

The Oklahoma City Bombing: Lessons Learned by Hospitals

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Everyone in Oklahoma remembers exactly where they were, and what they heard and felt when time stood still at 9:02 on April 19, 1995. The Oklahoma City hospitals learned many things from the April 19th bombing; the 10 most important lessons are summarized below.

Lesson One: Never underestimate the importance of having disaster preparedness plans in place which are practiced regularly via mock disaster drills.

Lesson Two: No amount of planning or disaster drills could have thoroughly prepared us for the thunderous blast which shattered us—physically and emotionally—on April 19, 1995.

Lesson Three: Our medical community was prepared to handle mass casualties.

Immediately following the blast, thousands of medical and non-medical volunteers converged upon the downtown area. Within three minutes, seven staffed ambulances were in route to the scene; within 60 minutes, 66 ambulances were staffed and operational. A total of 47 ambulance services and 103 units were involved—many from outlying areas. More than 400 doctors and nurses rushed to the hospital located closest to the scene; therefore, there were two physicians caring for every one of the 202 patients taken there.

Most of the **medical response took place within the first two hours** after the blast. By 11 a.m., hospitals began **preparing for the second wave** of more severe casualties. Unfortunately, this never occurred.

While most of the injured were taken to six hospitals located closest to the bomb site, 18 hospitals in the metropolitan area treated 511 adults and 38 children. An additional 233 persons were treated in physicians' offices or clinics.

A total of 842 physical injuries were reported; 770 of these injuries, including 167 deaths, were directly related to the blast or escape; 72 injuries, including one death, resulted from the search, rescue or recovery efforts. Ages of the injured ranged from three months to 84 years; 19 children died; three unborn children were killed, and 46 children suffered nonfatal injuries; 159 children 23 years of age or less lost one or both of their parents. More than 50 persons will very likely have long-term disabilities.

300+ buildings in the downtown area were damaged; 25 were destroyed.

Lesson Four: It is critical to involving phone companies in disaster-preparedness planning.

Within the first two hours following the bombing, 12 million calls were attempted within the metropolitan area; the majority of the 1,800 “911” (emergency) calls attempted during the first hour alone received busy signals.

Our local phone company donated all resources to the rescue and recovery effort; 1,500 phone lines were set up in and around the perimeter of the site. Long distance services were also donated so that rescue workers could call home.

Wireless phone companies donated hundreds of phones and batteries. Three cells on wheels were brought in to add cellular capacity. One wireless phone company donated 1,052 phones and contributed \$4 million worth of equipment, time and resources. When forming a community-wide disaster preparedness committee, do not overlook leaders from telephone or cellular companies.

Lesson Five: It is imperative to frequently test communications systems, including backup systems.

At approximately 10:30 a.m., all Oklahoma City hospital emergency rooms lost phone and radio contact with the local ambulance service. A backup radio system was in place in some, but not all, of the emergency rooms. Since the bombing, each hospital’s backup radio system has been evaluated and, if necessary, upgraded or replaced. Daily roll calls now occur between the ambulance service’s central dispatch office and each Oklahoma City hospital.

Lesson Six: Building relationships with other disaster-response agencies will lessen the confusion during a disaster.

With phone lines overloaded, communications between agencies was a tremendous problem. Most of the pleas for medical personnel, supplies, and other needs, were disseminated by the news media to the masses, instead of agency to agency. Some of the needs were justified, but many were not. This resulted in a lot of confusion, poor distribution of medical personnel, and wasted supplies.

Know what community agencies' roles are and how you can work together in the event that disaster strikes. Maintain an updated listing of these individuals, along with direct phone, pager and fax numbers, and E-mail addresses.

Key to a successful community response is the need for hospitals' disaster preparedness plans to interface with those of other agencies (i.e., police, fire, health departments, Red Cross, Federal Bureau of Investigation, and Department of Emergency Management) **before** a community-wide disaster occurs. If you are located in a multi-hospital community, know whether or not your hospital(s) have representation in your local emergency operations center. Know what organization has overall responsibility during a community-wide disaster, and find out what agency has specific responsibility for the medical response during a city-wide or county-wide disaster.

Since the bombing, Oklahoma City's Emergency Operations Plan has been amended to direct clinical and non-clinical community volunteers to report to their respective hospital and wait there for further instruction, until a general staging area is established. This helps with the organization of volunteers and also reduces the risks to both medical and non-medical volunteers.

Lesson Seven: It is importance to have the ability to share basic patient information with and among hospitals, as soon as possible after a community-wide disaster.

Since victims were treated in 18 hospitals, a centralized tracking system would have been helpful to hospitals, and to those traveling from hospital to hospital searching for loved ones. Although faxed patient lists were shared among hospitals early-on, due to the volume of patients seen and the critical condition of many, some of the records were initially incomplete. In some cases, it took hours to identify those individuals who were either too young, critically injured or too disfigured to be identified.

After the bombing, many disaster response agencies also needed patient information. A computer linkage through which basic information could have been shared would have saved tremendous time and duplication of effort.

Lesson Eight: Working with the international media for an extended length of time can be very challenging.

Local media coverage at the bomb site and outside hospital emergency rooms began almost immediately. This live coverage continued non-stop—with no commercial interruptions—for 110 hours. However, the international media spotlight would shine on Oklahoma City for several weeks. The last patient was discharged from the hospital five months after the bombing.

Establish a policy for release of patient information to the press during a disaster and communicate this policy to key employees. Determine whether or not these guidelines will vary from those used daily when dealing with matters of public records or crimes. Decide whose job it is to collect and release this information, or whether or not this responsibility can be shared among various hospital staff.

Public relations staffing will be necessary 24-hours a day during the first several days following a disaster. Consider seeking help from outside volunteers, including experienced public relations professionals from other hospitals or your hospital's system.

To avoid careless mistakes and burn-out, schedule shifts so that everyone can go home to rest. Give yourself and your staff time to grieve, and to receive debriefing sessions and post-traumatic stress counseling.

A public relations/media room should be set up to accommodate a large number of people, cameras and other media equipment. This area should be easily accessible to the main entrance of the hospital, but away from the emergency room and patient care areas. Clearly marked directions to the media room are a must, as is an alert security staff. Parking lot signs directing the media and family members to designated parking areas are an additional help. Extra phone lines will be needed for public relations staff and the media, along with office equipment and supplies.

In order to avoid duplicating tiresome patient interviews, consider pool interviews. A separate room for interviews with family members should also be set up, away from the patient's room. Maintaining a list of discharged and admitted patients, and family members who are willing to talk to the media, will prove useful in the days and weeks ahead.

To communicate most effectively, your public relations staff will need cellular phones, extra batteries (**BUY THESE NOW**), two-way radios with earphones and alpha-numeric pagers. Local cellular companies may consider donations of phones and service; consider negotiating the cost of long-distance service. When using pagers, develop a code your staff can use when an immediate response is needed.

Do not forget the importance of your local news media when the national and international media come into your community. Make every effort to ensure local media representatives are treated as fairly and equitably as the national media. Decide, in advance, whether or not television tabloid or talk show hosts will be treated as equitably as “news” reporters.

Involve your security department, and other employees, in keeping an eye out for the less-than-honest few who may be roaming the halls.

Lesson Nine: During a disaster, people need to do something to help.

Due to the number of requests the Oklahoma Hospital Association received from health care workers across the United States, “**Hospitals Helping the Heartland,**” disaster relief fund was established as a means through which hospital workers could assist bombing victims in a meaningful way.

Funds were used in the following three ways:

- 1) During the first year after the bombing, one-third of our funds were used to assist victims and families with a variety of needs—from mounting bills, to replacing vehicles which were damaged or destroyed in the blast, to converting homes so that they were handicapped accessible.
- 2) With help from the International Critical Stress Management Network, hospital workers across Oklahoma received critical incident stress management training. Part I training was conducted in October 1995, prior to the holidays; Part II training and a workshop on psycho-traumatology followed; both courses were completed prior to the first-year anniversary of the bombing.
- 3) The final third of disaster relief funds were used to fund counseling for uninsured and underinsured individuals. Anyone requesting help was considered eligible for this assistance.
- 4) In addition to families, friends, and co-workers of those killed, we also funded counseling for rescue workers and their families, pastors, those from the medical examiner’s office and workers from other agencies who assisted in the aftermath of the bombing.

Victims’ needs were identified and met through the efforts of a committee composed of 79 community-based organizations and agencies.

A centralized database tracked all victims, needs, and assistance received. Confidentiality agreements were signed by those attending these weekly (later bi-weekly) meetings, which were closed to the media and others. This process worked very well.

Lesson Ten: It takes a lot of resources, and time, for a community to heal emotionally.

Ours was one of 14 provider groups to endorse the publication and distribution of an informational booklet designed to assist individuals with emotional healing following the disaster.

A centralized mental health entity—Project Heartland—was established shortly after the bombing by the Oklahoma State Department of Mental Health, with initial funding from the Federal Emergency Management Association, and later by the Department of Justice. Its goal was to coordinate the bombing victims' diverse mental health care needs.

Through Project Heartland's efforts:

- 9,106 individuals have received one-on-one counseling and support group therapy;
- 67,500 counseling sessions have been conducted for either groups or individuals;
- 190,000 individuals have received services;
- For more than one year, young people in 80⁺ schools in the Oklahoma City metropolitan area received emotional support and counseling;
- Mental health care workers staffed the SafeHaven site in Oklahoma City for victims and families attending the closed circuit satellite feed of the jury selection and the McVeigh and Nichols' trials.

Of all the lessons we learned, **the most important ones** were those which reminded us of how fragile and precious life is, and the value of our loved ones; and those which showed the nation and the world that we are all much stronger when we are unified and work together toward a common goal.