Social Media, Crowds and Hospital Emergency Preparedness:
Three Key Concepts for Planners

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Introduction

Hospital and healthcare emergency management professionals are well aware of the concept of *surge* and requirements to plan and prepare for such circumstances. A *surge event* is defined as a significant event or circumstances that impact the healthcare delivery system resulting in excess demand over capacity and/or capability in hospitals, resources, and/or emergency medical services. The concept of *surge preparedness* can easily be confused with *crowd preparedness*. A crowd emergency can pose unique challenges for both hospital-based and pre-hospital healthcare providers that are not typically addressed in surge or mass casualty plans, and in fact, they may not result in a surge in demand at all.

What are Crowd Emergencies?

Crowd emergencies will be defined here as events in which at least 1,000 persons are gathered at a specific location for a defined period of time that may require organized emergency health services provided for spectators and participants. Crowd emergencies may be planned or unplanned events that can place an increased demand on hospital or health care services, or which can impact travel and communications in a critical way. Crowds form for many reasons including labor strikes and protests, large-scale entertainment or sporting events, appearances by celebrities and dignitaries, new product releases and major shopping events or sales, and large religious events or festivals. Spontaneous demonstrations and civil unrest in a community are also included in the category of crowd emergencies. Such events may be planned long in advance, such recent Papal visits to Washington, DC, Philadelphia and New York City.

National Special Security Event’s

With crowds of a million or more expected at each stop, the Pope’s tour was designated as a National Special Security Event (NSSE) making the U.S. Secret Service the lead coordinating entity. Other NSSEs include Super Bowls, the annual UN General Assembly, the presidential inaugurations and State of the Union addresses, as well as more controversial political and economic gatherings such as World Trade Organization, G8, G20, World Bank and NATO summits. The Democratic and Republican National Conventions are also NSSEs. With significant lead time and clearly delineated requirements from the Secret Services, hospital emergency planners can often get well ahead of these events and have facilities, supplies and staffing up to the appropriate levels to meet anticipated demand.
Unplanned Events

In unplanned events, such as rioting in the wake of perceived abuse or injustice by the police or the courts, the community and its health care providers may be caught off guard. Rioting in Ferguson, Missouri and Baltimore, Maryland provided powerful examples of just how quickly peaceful protest groups can evolve into violent mobs. Crowds don’t always set out to be disruptive, dangerous or destructive, but they may represent a significant operational risk even when they are peaceful. There are also many instances in which the hospital itself may become the epicenter of a large crowd event, planned or unplanned. Thousands gathered outside St Mary's Hospital in London in July 2013 awaiting a royal birth. In that instance, the birth was widely anticipated and hospital planners were ready for the event. In June 1968, large crowds gathered outside of Good Samaritan Hospital in Los Angeles after the shooting of Senator Robert F. Kennedy, an example of a more spontaneous, hospital-centric crowd event.

Crowds vs. Mobs

It is also useful to make the distinction between crowds and mobs. A crowd develops into a mob when all or most of its members have been instilled with a purpose and the intent to carry out that purpose regardless of the consequences. Mobs are often willing to risk arrest, injury, death and destruction. While panic is unlikely in most emergencies, panic can also be a trigger that ignites a crowd into a mob. Therefore, it is helpful for hospital emergency planners to keep three key concepts in mind when considering contingency plans around all types of crowd events. Those key concepts include:

1. Disasters Can Create Crowds: All types of disasters can create crowds in the community, and at its hospitals and healthcare provider locations. Acquisitive mobs are those seeking whatever may be perceived to be in limited supply, such as food, water, shelter, but also medications and medical supplies or treatment. In some types of disasters, especially those involving hazards with a degree of invisibility, such as chemical, biological or radiological agents, or in cases of disease outbreaks, other behavioral factors may drive in a surge in demand for healthcare services. You may still have a mental image, either from direct experience or media reports, of the huge crowds at the Superdome in New Orleans in the wake of Hurricane Katrina; a striking example of this first concept.

2. Crowds Can Create Disasters: Escape mobs are those trying to flee the affected area and who may do so in such numbers that roadways are overloaded and impassible. Escape mobs can also trigger stampedes, such as the deadly incident at the Hajj pilgrimage in Mecca, Saudi Arabia in September 2015 which resulted in 2,177 fatalities and hundreds of injuries. This otherwise peaceful religious gathering has been the site of several similar tragedies over the past decades, with another stampede killing 1,426 in 1990. The combination of psychological and physical forces within a crowd can create a deadly level force resulting in
compressional asphyxiation, also known as crowd crush. It is this dynamic that represents the greatest risk for harm in dense crowds. Most people who are injured or killed in crowds die not from violence, but rather from crowd crush, and most die standing up rather than being trampled. From the hospital’s standpoint this represents the possibility of large numbers of casualties from crush in major crowd events, but also may present a risk to staff members trying to navigate through large crowds that may be near or at the hospital’s facilities.

3. Not All Crowds Are Violent, But All Crowds Are Potentially Dangerous: Aggressive mobs are a specific type of crowd that sets out with violence and destruction in mind. Riots involving arson and looting are examples of aggressive crowds that may become violent mobs. In planned protests by organized groups, such as those that may assemble at the national political conventions or WTO meetings, protesters are often trained and prepared for violent clashes with police. In those instances where anarchist groups are present, violence and property damage in the community should be expected. Injuries to both protesters and police are likely, and because many protest groups are organized and dynamic, they often seek to close down main roads and intersections that can create problems for EMS responding to calls or transporting patients, as well as for staff trying to get to and from their hospital and healthcare jobs. Even in crowd conditions without overt aggression, the risk of crowd crush and stampede based on real or perceived threats can create a spontaneous dangerous condition.

Another risk associated with large crowds is the possibility of a terrorist attack. As tragically demonstrated by the Boston Marathon bombing, the assembly of large numbers of people at high-visibility and/or symbolic events provides the sort of target-rich, media intense environment attractive to terrorists. Planners must anticipate this possibility and work closely with all levels of law enforcement and emergency management in addressing this risk.

The Role of Social Media in Crowd Emergency Response

The nature and type of crowd emergencies that a community, its hospitals and healthcare systems may face is rapidly changing. A significant factor in this change is the introduction of social media and its ability to allow users to quickly share information that may affect the ways crowds mobilize and move. Whether via well-known social media applications such as Twitter, Facebook, Instagram, or move covert social media apps such as YikYak, Whisper or Burn Note, good information, bad information and rumor can move through communities at light speed and radically alter the behavior of a crowd. This effect of social media on crowds has been referred to as “hyper-accelerated social organization.”
The use of social media and cellular devices to communicate with and coordinate crowds has played a significant role in instances of civil unrest around the world for the past several years. The London Riots in 2011 were notable for the use of Blackberry’s Messenger Services (BMS) which enabled rioters to stay one step ahead of the police for the first few days of the riots. Using this closed communication channel rioters were able to share information about times and locations for mass acts of arson and looting. There was even evidence of riot-commuters. Of 165 people arrested in Enfield Town, only 60% were from the immediate area; 40% commuted in, often from an hour or more away, to participate in the riots. Several new social media apps allow for anonymous posting to the web, text messages that self-delete once read or if not opened within a specified time frame, and are geo-enabled, allowing a sender to reach every user of an app located within proximity of the sender. These apps create a tactical advantage for crowds and mobs, and in instances of civil unrest can complicate law enforcement and security efforts.

Communication is Key

Crowd emergencies create unique communications challenges for hospital-based, pre-hospital and field operations. In field-settings, such as mobile EMS units or field hospitals, the presence of large crowds can make it difficult to hear radios, and even shoulder-mounted microphones. A sudden or dramatic event in a crowd can create a spike in cell phone use that can overwhelm local cell capacity. Even direct face-to-face communication can be difficult requiring tactical personnel to rely on hand signals in dense crowds. Assessing the potential for these communications challenges, planners should consider a range of alternate or redundant communications and test those systems well in advance of the event if possible.

Two areas of consideration for planners are mass notification and on-call communications during crowd emergencies. Because the size, demeanor and movement of crowds can change so quickly and so dramatically, it is critical to have mass notification capabilities to reach staff and key stakeholders with important information and updates. A surge in casualties from the collapse of a stage, a panicked stampede or
clashes between police and protestors may create a need to quickly increase staffing levels. Travel routes to and from worksites, information about hot-spots of crowd activity, and updates about ingress and egress from facilities may change on the fly, and the ability to quickly and effectively communicate such information is essential to operations and safety.

On-call communications to increase staff, but also to decrease staff if the numbers of those expected in a crowd are less than anticipated, can save time, effort and money. On-call communications can also allow planners and administrators to right-size staff during peak times of crowd activity and reduce risk to staff who would otherwise find that they would be traveling in or around crowds at the wrong times. It may also be necessary to call in specialized personnel on short notice. Aggressive protestors and anarchist groups often use incendiary devices as weapons, which can result in burn injuries to police, protestors and bystanders. On-call communications to increase specialized staff to treat a significant number of burn patients can be critical to managing the situation.

Looking Ahead

With a rapidly growing global population and greater access to cellular communications, the ability for crowds to communicate and coordinate their activities creates a number of complex challenges for hospital and health care emergency managers. A number of large crowd events are almost always on the horizon. In the next several months these will include the national political conventions, a Super Bowl, Black Friday shopping events and a of course an unknown number of unplanned or spontaneous events. Emergency managers have a number of opportunities to observe and learn, as well as play the “what if” game and ask, “what if this happened here?” Responding to crowd emergencies can have a steep learning curve, so take opportunities to coordinate with any local planning or exercising activities, test communications capabilities, and maintain a posture of readiness for what may be a sudden or surprising crowd event affecting your jurisdiction.

About the Author
Steven M. Crimando is a subject matter expert and trainer specialized in human factors/behavioral sciences in homeland and corporate security, violence prevention and intervention, emergency and disaster management. Steve is a Board Certified Expert in Traumatic Stress (BCETS) and Certified Trauma Specialist (CTS). He holds Diplomat status with the American Academy of Experts in Traumatic Stress and the National Center for Crisis Management. He has been awarded Level V Certification in Homeland Security. He is recognized as an expert in the behavioral response to CBRN emergencies, crowd behavior, and mass violence. Steve is the principal of Behavioral Science Applications and serves as a consultant and trainer for the federal, state and local law enforcement and emergency management agencies, as well as multinational corporations and NGO’s worldwide.
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