to help AMR of Oklahoma employees to cope with the disaster.

Incident Command

The Incident Command role was fulfilled by the Fire Department. The EMS role was coordinated by Medical Command with a Field Supervisor being designated to act as a liaison between Medical Command and the overall Incident Commander at the Incident Command site.

Medical Command

Medical Command was established by the Administrative Supervisor whose normal functions were to address the daily administrative requirements of the system.

On April 19, he was at corporate headquarters located at NW 10 and Walker fulfilling such duties when the explosion occurred. He immediately responded to the Incident Command site. However, as the large number of patients began to be transported, it became important for the Medical Commander to be mobile and do a site overview. As a result, a Field Supervisor

was designated to act as a liaison between Medical Command and the overall Incident Commander at the Incident Command Site.

After the first bomb threat, Medical Command moved to NW 5 and Oklahoma where the Field Hospital was located. Medical Command was responsible for the development of the Rescue Plan that was used once the Federal Building was cleared of the bomb threat. Medical Command also was involved in the establishment of the Field Hospital located in the vacant warehouse.

As it became evident the rescue operation was becoming more extensive, Medical Command was established in the Rectory of the Catholic Church located across the street from the Federal Building. From 1530 on April 19 until the end of the operation Medical Command coordinated the EMS support role.

Triage Officer

This function was fulfilled by the Quality Improvement Manager. His normal functions are to oversee both the clinical quality of care and treatment given by the paramedics as well as to evaluate the overall efficiency of the system.

On April 19, he was participating in a training class at EMSA's corporate headquarters when the blast occurred. He immediately responded in one of the three management units that are kept on standby, which allow additional units to be available for calls during high call volume periods. This unit was the second one on the scene at NW 6 and Robinson where the large number of patients were encountered. After the initial transport of the 200 patients, he was responsible for moving the primary Triage & Treatment area to NW 5 and Robinson. He was also responsible for re-establishing the Triage & Treatment area at NW 5 and Oklahoma as well as initiating the procurement of the vacant warehouse which was converted into the Field Hospital. Finally, this position established the Triage Team at the Federal Building once it was cleared of the bomb threat.

This position was maintained from the beginning of the incident until the morning after when it was determined that it would no longer be needed.

Treatment Officer

This position was fulfilled by the Training Coordinator. His normal functions are to coordinate training programs to ensure the paramedics and EMTs get the training necessary to maintain certifications. He is also

responsible for remediation training to correct deficiencies that have been identified in either individual employees or with the system as a whole.

On April 19, he was conducting a training class when the explosion occurred. Both he and the six paramedics that were in the class loaded into one of the management units that are kept on standby, allowing additional units to be available for calls during high call volume periods, and responded to the scene. His responsibilities as Treatment Officer were to coordinate and oversee the overall treatment of the patients who were awaiting transport units in the Treatment Area. After the initial wave of 200 patients were transported, he was responsible for setting up the Treatment Area at NW 5 and Robinson. Following the bomb threat, he coordinated and directed the establishment of the Field Hospital at NW 5 and Oklahoma, utilizing the available doctors and nurses.

This position was also maintained from the beginning of the incident until the morning after when it was determined that it would no longer be needed.

Communication Center

This department is normally responsible for receiving and dispatching calls to the field units. It is also responsible for maintaining the proper, strategic placement of units within the service area so they will be positioned for the next call.

On April 19, immediately after the blast, the seven digit phone lines as well as cellular phone lines were inoperative, and therefore the only means of communication were radios, Hospital Emergency Administrative Radio (H.E.A.R.) and the 9-1-1 lines. However, due to all the alarms and calls coming in on 9-1-1 it too was unreliable.

As information was received, the Communications Center quickly determined this was a Mass Casualty incident and initiated the disaster plan. This involved the designation of a Disaster Coordinator who was responsible for all communications associated with the incident as well as tracking all ambulance units involved, the designation of a Transport Coordinator who was responsible for acting as a liaison between the transport units and the receiving hospitals, and the designation of the System Coordinator who would continue to maintain system coverage for the rest of the 750 square mile area not associated with the incident.

The Communications Center was also responsible for getting the bed availability from the hospitals as well as the status for the number of patients that could be received. Initially, there was difficulty getting this information due to all of the phone lines being jammed at the hospitals and the inability to raise many of the hospitals on the H.E.A.R. System. This information was obtained by sending Oklahoma City Police Officers to each of the hospitals and obtaining the needed information.

Our Communications Center normally processes an average of 400 calls per day. On April 19, 1995 1036 calls were answered.

The Communications Center maintained its disaster plan status from the beginning of the incident until late into the night when it was determined that it would no longer need to function in the disaster status.

Disaster Medical Assistance Team (DMAT)

This is a state resource based out of Tulsa, Oklahoma that is designed to respond to emergency situations to establish a fully functional field hospital capable of treating large numbers of seriously injured patients.

On April 19, this agency was requested at approximately 0940 hours and arrived in Oklahoma City at approximately 1400 hours. Upon their arrival it was determined that adequate resources were available at the Field Hospital, but the DMAT team took over manning the hospital. They continued in this function until the next morning when it was determined that the area hospitals had recovered from the large number of patients that had been seen. It was then determined that the Field Hospital would no longer be needed.

Resources

Police Department: Assisted the EMS role by providing crowd control as well as keeping vehicles out of the ingress and egress ambulance routes.

Fire Department: Assisted the EMS role by searching the buildings and helping the injured get to the Triage & Treatment areas.

American Medical Response in Colorado: This company had eight ambulances as well as crews to man the units, along with a large amount of equipment and supplies standing by on a C-141 to be sent to Oklahoma City if needed.

American Medical Response in Connecticut:

This company sent several representatives with considerable training in Critical Incident Stress Management within 48 hours after the explosion occurred. With their help, CISD sessions were held throughout EMSA to deal with the tragedy.

American Medical Response West in California:

This company sent several representatives with considerable training in Critical Incident Stress Management within 48 hours after the explosion occurred. With their help CISD session were held throughout EMSA to deal with the tragedy.

Walmart: At one point during the incident, it began to rain. In a very short period of time, Walmart brought a truck load of raincoats and blankets for the EMS personnel to use at the disaster site.

Hardees: Very early during the incident, Hardees had food sent to EMSAs corporate headquarters for the medical personnel as they were rotated out of the disaster. They also provided food and refreshments for the next day to the crews as they began the CISD process of dealing with the tragedy.

Critical Incident Stress Debriefing (CISD)

This process is normally utilized for medical personnel who have run a very tragic or stressful call. Because of the emergency life saving treatment that is necessary while a call was in progress, it is impossible for the medic to deal with the associated emotions that go along with critical calls. The CISD process allows the personnel to deal with the emotions that went along with the call in a healthy manner.

On April 19, the CISD process was initiated. Because of the magnitude of this incident, it involved everyone in the Oklahoma City area. One of the important requirements of conducting these CISD sessions is that the facilitator be objective and not have been involved in the incident. To compensate for this situation, several psychiatrists who had assisted in the past with CISD issues came to EMSAs corporate headquarters to talk with the crews as they were rotated out of the incident.

Within 48 hours after the incident, two sister companies from American Medical Response, EMSAs subcontractor, sent CISD trained individuals to begin CISD sessions with EMSA personnel. As soon as these AMR individuals arrived, CISD sessions company wide were held over the next three days and follow up sessions were held a month later.

Lessons Learned/Confirmed:

- **The importance of all command personnel within a community attending a disaster management course.**

EMSA was fortunate in that it had just participated in the Community Specific Integrated Emergency Response Course in Emmitsberg, Maryland along with the other agencies who responded during the disaster. As a result of this common training, in which each agency went through its response to set up incident command and the aspects important to its department, all agencies were able to cooperatively overcome the obstacles encountered on April 19.

One agency that did not participate in the disaster course were hospital personnel, which resulted in the necessity of sending police officers to each area hospital during the disaster to ensure the HEAR hospital encode radios were turned on and turned up so communication with the hospitals could be established. Had they participated, they would have known the HEAR frequency would be their vital link with the EMS response.

- **The importance that a minimum number of disaster management training hours be incorporated into all training programs on a yearly basis. This training should include both classroom and practical drills.**

EMSA focused approximately 10 hours per year regarding disaster management training per employee and participated with other emergency response agencies in one tabletop exercise every six months, followed by a yearly practical drill that lasts three to four hours. As a result of this minimum training and practice, the first units arriving on scene knew what was expected of the Incident Command Structure, were able to integrate the structure and had an idea of how the other responding agencies would function within the established structure.

- **The importance that command structure members understand both what is available and how to request state and federal services that will assist in disaster management.**

As stated earlier, EMSA had just participated in the Community Specific Integrated Emergency Response Course in Emmitsberg, Maryland. As

a result of this training, command structure personnel were familiar with state and federal services that were available to assist in the disaster response. Many of these services were utilized such as FEMA, DMAT, National Guard, Department of Oklahoma Emergency Management and others. Had EMSA not recently attended this course along with its assisting emergency response agencies, many of these federal and state agencies would not have been utilized as quickly as they were during this time dependent response.

- **The importance of developing standards for Mass Casualty/Disaster responses with respect to necessary resources, training and amount of disaster planning in order to be prepared to respond.**

EMSA has always been conscience of providing enough equipment for a large emergency response. As a result, plenty of backboards, bandaging material and other supplies used during the disaster response were available. EMSA's disaster training and drill involvement has already been noted. However, there does not appear to be any national standard regarding types and quantity of supplies needed for a disaster response; therefore, EMSAs disaster readiness was a result of several individuals within the company thinking through what supplies would be logically needed for a disaster response and their respective quantity.

- **The importance of having a CISD program that integrates state and federal responses of CISD personnel.**

EMSA had just begun developing a Critical Incident Stress Debriefing program to include training and response readiness when the bombing of April 19, 1995 occurred. However, the people were not prepared to begin the CISD process with regards to the individuals involved in the April 19 incident. As a result of this unpreparedness, persons from other American Medical Response companies, who had well established CISD programs and had undergone large scale disasters themselves, were utilized. While the importance of a CISD response is a part of disaster management, many organizations do not consider establishing this important function a priority.

- **The importance of having a common radio frequency where all local emergency response providers can communicate on one common radio frequency.**

While communication went very well due to the Incident Command Structure in place, having a common frequency that all the response agencies could have communicated with would have enhanced the ability of the command personnel to hear how each of the agencies were setting up their command structure. It would also have enhanced communication between the

agencies as information became important to disseminate. As a result of this lack of a common frequency, it was imperative that each response agency keep a representative in the Incident Command Area to communicate important information. Runners to each agency's command post were also used to ensure critical information was disseminated. A common radio frequency would have allowed some flexibility to the command personnel as they established their own command structures and in the dissemination of important information.

EMSA/AMR Chronology of Events Wednesday, April 19, 1995

- 09:02:00 Bomb Explodes at Federal Bldg.
Only 911 available for communication. Primary and Backup phone lines were knocked out by blast. Only incoming calls were received. Cellular phones out also.
- 09:02:18 First Wave of 24 medics in 7 ambulances and 2 Supervisor Units responded to Disaster:
- The plan was to have one Explorer at Fire Command and one Explorer at Triage & Treatment to coordinate management of the Incident.
All Units went to the EOC frequency for Disaster.
Communication Center Arranged for Disaster:
- Disaster Dispatcher identified.
- Transport Coordinator identified.
- Primary Dispatcher for system remained the same.
- 09:03:25 First Call about Explosion came in from the YMCA at 121 NW 5.
- 09:05:00 Mutual Aid Units were utilized to assist the system's ambulance coverage:
- Norman EMS covered Moore and South OKC.
- MWC EMS covered Downtown OKC.
- Mercy EMS covered NW OKC.
- 09:08:26 Incident Command Structure Set Up:
- Medical Command = NW 6 & Robinson
- Triage & Treatment = NW 6 & Robinson
- Staging = NW 10 & Robinson
(Operationally, Staging and Triage & Treatment were easily managed by the same coordinator)
- Incident Command = NW 6 & Harvey
- 9:11:25 All Patients instructed to go to NW 6 & Robinson for treatment by Medical Command. Hospital availability requested by Medical Command.



- 09:16:00 Stage 2 Alert paged out advising an explosion had occurred.
Three additional SSC resources arrived in the Communications Center:
- 09:17:00 Stage 3 Recall page sent out for all off duty personnel to report to work.
System at a Level 1. With Mutual Aid assistance in the system's coverage, the System was actually being covered with five ambulances rather than the one.
- 09:25:00 Mutual Aid began to be requested for staging at
NW10 & Robinson.
- 09:27:42 First Patients are transported off scene from Triage & Treatment area.
- From this point there is a constant flow of ambulances reporting to Triage & Treatment, loading patients, receiving hospital destination from the Transport Officer, and transporting them to appropriate hospitals.
 - Secondary Triage & Treatment areas began transporting patients.
- 09:40:00 DMAT Team requested by Dr. Maningas
- 09:48:48 Medical Command was advised that PD had to be sent to hospitals for bed count due to the inability for Comm Center to contact them.
- 09:50:00 Materials enroute to NW 5 & Robinson with additional resources.
- 09:51:53 Hospital Disposition given to Medical Command
- SAH = Unlimited
 - Presbyterian = 50 Critical & Noncritical
 - OMH = 3 Critical
 - BMC = 30 patients total
 - DH = 8 patients total
 - Bethany = Unlimited Greens
 - Mercy = Unlimited
 - Edmond = Unlimited
 - HEAR frequency was only way Communications Center could talk to Hospitals due to excessive telephone traffic at the hospitals.
- 10:01:14 Communications Center advised Medical Command that Morgue was set up in the south side of the plaza of the Federal Bldg.
- 10:05:00 Last patients transported out of the Treatment and Triage areas.
- Transport Estimates: 210 Total patients
 - 139 transported out of NW 6 & Robinson
 - 99/ambulance & 40/other means
 - 10 transported out of NW 5 & Harvey
 - all by ambulance
 - 61 transported out of NW 4 & Harvey
 - 29/ambulance & 32/other means
- 10:10:00 As units dropped off patients at the hospital, they were now posted back into the system.
- 10:10:23 Secondary Triage area identified at the NW corner of the Federal Bldg (NW 5 & Harvey) with three transports available.



- 10:21:00 Primary Triage & Treatment area moved from NW 6 & Robinson to NW 5 & Robinson
- Ingress: East down 5th street to Triage and Treatment area.
 - Egress: Exit South down Robinson.
 - Reports: Indicated 100 to 200 people expected to be rescued from Federal Bldg soon.
- Staging moved from NW 10 & Robinson to NW 7 & Robinson.
- 10:29:45 FIRST BOMB THREAT
- All Triage and Treatment areas evacuated.
- 10:30:05 Staging area pulled back from NW 7 & Robinson to NW 10 & Robinson.
- Medical Command pulled back from NW 6 & Robinson to NW 7 & Robinson
- Treatment and Triage moved from NW 5 & Robinson to NE 5 & Railroad Tracks East of NE 5 and Broadway.
- Staging 2 Established at NW 1 & Harvey.
- 10:41:22 Staging 2 moved back 4 more blocks to Couch & Park.
- 10:42:12 Treatment and Triage confirmed to be located at NE 5 and Railroad Tracks East of NE 5 and Broadway due to conflicting reports that a Triage area was at NW 5 and Broadway.
- 10:43:06 Report of 2 critical patients located at NW 5 & Broadway by Communications Center.
- Unit sent to NW 5 & Broadway to evaluate and transport if needed.
- 10:44:36 It was confirmed the unauthorized triage area at NW 5 and Broadway had no patients.
- All medical personnel at the unauthorized triage area were relocated to the Triage & Treatment area at NE 5 & Railroad Tracks East of NE 5 & Broadway.
- 10:44:36 Medical Command advised they had relocated to NW 8 & Robinson.
- 10:50:26 Treatment and Triage relocated to NE 5 & Oklahoma/Harrison.
- Field Hospital Set up.
- Medical Command relocated to NE 5 & Oklahoma.
- Staging 3 established at NE 5 & Oklahoma.
- Materials unit sent to NE 5 & Oklahoma to drop off supplies.
- Materials requested due to need for backboards.
- 10:54:47 Roll call taken in Staging areas for Resource Count:
- Staging 1 (NW 10 & Robinson):
- 15 Units
- Staging 2 (Park & Couch)
- 6 Units
- Staging 3/Treatment and Triage (NE 5 & Oklahoma):
- 4 Units
- Three Mediflight Helicopters at NW 2 and Hudson area.
- Two MAST Helicopters at Downtown Airpark.
- 11:00:00 Incident Command Identified as having moved to NW 10 & Harvey.

- 11:11:35 Incident Command Sector Locations Confirmed:
- Staging 1 = NW 10 & Robinson.
 - Staging 2 = Park & Couch.
 - Staging 3 = NE 5 & Oklahoma.
 - Medical Command = NE 5 & Oklahoma.
 - Treatment and Triage = NE 5 & Oklahoma.
- 11:11:35 The following Rescue Plan was developed:
- It was decided to send two shuttle units with four paramedics each from NE 5 & Oklahoma to the NE corner of the Federal Bldg to transport patients. Once at NE 5 & Oklahoma the patients would be dropped off at the Field Hospital, and the shuttle unit turned around to go back to the Federal Bldg. Once in the Field Hospital the patient would be evaluated and sent on to the appropriate hospital by one to the units in Staging 3.
 - Reasons:
 1. To utilize the existing, controlled, incident command structure to manage the numerous resources.
 2. To utilize the existing Field Hospital as a triage area to prevent overloading local hospitals if another large group of patients were rescued.
- 11:20:00 Medical Director arrived at Triage & Treatment area.
Cellular phones arrived at Triage & Treatment.
- 11:27:35 System's status checked with the Communications Center advising it was maintaining at Level 10 or 11.
R & R set up at Post 1.
Second Bomb scare at *Old* Federal Building located at Park and Couch caused evacuation of Staging 2.
 - Staging 2 disbursed into Staging 1.
- 11:33:35 Bomb threats cleared and the two units were cleared to continue rescue efforts at the Federal Bldg according to the rescue plan that had been developed.
- 11:40:19 CISD team had been requested by the FBI earlier and were ready to report to the Federal Bldg.
 - Medical Command ordered the CISD team to report to Post 1.
- 11:45:45 Two Units were sent to Federal Bldg from NE 5 and Oklahoma to initiate the Rescue Plan.
 - Crew members and units confirmed before units sent into the Federal Bldg.
- 11:50:10 Staging 3 now reported 12 units staged and 2 Buses.
Staging 1 now reported 29 Units, 2 Buses, and 8 Aidcars.
- 12:17:35 PD requested 10 transports at Federal Bldg, NW 4th and Harvey.
Medical Command unable to contact either shuttle unit at
Federal Bldg for confirmation of the need for 10 units. Unit sent to the Federal Bldg to set up a triage area and to evaluate units needed.
- 12:30:45 Contact made with two shuttle units standing by at the
Federal Bldg. Due to shuttle unit's close proximity to the Federal Bldg, they did not hear Medical Command's request for a report.
It was decided to have 4 Transports standing by at NW 4 and Harvey to shuttle any patients to the Field Hospital.



- Ingress was from East down 4th Street to Harvey
- Egress is from 4th & Harvey south down Harvey to the Field Hospital

Federal Bldg Plaza set up as Triage & Treatment area and designated as Triage 1.

Morgue moved from Federal Bldg Plaza to the playground on the SE corner of the Federal Bldg.

- This was due to the need for the Federal Bldg Plaza to be used as a Triage & Treatment area should a large number of patients be removed from the Federal Bldg.

DMAT team to land at Will Roger Airport.

- DMAT to initially land at Downtown Airpark but it was determined that Downtown Airpark would not be large enough to allow the DMAT team aircraft to land. Will Rogers Airport was suggested rather than Wiley Post Airport due to easier logistics in relocating the DMAT team to the Field Hospital.

- 13:00:00 Medical personnel (doctors & nurses) cleared from Federal Bldg and asked to leave.
Unit sent from Staging I to OMH to pick up field amputation equipment to be brought back to Triage 1.
- 13:09:29 All Mutual Aid Units released from the Incident.
- Staging I released all Units except for one Tulsa Unit, three EMSA units, and two MWC units who refused to leave.
- 13:10:53 Triage 1 advised that per Dr. Maningas, to have the DMAT team report to NE 5 & Oklahoma but to have Dr. Gray and Dr. Wallace go ahead and report to the Federal Bldg to coordinate with him.
- 13:11:10 First patient brought out of Federal Bldg and transported to the Field Hospital.
- 13:12:00 The DMAT team reported a 1400 hour ETA at Will Rogers Airport.
- 13:13:20 Unit had equipment/amputation kit from OMH and was enroute to NE 5 & Oklahoma to then be escorted on to the Federal Bldg.
- 13:15:25 Medical Command was advised that 1 patient enroute to the Field Hospital by MWC. Two other patients had been located and would be out shortly.
- 13:17:25 Additional, non-EMSA medical personnel released from Incident.
- 13:18:10 First group of EMSA medics enroute to NW 10 and Robinson from Post 1 to rotate out those medics who would need to work the system units that night.
- 13:20:02 Unit arrived at Federal Bldg with equipment/amputation kit.
- 13:23:13 Unit from Field Hospital enroute to SAH with one patient condition yellow.
- 13:29:30 It was decided to stand down all units except for two at the Field Hospital and the 4 units at the Federal Bldg.
- Decision made to begin standing down EMSA units due to slow extrication and slow patient removal.
- All units being released from the incident are being sent through Post 1 for CISD if needed.
- 13:32:00 Decision made to stand down all Medical/EMSA personnel at the Federal Bldg except for 6 EMSA personnel to standby.
- 13:32:24 Dr. Maningas advised to keep Field Hospital until the DMAT team arrives and keep a skeleton crew at the Field Hospital.
- 13:35:25 OCFD requested transport numbers.

Medical Command was advised by the Communications Center that severe weather would be moving into the area in about two hours.

13:37:40 Staging 1 advised to add 5 Green patients to the total count that had been transported by Aidcar.

13:38:31 Coordination begun to get units ready for night shifts.

All units being released from the incident were being sent through Post 1 for CISD if needed.

13:41:28 Communications Center advised Medical Command that rain and thunderstorms would be approaching the area in approximately two hours. However, they were not severe at this time per the National Weather Service.

13:43:17 PD reported critical patient East of Federal Bldg. North of 4th street and East of Robinson on the East side of the Federal Bldg.

Triage 1 was advised of situation and informed Medical Command that PD had been told to bring patient to the Triage area.

- There was only one way in and one way out of the area which is why the patients had to be brought to the Triage 1 area.

13:45:21 Surgeons arrived at NE 5 & Oklahoma from Downtown Airpark.

- A unit was sent to get the surgeons, but it was later discovered that the surgeons had gotten a ride to the incident by OHP.

13:47:42 Third Bomb threat.

PD advised another patient was located at NW 6 & Robinson

Federal Bldg evacuated along with Triage 1 Area.

- Triage 1 to be moved back to NE 5 & Oklahoma until Federal Bldg cleared. Triage 1 crew would try to locate the patient at NW 6 & Robinson enroute to the Field Hospital.

13:49:33 General announcement made by the Communications Center to evacuate Federal Bldg and report to NE 5 and Oklahoma.

- All EMSA personnel that had been around the Federal Bldg were accounted for during evacuation.

13:53:33 Staging 1 reported a Tulsa Unit and 2 other EMSA units for standby. All other units had been released back into service.

Tulsa Unit released to Post 1.

Medical Command advised they were planning to move all units to the Federal Bldg for standby once the bomb threat is cleared.

13:58:31 Staging 1 to move all units to NE 5 & Oklahoma.

14:00:00 Call received in the Communications Center by PD that a patient was located at NW 5 & Hudson.

- Communications Center checked to see if the area was clear.

SWMC and other hospitals asked if they could stand down from the disaster mode.

- Medical Command advised to keep OMH, Presbyterian, and SAH in disaster mode for now. All others can stand down.

14:04:10 Federal Bldg cleared of the bomb threat.

Triage 1 deployed back to Federal Bldg from NW 3 & Harvey.

Patient reported by the Communications Center at NW 5 & Hudson by PD.

14:07:49 Triage 1 reestablished at Federal Bldg at NW 4 and Hudson.
- Federal Bldg standby consisted of following:
1 Triage Commander
6 Personnel
3 staffed units
- All other EMSA personnel sent to NE 5 & Oklahoma
DMAT had arrived at Will Rogers Airport.
- Unit was sent to pick up DMAT team and take them to NE 5 & Oklahoma.

14:10:52 Three EMSA units sent to Federal Bldg.
- MWC unit stood by until the units arrive then it was released back into service.

14:17:45 Dr. Wallace from DMAT advised to have the DMAT proceed to NE 5 & Oklahoma.
- DMAT team would not respond until official word had been given by Dr. Wallace. Dr. Wallace could not get communication to the DMAT team to tell them to respond to the Field Hospital.

14:21:33 According to Dr. Maningas, Field Amputee Patient is about to be removed from the Federal Bldg. Dr. Maningas had made arrangement to take this patient straight to SAH. Medical Command advised Dr. Maningas that OMH had a surgery team standing by, but Dr. Maningas advised this patient would go straight to SAH.
- It was confirmed that the plan was still to transport patients to the Field Hospital for initial evaluation. The field amputation is an exception.

14:28:42 Incident Command requested a count on the number dead.
- Dead count confirmed from ME to be 7-8 with numerous others that had not been removed.

14:30:26 Medical Command advised Incident Command the following transport counts:
- 19 reds, 9 yellows, 24-25 green

14:36:45 One more unit was needed to standby at Federal Bldg so MWC could return to service.
Three other patients had been located and attempts were being made to extricate them.

14:38:45 FOS Murphy was relieved of Medical Command by FOS Owens so FOS Murphy could come to Triage 1 and plan on setting up Medical Command at Federal Bldg.

14:44:42 Rain began to fall at the Federal Bldg.
- Rain gear was enroute to the Federal Bldg.

14:44:48 Incident Command was moved to the SE corner of
NW 8 & Harvey to a fenced in area that will limit access.

14:49:07 PD requested a unit at NW 5 & Hudson.

14:51:24 Triage 1 sent a MWC unit to NW 5 & Hudson to transport one of the patients who had been rescued.

14:52:15 FD requested Unit to NW 5 & Robinson for amputee victim.
- Triage 1 sent an EMSA unit to NW 5 & Robinson.

14:58:51 Unit needed at NW 4 & Robinson for a patient who had been rescued.

15:00:47 Additional 3 units were requested from Medical Command by Triage 1 to replace the 3 units that had transported the last three patients.

15:30:25 Medical Command then moved to the Federal Bldg.

NE 5 & Oklahoma established as the Field Hospital/Staging area.

22:40 Final patient removed from the Federal Bldg and taken to OCMH.

Thursday, April 20, 1995

EMSA functioned in the medical support role with two (2) ambulances, Medical Command, and a Fire Liaison.

TRANSPORTS:

21:06:52 Phoenix firefighter was transported to Saint Anthony's Hospital with a back injury.

Friday, April 21, 1995

EMSA functioned in the medical support role with two (2) ambulances, Medical Command, and a Fire Liaison.

TRANSPORTS:

10:30:16 Oklahoma City Fire Department Chaplain was transported with chest pain.

12:57:05 FEMA Task Force Rescuer was transported to Saint Anthony's Hospital due to Sepsis

16:59:17 NYPD Search and Rescue was transported to Hillcrest Medical Center due to a laceration to the head secondary to a fall.

Saturday, April 22, 1995

EMSA functioned in the medical support role with two (2) ambulances, Medical Command, and a Fire Liaison.

At 1100 hrs The Jackson Speedometer building at the sight collapsed. As a result an additional ambulance was staged at the incident bringing our total ambulance commitment to three. It was decided to keep a total of three (3) ambulances for standby until further notice.

At 1500 hrs a presence was established in the Multiple Agency Center (MAC) with the Emergency Services Branch

TRANSPORTS:

07:56:17 Tinker Civil Engineer Group worker was transported to Saint Anthony's Hospital with chemical burns to the back following decontamination.

Tinker Civil Engineer Group worker was transported to Saint Anthony's Hospital with cramps and nausea.

Tinker Civil Engineer Group worker was transported to Saint Anthony's Hospital with chemical burns to the ankle following decontamination.

Sunday, April 23, 1995

EMSA functioned in the medical support role with three (3) ambulances, Medical Command, and a Fire Liaison.

TRANSPORTS:

00:36:00 Tinker Civil Engineer Group worker was transported to Saint Anthony's Hospital with chemical burns following decontamination.

Tinker Civil Engineer Group worker was transported to Saint Anthony's Hospital with chemical burns following decontamination.

Tinker Civil Engineer Group worker was transported to Saint Anthony's Hospital with chemical burns following decontamination.

11:07:54 Rescue Worker was transported to Saint Anthony's Hospital with Back Strain.

19:00:00 Red Cross Worker was transported to Saint Anthony's Hospital with chest pain.

Monday, April 24, 1995

EMSA functioned in the medical support role with three (3) ambulances, Medical Command, and a Fire Liaison.

TRANSPORTS: None

Tuesday, April 25, 1995

EMSA functioned in the medical support role with three (3) ambulances, Medical Command, and a Fire Liaison.

TRANSPORTS:

07:15:33 Oklahoma City Firefighter was transported to Saint Anthony's Hospital with neck and back pain following a piece of debris falling on him.

20:29:00 Fairfax County Fire and Rescue worker was transported to Saint Anthony's Hospital with a laceration to the eye following a tool slipping.

Wednesday, April 26, 1995

EMSA Functioned in the medical support role with three (3) ambulances, Medical Command, and a Fire Liaison.

TRANSPORTS:

08:41:24 Dade County Fire Rescue worker was transported to Saint Anthony's Hospital with chest pain.

12:29:00 Fairfax Count Fire and Rescue was transported to Saint Anthony's Hospital with muscle strain secondary to being struck by falling debris.

15:51:25 FBI agent was transported to Saint Anthony's Hospital with muscle strain secondary to being struck by falling debris.

21:12:34 Oklahoma City firefighter was transported to Saint Anthony's Hospital with head pain secondary to being struck by falling debris.

23:07:32 LA County Firefighter was transported to Saint Anthony's Hospital with an eye injury secondary to being struck by falling debris.

Thursday, April 27, 1995

EMSA Functioned in the medical support role with three (3) ambulances, Medical Command, and a Fire Liaison.

TRANSPORTS: None

Friday, April 28, 1995

EMSA Functioned in the medical support role with three (3) ambulances, Medical Command, and a Fire Liaison.

TRANSPORTS:

- 13:00:00 LA County Firefighter was transported to Deaconess Hospital with an eye injury.
LA County Firefighter was transported to Deaconess Hospital with an eye injury.
LA County Firefighter was transported to Saint Anthony's Hospital for evaluation of fatigue.

Saturday, April 29, 1995

EMSA Functioned in the medical support role with three (3) ambulances, Medical Command, and a Fire Liaison.

TRANSPORTS:

- 01:29:50 Mustang Firefighter was transported to Saint Anthony's Hospital with knee pain secondary to falling through a debris hole.
11:13:27 Owasso Firefighter was transported to Saint Anthony's Hospital with chemical burns to the eye following decontamination.
14:42:19 Moore Firefighter was transported to Saint Anthony's Hospital with chemical burns to the shoulder following decontamination.

Sunday, April 30, 1995

EMSA Functioned in the medical support role with three (3) ambulances, Medical Command, and a Fire Liaison.

TRANSPORTS: None

Monday, May 1, 1995

EMSA Functioned in the medical support role with three (3) ambulances, Medical Command, and a Fire Liaison.

It was decided at 1600 hours that the recovery operation would go to a mechanized recovery and would only be ongoing during the day (0600-1800).

TRANSPORTS:

- 10:09:52 FEMA worker was transported to Saint Anthony's Hospital with back pain.

Tuesday, May 2, 1995

EMSA Functioned in the medical support role with two (2) ambulances and Medical Command during the operation hours of 0600-1800.

TRANSPORTS: None

Wednesday, May 3, 1995

EMSA Functioned in the medical support role with two (2) ambulances and Medical Command during the operation hours of 0600-1800.

TRANSPORTS:

- 14:09:54 Orange County Firefighter transported to Saint Anthony's Hospital with a respiratory infection.

Thursday, May 4, 1995

EMSA Functioned in the medical support role with two (2) ambulances and Medical Command.

Recovery operation was extended to 0100 hours; at which time the recovery operation was suspended until the Federal Bldg was imploded. Three people were still missing and expected to be in the final rubble pile that was supporting Column 22 of the Federal Bldg.

TRANSPORTS:

23:27:19 Oklahoma National Guard worker was transported to Saint Anthony's Hospital with neck pain.

Tuesday, May 23, 1995

The Federal Bldg was imploded.

Monday, May 29, 1995

The final three missing bodies were recovered.

Mutual Aid Response

- Anadarko EMS
- Ardmore EMS
- Carnegie EMS
- Crescent EMS
- EMPACT (Shawnee)
- Indian Nation EMS
- Fort Sill (U.S. Army) Helicopters
- Kirk's EMS (Lawton)
- Life EMS (Enid)
- Lifestat EMS
- McClain/Grady County
- Medicus (Seminole)
- Mercy EMS (Yukon)
- Mediflight Oklahoma (Helicopters & ground units)
- Midwest City EMS
- Norman EMS
- Okmulgee County EMS
- Respond (Shawnee)
- Sinor EMS (Clinton)
- Stephens County
- Stillwater EMS
- Wadley's EMS (Purcell)
- Watonga EMS
- Wellston EMS
- Wichita Falls Texas EMS

Chronology of C.I.S.D. Follow Up

April 19th

Activated Peer Support Personnel at 10:30 a.m.
Chaplain arrives at scene at 11:00 a.m.

Company psychologist arrives at Post 1 at the request of Human Resources.

The Doctor is accompanied by two colleagues. Diffusing begins about Noon.

On scene evaluations continue as Chaplain and Program Director attempt to contact all crews at the scene. One-on-one counseling begins and will continue throughout.

April 20th

CISM Team arrives from AMR-West. Diffusing and one-on-one sessions by that team continue through April 23rd.

May 1st & 2nd

Dr. Jeff Mitchell arrives with a survey team to estimate the needs for CISM. An AMR representative is on the survey team. International Critical Incident Stress Foundation commits support to OKC medics.

May 9th & 12th

Debriefings at Post 1.

May 21st

ICISF Debriefing Team arrives from the East Coast. Ten CISM sessions are scheduled over the following week. All employees are scheduled to attend a session.

May 24th

An EMS recognition service is scheduled at a local church with the support of the local CISM Team.

June 16th

CISM session at Post 1.

August 8th & 9th

AMR sponsors a Basic CISM class in cooperation with the ICISF.

Forty-four local providers are trained, covering several different services: Police, Fire and EMS.

August 24th & 25th

ICISF Peer Support training attended by several local providers through the State CISM Network.

August 26th & 27th

Advanced CISM offered through the ICISF through the State Network. Class attended by many local services.

September 28th, 29th & 30th

ICISF offers a "Train the Trainers" for CISM instructors.

Chart #1 - The First Response

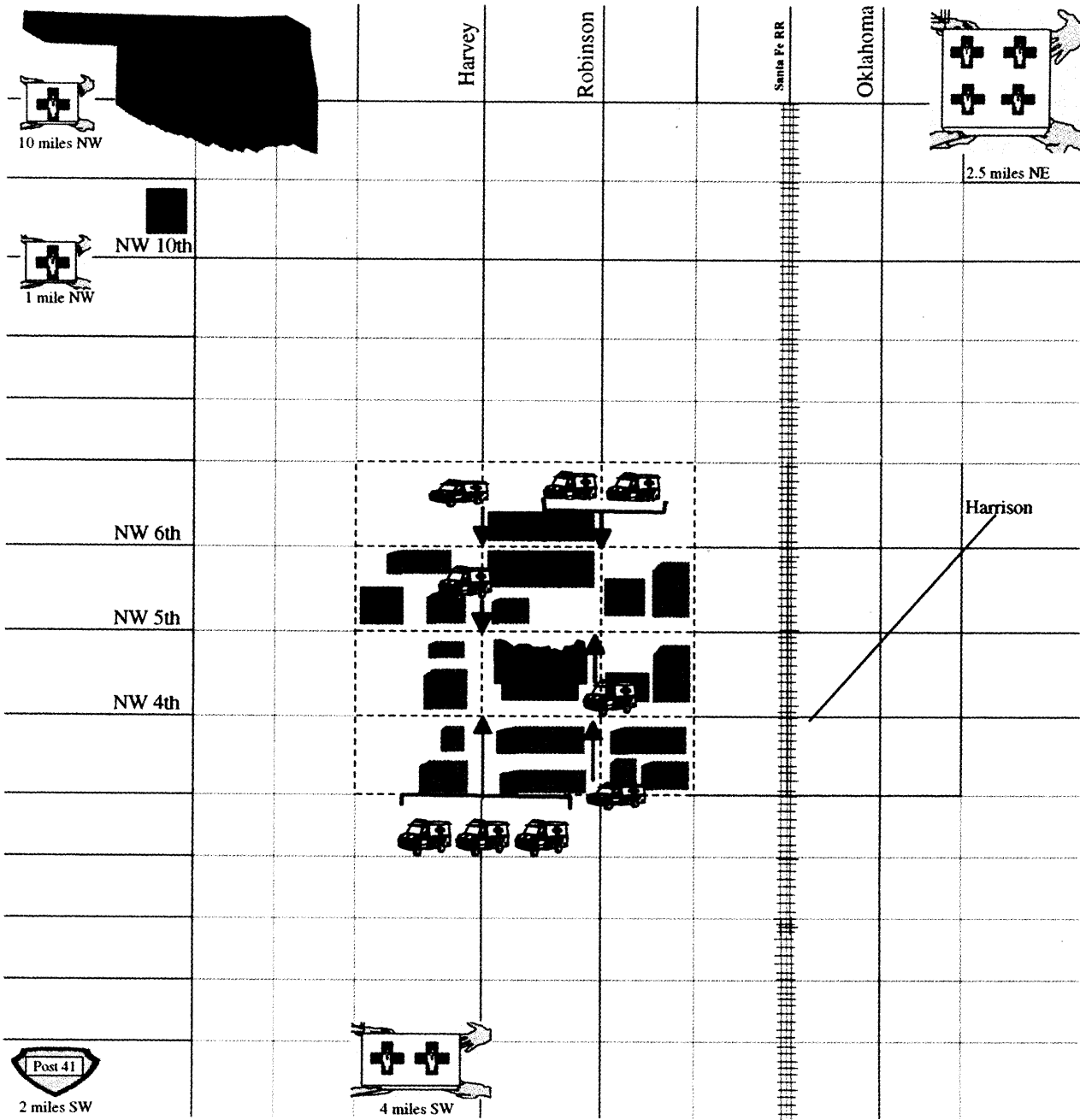


Chart #2 - The First Incident Command Setup

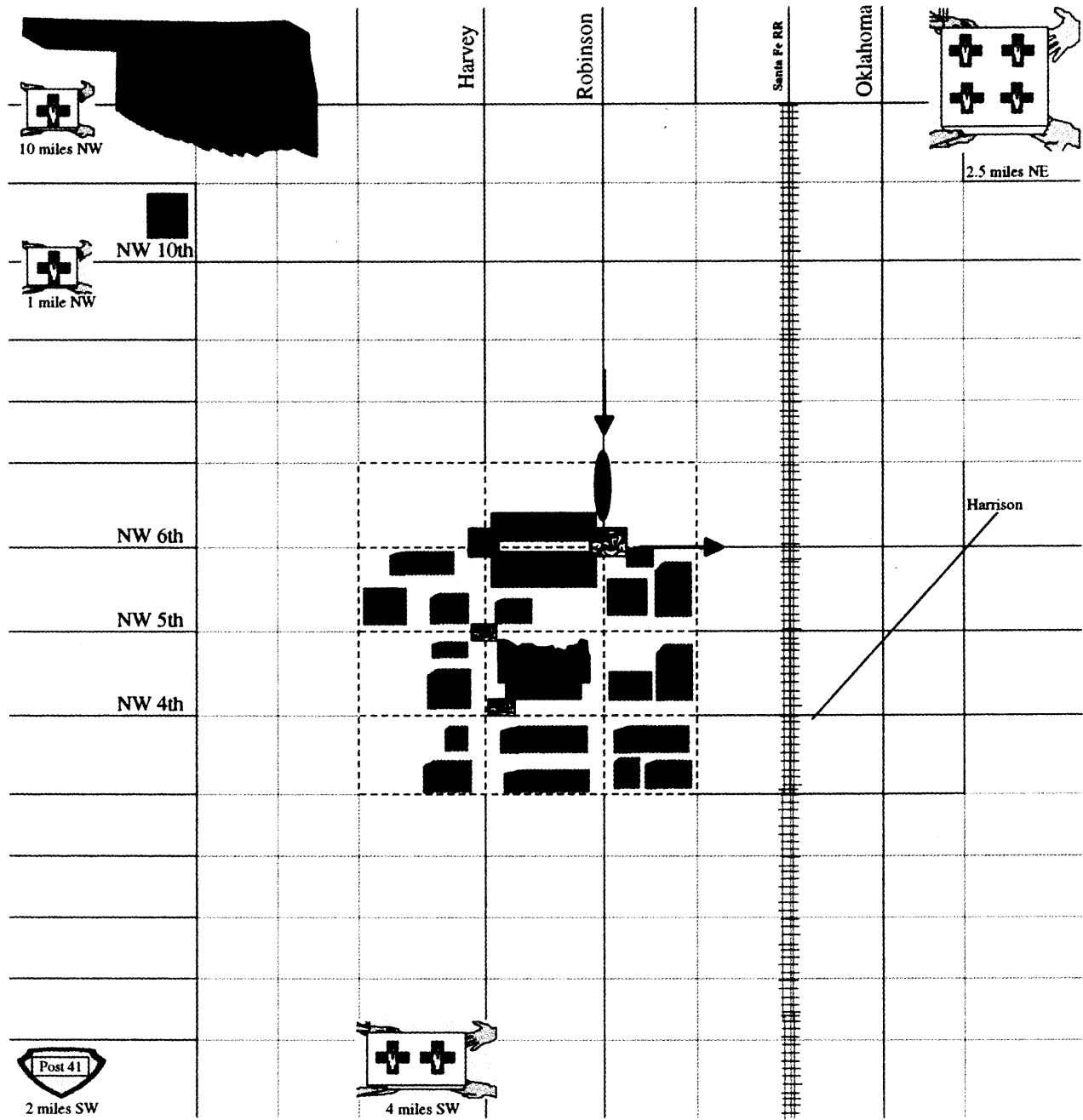


Chart #3 - The Second Response Wave

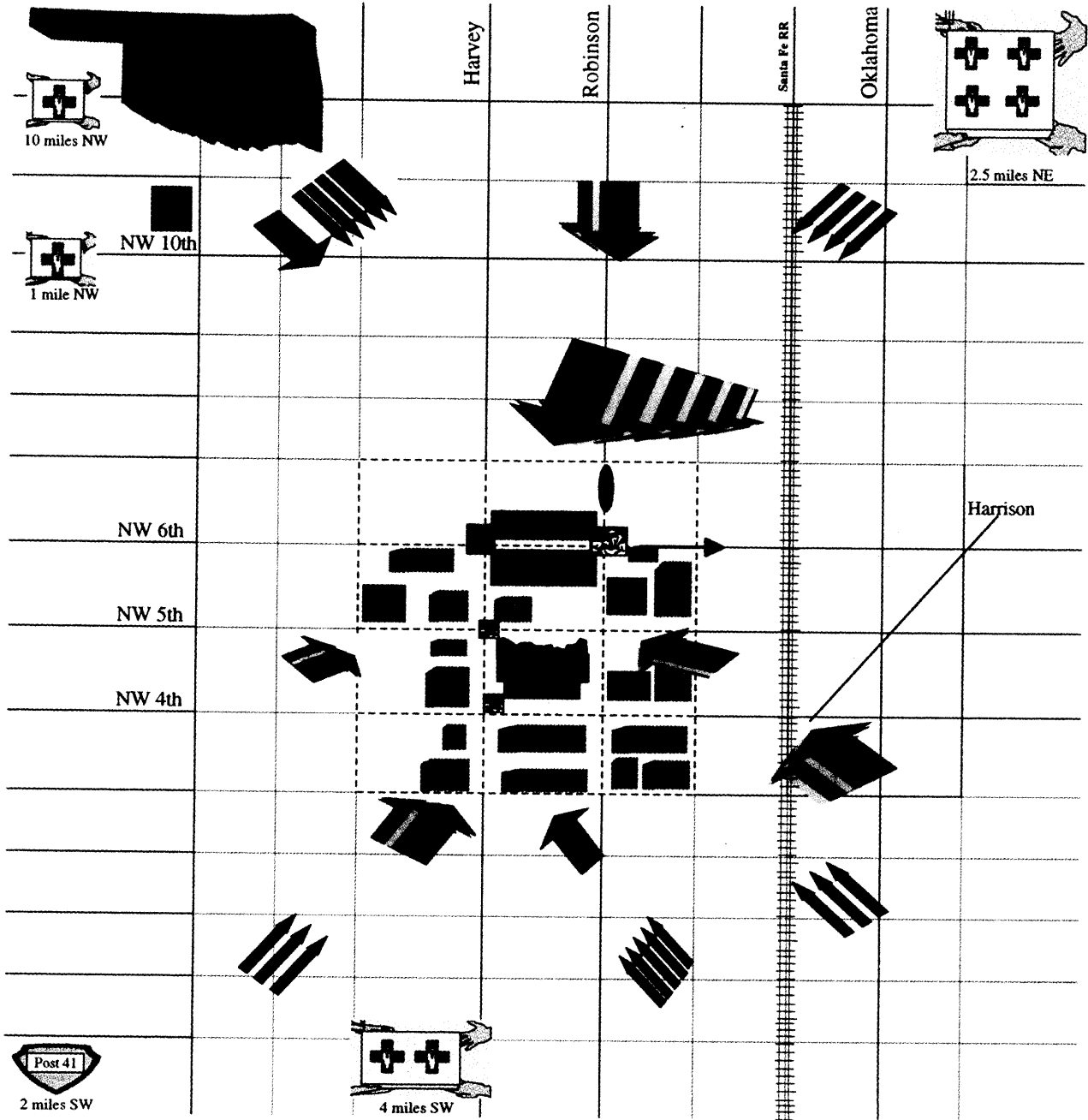


Chart #4 - The Second Incident Command Setup

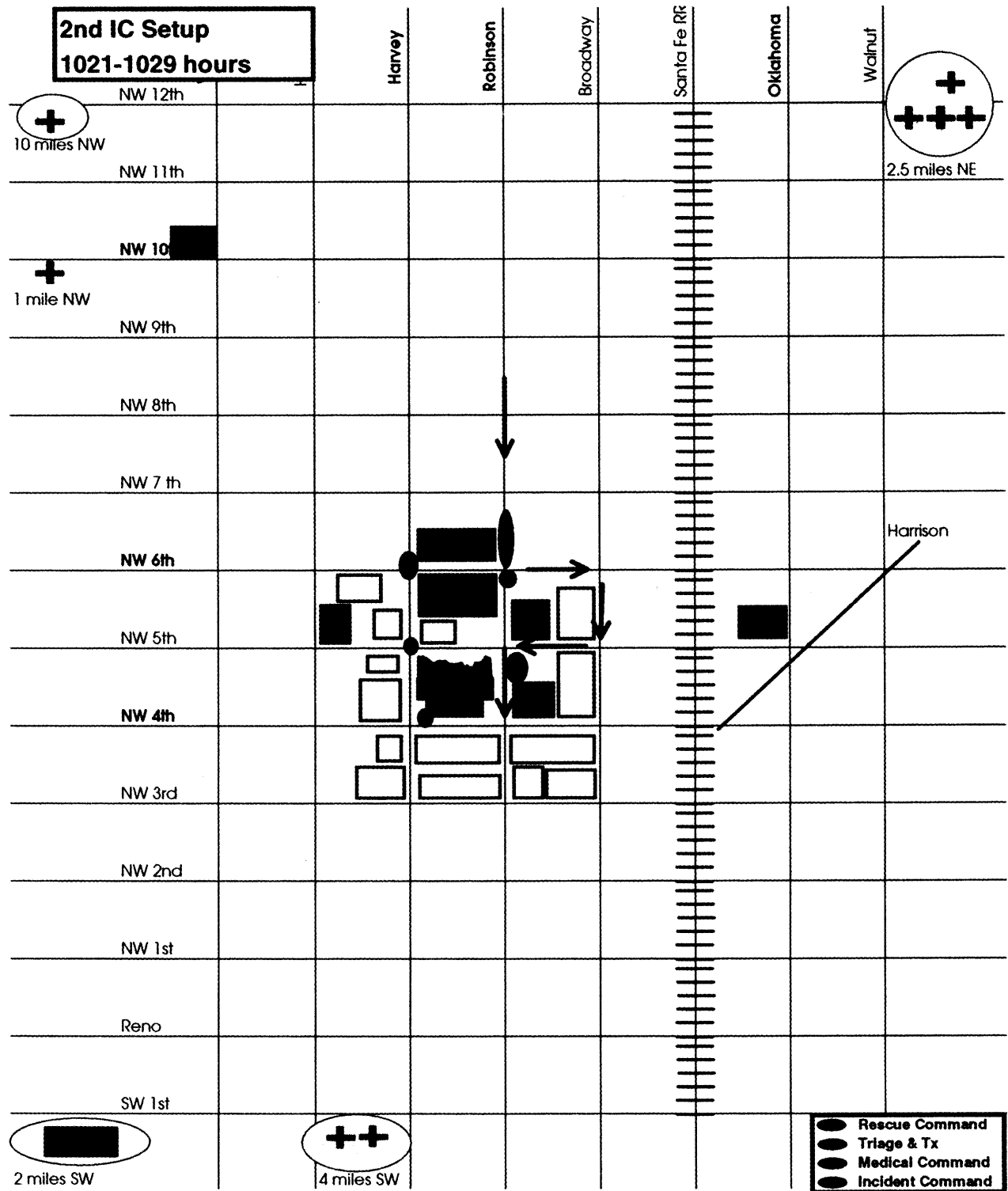


Chart #5 - The Rescue Plan

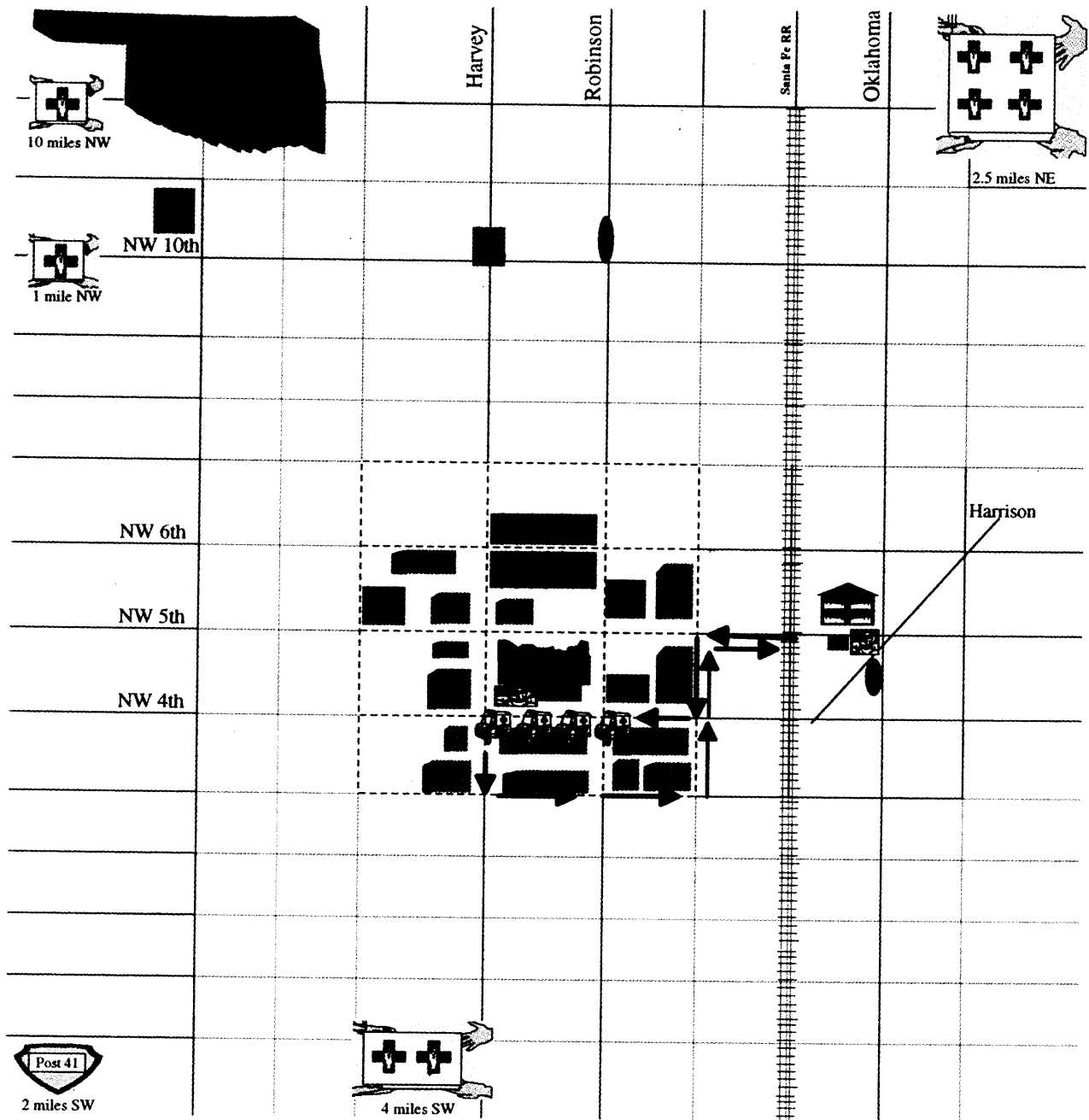


Chart #6 - The Third Incident Command Setup

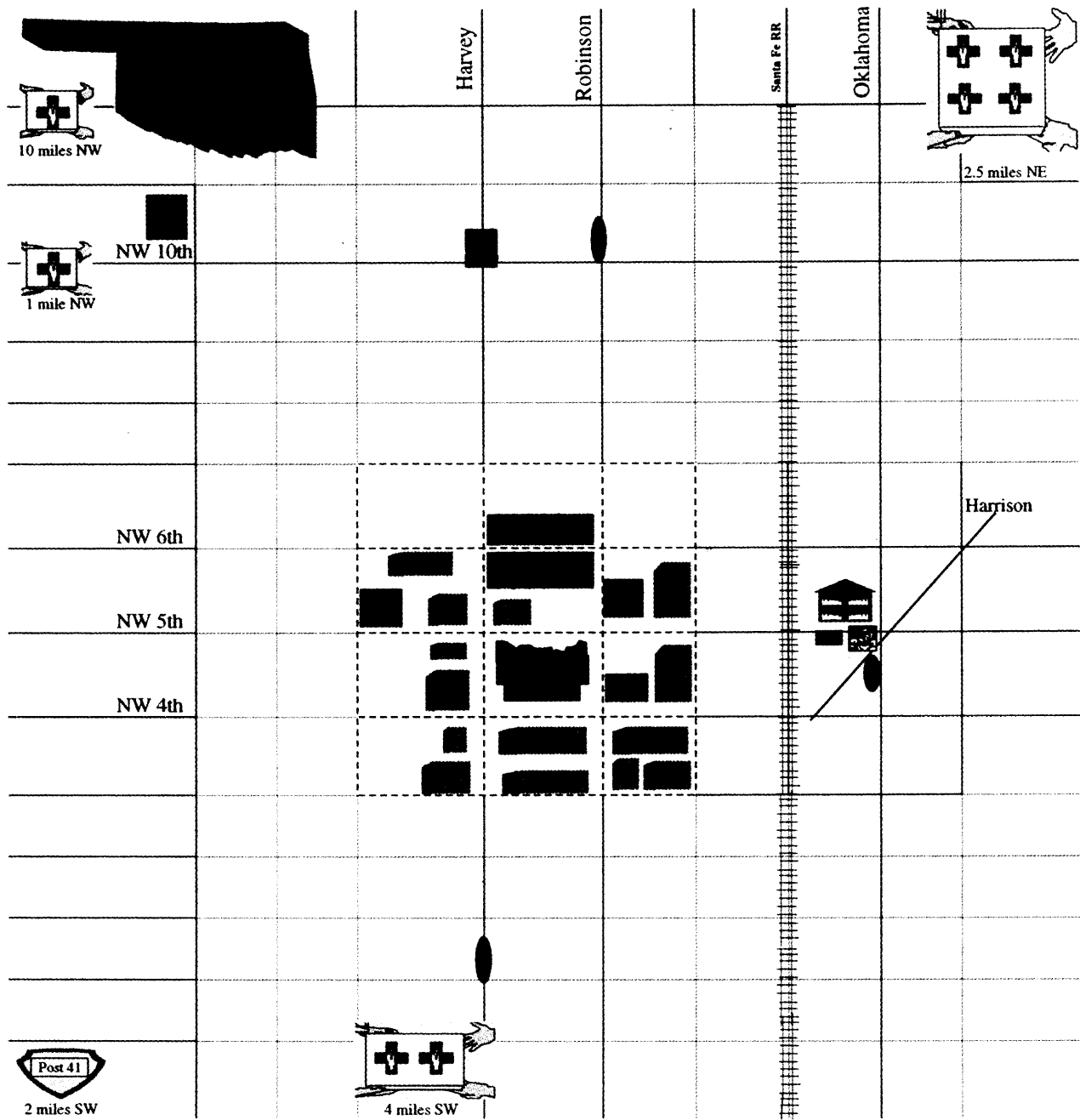
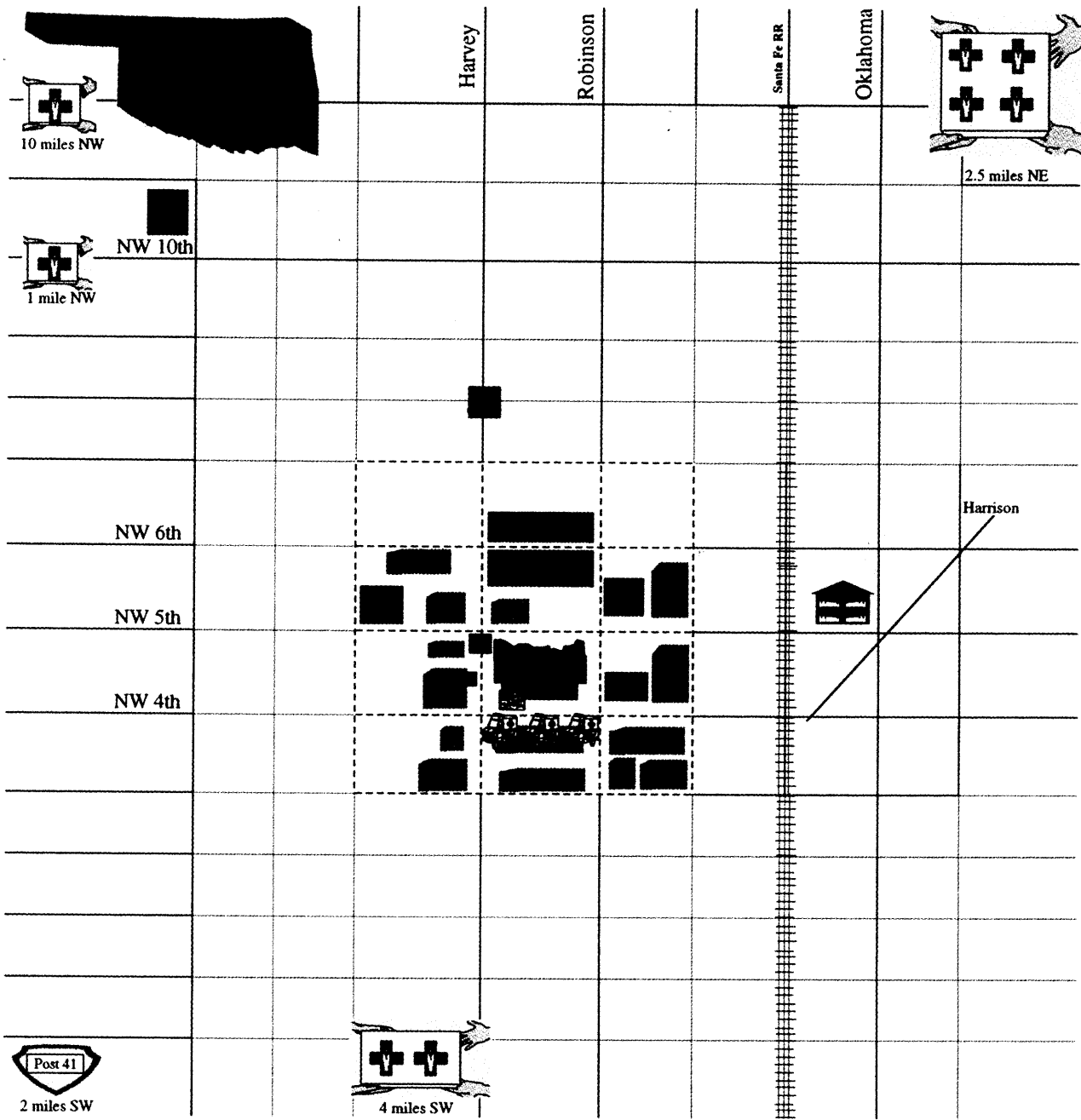
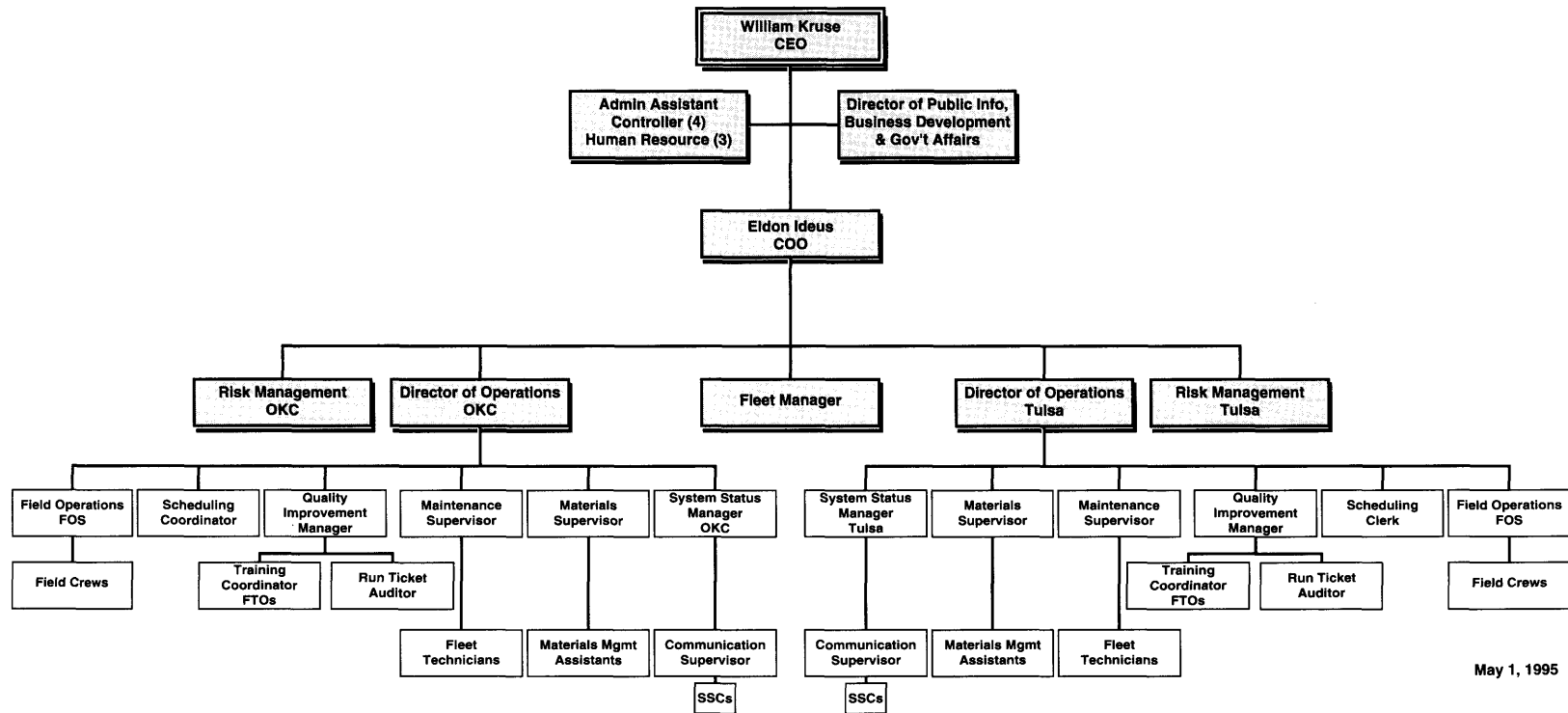


Chart #7 - The Final Incident Command Setup

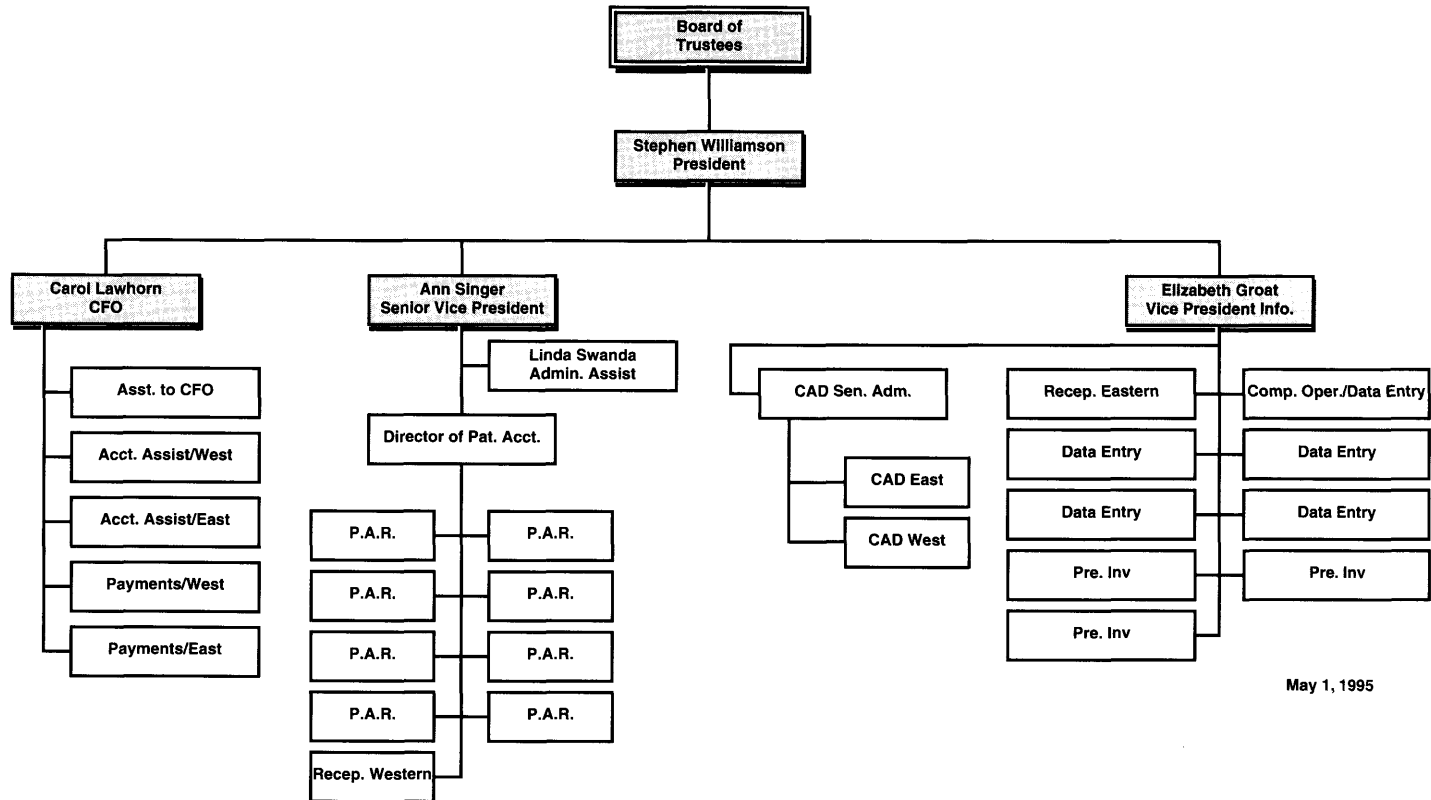


AMR Oklahoma Organizational Chart - December 1995



May 1, 1995

Emergency Medical Services Authority Organizational Chart



May 1, 1995