

HSPI Commentary Series

THE METRORAIL CRASH: AN EFFECTIVE REGIONAL RESPONSE

HSPI Commentary 04

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Yesterday's Metro accident demonstrated that the post-9/11 increased focus on local and regional preparedness has not only better prepared the Washington area for acts terrorism, but also for the full range of incidents the area faces.

Within minutes of yesterday's accident, scores of emergency vehicles from DC and surrounding jurisdictions descended upon the scene. As I monitored the radio traffic of the local agencies involved, I expected to hear chaos; but instead I heard the calm and ordered dispatch of emergency units and informative reports from arriving personnel. As the incident quickly grew in size from a standard one-alarm response, to a two-, then three-alarm incident, the DC Fire and EMS Department units staged at sites identified by the incident commander. When the DC resources became stretched, pre-identified units from surrounding jurisdictions were alerted and communicated on the same channel as DC units. There were no apparent coordination or communications issues. Thanks to extensive regional planning, the DC area did not appear to suffer from the interoperability challenges faced by other jurisdictions. Nor do public safety leaders in the DC area jockey for control of the incident site; rather, because of the trusting relationship and mutual understanding of their roles and responsibilities, police, fire, emergency medical services, transit, and emergency management officials worked together in a unified manner.

It has often been forgotten that the now second-deadliest incident in Metro history occurred on January 13, 1982, just a half hour after Air Florida Flight 90 crashed into the icy Potomac. During these incidents, the entire emergency response system became overwhelmed and critical systems failed. Coordination among multiple jurisdictions responding was unwieldy; radio communications among emergency responders was difficult; and rescuers faced with such a calamity for the first time were forced to act on instinct, rather than a solid basis of formal training for mass casualty incidents.

As part of a Centers for Disease Control and Prevention panel on which I serve, I the spent last week assisting with the revision of plans to enhance the ability of the nation's hospitals to handle a large influx of injured patients in the context of a terrorist incident. The so-called



“surge capacity” of hospitals is important, whether it be due to a terrorist attack or an accident such as the one that occurred yesterday. In either case, the incident command must coordinate closely with area hospitals to determine how to distribute patients from the incident scene to healthcare facilities. Patients must be dispersed to a wide variety of hospitals based on the hospitals capacity and capabilities and avoid simply transporting patients to the nearest facility. All indications are that the previous planning among hospitals and public safety agencies paid off in this situation, since no one hospital was overwhelmed with many casualties.

As the investigation continues into the cause of this, the deadliest crash in Metro history, the public safety agencies and health care facilities involved in the incident response will undoubtedly pause in the days ahead and evaluate the effectiveness of their response. Any “lessons learned” will further improve the area’s response system, thereby making the region even better prepared to respond to the next major incident, whether it be an accident, or an act of terrorism.

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