

## WISCONSIN HEALTHCARE ENGINEERING ASSOCIATION

HEALTHCARE ENGINEERING AND

**EMERGENCY PREPAREDNESS** 

OCTOBER 4<sup>TH</sup>, 2024

#### **PREPAREDNESS**

The only thing more difficult than preparing for disasters (or any incident) is explaining why you didn't

Dr. Rex Archer, Kansas City Public Health

### Expect the unexpected!

#### PREPAREDNESS AND YOU

- Communication is KEY up, down, side to side
- What you do or don't do could have a significant impact on patient care, patient safety or staff safety!
- Don't want to play "Cry Wolf" but...
- It's easier to cancel or downgrade than
  - Wait 30, 60, 90 120 minutes into an incident
  - Play "catch up"
  - Scrambling because there's a high possibility it could impact patient care or safety
- Anticipate the needs.... Yours, patient care, patient safety
- 30,000 foot view

#### PLANNING, RESPONSE AND RECOVERY

- Planning
  - Hazard Vulnerability Analysis (HVA)
  - Emergency Operations Plans
  - Real world and planned events
  - Training
  - Reviewing
- Response
  - Exercises
  - Real world
  - Planned events
- Recovery
  - Getting back to "Normal" as quickly as possible

#### GETTING INVOLVED

- Hazard Vulnerability Analysis
- Emergency Management Planning
- Planned events creating a response plan for unplanned
- Incident Management
- Exercises / Training

#### HAZARD VULNERABILITY ANALYSIS

- Required by CMS and the Joint Commission
- Identifies potential threats (Natural, Technological, Human and Hazardous)
- Based on probability and severity it calculates the relative risk/threat

#### PROBABILITY AND SEVERITY

EVENT P	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectivness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = High 2 = Moderate 3 = Low or none	0 = NVA 1 = High 2 = Moderate 3 = Low or none	(I = NVA I = High 2 = Moderate 3 = Low or none	0 - 100%

#### PROBABILITY, HUMAN, PROPERTY, BUSINESS IMPACT

Issues to o	consider for probability include, but are not limited to:						
1	Known risk						
2	Historical data (last 12 months - July 1st, 2022 to June 30th, 2023)						
3	Manufacturer/vendor statistics						
Issues to o	consider for human impact include, but are not limited to:						
1	Potential for staff death or injury						
2	Potential for patient death or injury						
loouen to e	consider for property impact include, but are not limited to:						
1	Cost to replace						
2	Cost to set up temporary replacement						
3	Cost to repair						
Issues to c	consider for business impact include, but are not limited to:						
1	Business interruption						
2	Employees unable to report to work						
3	Customers unable to reach facility						
4	Company in violation of contractual agreements						
5	Imposition of fines and penalties or legal costs						
6	·						
7	Interruption of product distribution						
1 2 3 4 5 6	consider for business impact include, but are not limited to:  Business interruption  Employees unable to report to work  Customers unable to reach facility  Company in violation of contractual agreements  Imposition of fines and penalties or legal costs  Interruption of critical supplies						

#### PREPAREDNESS, INTERNAL AND EXTERNAL RESOURCES

Issues to o	onsider for preparedness inc	lude, but are	not limited t	to:		
1	Status of current plans					
2	Training status					
3	Insurance					
4	Availability of back-up systems					
5	Community resources					
Issues to o	onsider for internal resource	s include, b	ut are not lim	nited to:		
1	Types of supplies on hand					
2	Volume of supplies on hand					
3	Staff availability					
4	Coordination with MOB's					
Issues to consider for external resources include, but are not limited to:						
1	Types of agreements with community agencies					
2	Coordination with local and state agencies					
3	Coordination with proximal health care facilities					
4	Coordination with treatment spe	ecific facilitie	:S			

#### NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectivness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = NVA 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = High 2 = Moderate 3 = Low or none	0 = NVA 1 = High 2 = Moderate 3 = Low or none	0 = NVA 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane								0%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Blizzard								0%
Ice Storm								0%
Earthquake								0%
Tidal Wave								0%
Temperature Extremes								0%
Drought								0%
Flood, External								0%
Wild Fire								0%
Landslide								0%
Dam Inundation								
Volcano								0%
Epidemic								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TRUE
*Threat increases			B. B. I.	· · · · · · · · · · · · · · · · · · ·				
			BABILITY * SE					
		0.00	0.00	0.00				

#### TECHNOLOGICAL EVENTS

		SEVERITY = (MAGNITUDE - MITIGATION)						
F1/F1/F	PROBABILITY	HUMAN	PROPERTY	BUSINESS	PREPARED-	INTERNAL	EXTERNAL	RISK
EVENT	Likelihood this will occur	IMPACT  Possibility of death or injury	IMPACT  Physical  losses and  damages	IMPACT  Interuption of services	NESS Preplanning	Time, effectivness, resouces	RESPONSE  Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	a = NVA 1 = Low 2 = Moderate 3 = High	0 = NIA 1 = High 2 = Moderate 3 = Low or none	0 = NVA 1 = High 2 = Moderate 3 = Low or none	0 = NVA 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure								0%
Generator Failure								0%
Transportation Failure								0%
Fuel Shortage								0%
Natural Gas Failure								0%
Water Failure								0%
Sewer Failure								0%
Steam Failure								0%
Fire Alarm Failure								0%
Communications Failure								0%
Medical Gas Failure								0%
Medical Vacuum Failure								0%
HVAC Failure Information Systems								0% 0%
Failure Fire, Internal								0%
Flood, Internal								0%
Hazmat Exposure, Internal								0%
Supply Shortage					• • • • • • • • • • • • • • • • • • • •			0%
Structural Damage								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
*Threat increases with	percentage.							
			OBABILITY *					
		0.00	0.00	0.00				

#### HUMAN RELATED EVENTS

	HUMAN IMPACT Possibility of death or injury	PROPERTY IMPACT Physical losses and	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL	RISK
will occur	-	-			KESPONSE	RESPONSE	
n = NVA		damages	Interuption of services	Preplanning	Time, effectivness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
1= Low 2= Moderate 3= High	0 = NIA 1 = Low 2 = Moderate 3 = High	0 = NHA 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = Low 2 = Moderate 3 = High	(1 = NVA) 1 = High 2 = Moderate 3 = Low or none	0 = NVA 1 = High 2 = Moderate 3 = Low or none	(1 = NVA) 1 = High 2 = Moderate 3 = Low or none	0 - 100%
							0%
							0%
							0%
							0%
							0%
							0%
							0%
							0%
							0%
							0%
							0%
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
je.	DICK DO	DADII ITV	CEVEDITY				
	2 = Moderate 3 = High  0.00	1= Low 2= Moderate 3= High	0.00	0=NIA	### ##################################	0 - N/A	0 = NW3

#### HAZARDOUS MATERIALS EVENTS

		SEVERITY = (MAGNITUDE - MITIGATION)						
EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectivness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = NVA 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = Low 2 = Moderate 3 = High	0 = NVA 1 = High 2 = Moderate 3 = Low or none	0 = NVA 1 = High 2 = Moderate 3 = Low or none	0 = NVA 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your MC with >= 5 victims)								0%
Small Casualty Hazmat Incident (From historic events at your MC with < 5 victims)								0%
Chemical Exposure, External								0%
Small-Medium Sized Internal Spill								0%
Large Internal Spill								0%
Terrorism, Chemical								0%
Radiologic Exposure, Internal								0%
Radiologic Exposure, External								0%
Terrorism, Radiologic								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
*Threat increases with per	centage.							
•	_	RISK = PR	OBABILITY * S	EVERITY				
		0.00	0.00	0.00				

#### RISK MANAGEMENT

High Risk Low Frequency High Risk High Frequency

RISK

Low Risk
Low Frequency

Low Risk
High Frequency

Frequency

#### RISK MANAGEMENT

- High Risk / Low Frequency events
  - Water failure Hot / Cold or both
  - Fire
  - Chemical / Hazmat situation
  - Generator failure partial or complete
  - HVAC failure
  - Flood
  - Medical gas failure

https://youtu.be/GvOSoTA4JMg?si=I2SR345DaOhhn7s3

# PLANNING FOR THE WORST HOPING FOR THE BEST UNPLANNED EVENTS

- You should have emergency response plans for:
  - Generator outages
  - Power failures
  - Sewer failures
  - Water outages
  - HVAC
  - Fire Alarm System failure
  - Hazmat / Decontamination

# PLANNING FOR THE WORST HOPING FOR THE BEST UNPLANNED EVENTS

Have you collaborated and shared your plans with Emer Prep and are they included in your facilities emergency operations plans?

Have you PRACTICED, TRAINED, TESTED your emergency plans?

With your Incident Management Team?

With the rest of your hospital (s)?

#### UNPLANNED EVENT

#### Multi-victim / Mass Casualty Chemical decontamination event

- Multiple victims exposed to an unknown chemical
- Who would / could be impacted?
  - Patient Registration walk in's
  - Emergency Department
  - Security
  - Facilities?

- ED decontaminating patients
  - Decontamination room and / or Decon tent
  - If there is a Decon tent who sets it up for the ED staff?
  - Where is the tent set up?
    - Access to water? Hot / Cold?

Is your department part of the plan?

- When are you notified?
- How are you notified?
- Who responds?
- What are your responsibilities during a decontamination event?
- Neg pressure rooms does nursing switch room to neg?
  - If not, how is the request made?
  - What is the time frame from notification to switch to neg?

Holding tank? Decon room / Decon tent

- Who monitors the tank?
- How or who empties the tank?
- Disposing of water from Decon tent?
- Who do you contact if liquid is flushed down the drains?

Is there a regular maintenance plan for checking the holding tank?

Does your tank have a valve that pumps direct to your community DPW? Or is it a holding tank that needs regular pumping?

- Staffing needs
- What if the incident occurs M-F 8a − 430?
- What if the incident occurs on a Sun morning at 3a?
- How does or would the time and day impact any of your plans?
- Build those anticipated changes into your response plans

#### PLANNED EVENTS

Encourage you to involve emergency preparedness

- Communications to leaders
  - Maintenance leadership to other leaders (side to side)

Emergency preparedness can assist with communications above and below

Can provide a 30,000 ft view to assist in anticipating any needs or resources

#### PLANNED EVENTS

Perfect opportunity to develop an emergency response plan for an unplanned outage

- Hot water outage (extended ex. 9 hours)
  - Equipment repairs that will shut down hot water throughout entire facility
  - Who would / could be impacted?
    - Patient care
    - Food services
    - Surgical procedures
    - Sterile processing
    - Emergency Department
    - Lab
    - Radiology

- Anticipating the need for hot water usage
  - ED bed bugs, fecal matter, chemical contamination
  - Sterile processing downtime longer than planned event
    - Testing of water after event
    - Equipment getting back to temperature
  - Surgery need for sterile equipment
  - Food Services limited food prep for and during mealtime and heating of water for ED and storing in insulated containers
  - Patient bathing alternative options if needed

What if the planned outage lasts longer than anticipated

- Equipment failure
- Unplanned or anticipated issues?

How would you communicate that to all impacted departments?

How are the issues documented and information shared with all?

Should facilities be expected to anticipate all of those needs? NO Emergency Preparedness can assist and anticipate

#### PUTTING IT ALL TOGETHER

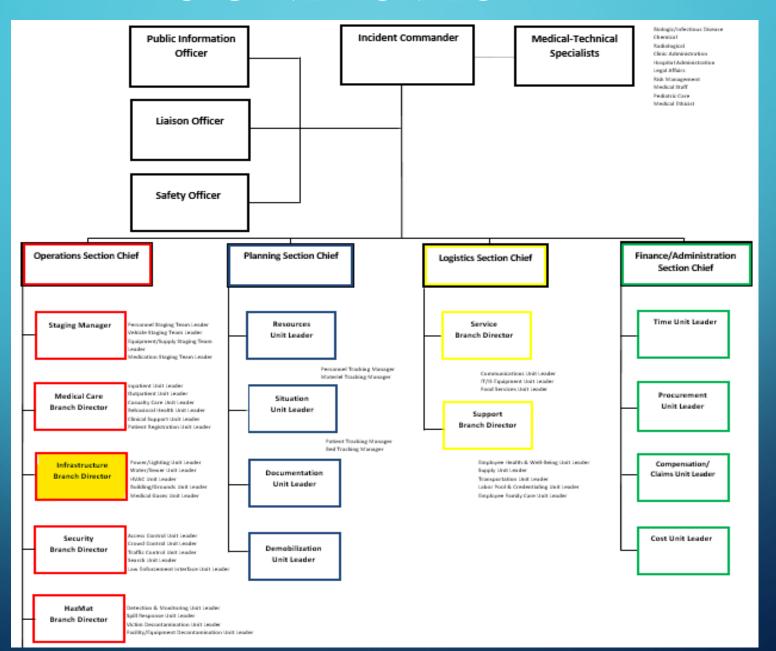
- Improve planning & response
- Improve individual and team performances
- Policies, plans and procedures
- Develop, test and validate
- Training and competency
- Equipment
- Agreements
- Identify gaps in resources
- Repeat

#### INCIDENT MANAGEMENT (IM) RESPONSE

#### All hazards

- Organized way to manage any type of incident
- Not just for the "BIG" incidents or mass casualty incidents
- Facilities/Maintenance/Engineering plays a key role in IM
- Infrastructure Branch Director

#### ORGANIZATIONAL CHART



#### INFRASTRUCTURE BRANCH DIRECTOR

**Operations Section Chief** 

Infrastructure Branch Director Power/Lighting Unit Leader
Water/Sewer Unit Leader
HVAC Unit Leader
Building/Grounds Unit Leader
Medical Gases Unit Leader

#### FACILITY SYSTEM STATUS REPORT

#### HICS 251 - FACILITY SYSTEM STATUS REPORT

#### Department Use

1. Incident Name		2. Time Co	mpleted: (	<b>#</b> )		
		DATE:				
		TIME:	FROM:		TO:	
3. Name of Department / Unit Repo	orting Status Below		Contact	Number:		
4. System	5. Status		6. Comm time/resou	nents If not fully to roes for necessary	functional, give loca repair. Identify who	ation, reason, and estimated reported or inspected.
Power Routine and emergency	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A					
Lighting	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A					
Water	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A					
Sewage / Toilets	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A					
Nurse Call System	□ Fully functional □ Partially functional □ Nonfunctional □ N/A					
Medical Gases / Oxygen	□ Fully functional □ Partially functional □ Nonfunctional □ N/A					
Communications IT systems, telephones, pagers	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A					
7. Remarks (Cracked walls, broken	glass, falling light fixtures, et	c.)				

#### HICS 251 - FACILITY SYSTEM STATUS REPORT

1. Incident Name		DATE: FROM:	) TO:					
5		TIME: FROM: TO:						
3. Name of Facility / Building Report		6. Comments If not fully function	al, give location, reason, and estimated					
4. System	5. Status	time/resources for necessary repa	air. Identify who reported or inspected.					
COMMUNICATIONS								
Fax	☐ Fully functional							
į	☐ Partially functional							
į	□ Nonfunctional							
	□ N/A							
Information Technology System	☐ Fully functional							
Email, registration, patient records, time card system	☐ Partially functional							
!	□ Nonfunctional							
	□ N/A							
Nurse Call System	☐ Fully functional							
	☐ Partially functional							
!	□ Nonfunctional							
!	□ N/A							
Overhead Paging	☐ Fully functional							
	☐ Partially functional							
!	□ Nonfunctional							
	□ N/A							
Paging System	☐ Fully functional							
Code teams, standard paging	□ Partially functional							
!	□ Nonfunctional							
	□ N/A							
Radio Equipment	☐ Fully functional							
Facility handheld, 2-way radios, antennas	□ Partially functional							
	□ Nonfunctional							
	□ N/A							
Radio Equipment	☐ Fully functional							
EMS, local health department, other external partner	☐ Partially functional							
print it follows	□ Nonfunctional							
	□ N/A							
Radio Equipment	☐ Fully functional							
Amateur radio	☐ Partially functional							
	□ Nonfunctional							
!	□ N/A							
Satellite Phones	□ Fully functional							
!	☐ Partially functional							
	□ Nonfunctional							
	□ N/A							

#### RECOVERY

- Getting back to "Normal" as quickly as possible
- Minimal business interruption
- Minimal interruption of critical supplies
- Types and volume of supplies on hand
- Staff availability
- Agreements with contractors
- Contractor availability
- Coordination with local and state agencies
- Coordination with proximal health care facilities

#### **GET INVOLVED!**

- Emergency Preparedness may already be part of your job description
- Be part of your Hazard Vulnerability Analysis (HVA) review.
- Include your departments emergency plans in your hospitals
   Emergency Operations Plan (EOP)
- Joint Commission requirement
  - 2 community based / full scale exercises each year (real world, high stress)

#### EXPECT THE UNEXPECTED

If your facility is doing a mass casualty exercise, ask to incorporate an infrastructure "issue"

- Tube system went down forces staff to walk orders/supplies etc.
- HVAC went down
- On generator back up
- "Bubba with a backhoe" hit a water line outside your facility

## Train as if its the real thing you WILL fall back on your training

- Evaluate drills/responses to improve your plan
- Drill until you fail identifies gaps
- Store emergency response supplies where you will need to use them
- Keep shut-off tools near equipment
- Make emergency supplies easily portable
- Grab bags at locations throughout facility
- Paper and pen
- Flashlights & batteries

#### TABLETOP EXERCISES

#### Participate in Tabletop exercises

- Ask EM to create a tabletop specific to an infrastructure failure
- Low stress/no stress
- Discuss possible scenarios
- Review your response plans during the tabletop
- Ask the hard "What if" questions
- Identify gaps or solutions to those "What if" questions
- DOCUMENT your plans
- Train all of your staff

# **QUESTIONS?** THANK YOU!