# ASPR TRACIE Technical Assistance

On November 14, 2018 ASPR TRACIE hosted the webinar *Hospital-Based Incident Command Systems: Real Experiences and Practical Applications* with speakers from large healthcare organizations who have experienced a recent emergency and activated their incident command systems. These speakers provided a brief overview of the incidents, described how they implemented their incident command system, shared lessons learned, and discussed how they have incorporated these lessons into their current systems and plans. The presentation, speaker bios, and recording are all available.

Due to time constraints, speakers were not able to respond to all of the questions received during the Question and Answer (Q&A) portion of the webinar. ASPR TRACIE sent remaining questions to panelists and their answers are provided below.

# Q&A

## Questions for All Panelists

**Q1. Do you have learning modules available for specific positions/roles (i.e., how do you educate and build capacity with skills for the various roles)?**

- Yes, but only for the Command and Section Chiefs. We build and assess competency during exercises or actual events, constantly looking for ways to improve their skills and our training approaches.
- My two hospitals use individual training sessions for each section (Logistics, Operations, etc.) to review key points; we also do four tabletop exercises for all leaders where we take four hazard vulnerability assessments and do one-hour reviews of hospital incident management team (HIMT) actions for each.

**Q2. Which source or document is best to support decisions that healthcare workers should complete ICS training?**

- For required ICS training, we meet the HPP grant obligations set by each fiscal agency (it varies). Internally, we focus on Incident Management and Information Management using 30 minute interactive sessions that include a short TTX.

**Q3. Is there a recommended team size for designated hospital emergency management programs of large medical centers (~1000 beds)?**

- We don't have any facilities that large but always "manage by objectives." In other words, we rely on a scaled response and engage only those necessary and appropriate for the incident.

- Managing by objectives is essentially recognizing that the HIMT grows based on those starting objectives and available trained resources and expands as need and more trained HIMT leaders arrive.

**Q4. Do other facilities broach the topic of ICS and HCC with new employee orientations?**

- Definitely. But keep it focused and limit to approximately 15 minutes for a new employee orientation. For those with a response role and with manager orientation, it's more comprehensive.
- All new staff get a 20-minute introduction to emergency management ; other training mentioned above is specific leadership training that is given in addition to unit drills /and functional exercises

**Q5. How well were active shooter drills received by staff and the community? Was there hesitation by administration to perform these type of drills?**

- Our staff were very interested and our administration embraces employee safety so it's mandatory for employees to complete LMS training and participate in an active shooter exercise. This may include, but is not limited to department TTX's, facility wide exercises, community based exercises or other venues.
- Active shooter is an enterprise priority and includes mandatory review of a video tape, unit by unit walk through training and leadership training via tabletop and next year a functional exercise

**Q6. What is the best document to advise healthcare facilities which staff should complete which ICS courses?**

- These two documents are helpful: https://www.fema.gov/pdf/emergency/nims/imp_hos.pdf (starting on page 13) and https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/nims-implementation-guide-jan2015.pdf
- Hospitals/ corporate may stipulate their own requirements (MedStar does for example)
- Some state/local health dept. may have recommendations - check with your local/state requirements
- In the original NIMS for HCS it was permitted for facilities to take NIMS and create their own training program and self-certify participation but there is some confusion about that since latest NIMS release. Again check with your state EMA for direction; otherwise doing on line classes through EMI may be easiest alternative

## Questions for Michael Rawlings, Chief Operating Officer, New York City Health + Hospitals/Bellevue

**Q7. How was patient tracking and family reunification conducted for 723 patients evacuated? Slide 21 stated that admitting staff confirmed location and contact families. Any resources you can share pertaining to patient tracking and family reunification would be great.**

- Unfortunately Bellevue did not have a patient tracking system in advance. Our IT and admitting departments were able to download a list of patients in their current location into an Excel file. Working with the NYC Health + Hospitals, NYS Department of Health, and the Mayor's Office of Emergency Management, patients were assigned to an appropriate hospital not damaged by Hurricane Sandy to evacuate to. As patients were brought down the stairs and placed in an ambulance, the team made note of what hospital the patient was being evacuated to. A full copy of their medical record was printed, pharmacy provided their next dose of medications, and in most cases, a Bellevue staff member rode in the ambulance with the patient to ensure a smooth transfer of care to the receiving hospital. The team then called to confirm the patient had arrived and later providers communicated with the new care team. Since Hurricane Sandy, the NYSDOH had developed a bar code and computerized e-Finds system to ensure tracking of patients during a hospital evacuation. Special bar coded bands are attached to the patients' wrists and scanned by the sending and receiving hospitals ensuring a good tracking mechanism.

**Q8. On Slide 24, it stated "Deployed ALL staff to other H+H facilities in <5 days." Can you explain the decision making process for transferring employees to other H+H facilities vs. outside H+H facilities? I take it the decision was made to keep employees within the same system but could employees end up working for other hospitals outside of the network? Is that possible with credentialing, licensing, insurance?**

- NYC Health + Hospitals is a public hospital system consisting of 11 Acute Hospitals, 5 Sub Acute Skilled Nursing Facilities and Long Term facilities, a number of major D&T Centers as well as many neighborhood health centers. All employees are city employees. In many of these facilities, vacant "swing spaces" were opened to allow for the transfer Bellevue patients. Often, the system has temporary employees covering those on leave as well as vacancies. In order to ensure no employee wages were affected, especially due to closure and decreased revenue, a decision was made to run reports of Bellevue employees by zip code and transfer them to a NYC Health + Hospitals facility near their home address to care for patients there. In some cases, entire specialty clinics which normally provided care to the entire system were temporarily moved to other locations.

**Q9. How many ICS positions did Bellevue have activated at their peak?**

- At one time there were more than 25-30 in the Command Center running various branches of HICS. This also consisted of other city agencies that had liaisons in our Command Center under a Unified Command Structure. We also recognized the need to set up separate mini Command Centers to assist in supporting the disaster.

**Q10. What was used for staircase evacuation? What system(s)?**

- No particular "system" was used. Patients were strapped to hard stretchers and carried feet first down stairwells by National Guard and hospital staff.

**Q11. You mentioned a 50,000 gallon underground storage tank at Bellevue. How did that not get flooded and the fuel contaminated?**

- Luckily the water did not rise to the level of the underground storage tanks. The East River surged during the storm and flooded the basements of the five buildings on campus (entering two roadways at a lower level which lead to the basement loading docks). Because the fuel pumps were located in the basement and were damaged by the flood waters, a fuel truck was brought in by NYPD. Fuel was pumped into 5 gallon containers obtained from the labs (which were using the containers to hold/dispose of waste chemicals) and passed in a bucket brigade from the ground floor up to the 13th floor in a staircase by ALL hospital staff. At the end of the brigade, a member of the engineering staff poured the diesel fuel into day tanks to keep the generators and thus the emergency power running. It was about a week when the flood water in the basement was pumped and the fuel oil pumps repaired that we were able to pump fuel from the underground storage tanks to the generators. By that time, there was a significant fuel shortage in NYC and we were also able to share some of our fuel in the tanks with other city agencies as needed.

**Q12. What if any measures have been taken to minimize flooding issues? Was equipment relocated or equipment rooms fortified somehow?**

- A number of quick connect projects were immediately initiated including installing tall flood slat walls at the ramps to the loading docks, generator connections on the exterior of the hospital, an external pump capable of pumping water from a nearby fire hydrant or a water tanker to the roof tanks were installed, and a portable pump capable of pumping fuel from the underground storage tanks or a tanker truck to the generator day tanks on the 13th floor. Spaces on the ground floor in each of the buildings were reassigned as new electric closets to rebuild electrical switchgear systems that were previously in the basement above the designated flood elevations. Longer term projects to physically relocate building utility systems like water pumps, medical gas systems and fuel systems were also implemented. Special controls to prevent the flooding of elevator pits will soon be installed and a longer term plan to install a 500 year flood wall along the FDR to prevent water from the East River from flooding Bellevue is also funded and in the design process.

**Q13. Was the entire 113 days a 24 hour HICS operation?**

- Contractors were working around the clock 24-7 including holidays to restore hospital operations. An Administrator on Duty was assigned to be the IC during the off hours to ensure supervision of contractors and staff, safety and security of Bellevue. Not all HICS sections or branches were fully operational 24-7. There were two scheduled Command Center meetings daily. One at 7 AM to review what was accomplished the night before and the objectives of the day were and another one at 7 PM to do the same.

**Q14. What process and information management systems were used to quickly identify and allocate appropriate beds for the almost 500 patients who were part of the unplanned mass transfer out of** the facility?

- Working with the NYC Health + Hospitals, NYS Department of Health, and the Mayor's Office of Emergency Management, patients were evacuated to an appropriate hospital not damaged by Hurricane Sandy. Since Hurricane Sandy, the NYSDOH had developed a bar code and computerized e-Finds system to ensure tracking of patients during a hospital evacuation. Special bar coded bands are attached to patients' wrists and are scanned by the sending and receiving hospitals ensuring a good tracking mechanism. This document has more information: https://www.urmc.rochester.edu/emergency-preparedness/preparedness-and-response-tools-resources/efinds.aspx.

**Q15. What triage priority or method did you use when you realized you had to evacuate?**

- Patients who could be discharged were first to go along with ambulatory ones (e.g., behavioral health and forensic). Critical patients able to be moved went next and then we had to wait for vertical transportation to be restored before being able to safely evacuate the last two patients.

**Q16. How did Bellevue pay their staff during the three months?**

- Mayor Bloomberg immediately announced $500M of emergency funds to ensure staff were paid and that funds would be available to make repairs and re-open. This article contains additional information: https://www.dnainfo.com/new-york/20121112/new-york-city/citys-500-million-emergency-fund-will-repair-schools-hospitals/.