

Disasters in Healthcare

What is Clergy's Role

Instructor Bio

- **Aultman Hospital**
 - Director of Safety / Employee Health
- **University of Akron**
 - Bachelors of Science in Emergency Management
 - Associate of Science in Criminal Justice
- **Consulting**
 - Abt Associates (Washington, D.C.)
 - AHRQ (Washington, D.C)
 - Academy Health (Washington D.C.)
 - Pomerene Community Hospital (Millersburg, Ohio)
- **Chairman**
 - NECO Hospital Emergency Planning Consortium
 - ARHA Emergency Management Committee
- **Vice Chairman**
 - Stark County EHPC
- **Member**
 - Stark County EMA Advisory Board
 - Stark County LEPC
 - State of Ohio EMS Committee
 - State of Ohio Homeland Security Committee
 - Pro Football HOF Security Committee

Emergency Management

- **Definition**
 - It is a discipline that involves preparing for a disaster before it occurs, planning for disaster response and support, and rebuilding society after natural or human made disasters have occurred.

History of Emergency Management

- **1803 - First governmental emergency management intervention occurred. A Congressional Act was passed to help a New Hampshire town recover from a destructive fire (recovery)**
- **1934 – President Roosevelt created the Flood Control Act in an effort to stimulate the economy.**
- **1950 – President Truman created the Federal Civil Defense Administration and the Office of Defense Mobilization at the close of WWII and the onset of the Cold War to protect the American people from a nuclear attack.**

History of Emergency Management

- **1961 – President Kennedy appointed a New Orleans Attorney named Frank B. Ellis to oversee and evaluate the effectiveness of the Office of Civil Defense and Mobilization**
 - **The findings were as follows:**
 - **OCDM was “completely inadequate”**
 - **A bigger budget was needed**
 - **OCDM should be given a cabinet rank**
 - **President Kennedy did not like what he heard so he replaced Frank B. Ellis with Carl Kaysen.**
 - **Carl Kaysen determined civil defense was a military issue and bomb shelters would not save the American Public.**

History of Emergency Management



History of Emergency Management

- 1961 – President Kennedy disbands the OCDM and creates the Office of Emergency Planning to advise him on nonmilitary emergencies and the Office of Civil Defense to fall under the Secretary of Defense.
- 1972 – President Nixon feels the military should still have a hand nonmilitary related disasters and disbands the Office of Civil Defense and creates the Defense Civil Preparedness Agency. This is in hope that military training an assets could be used to help the American public in a time of disaster.

History of Emergency Management

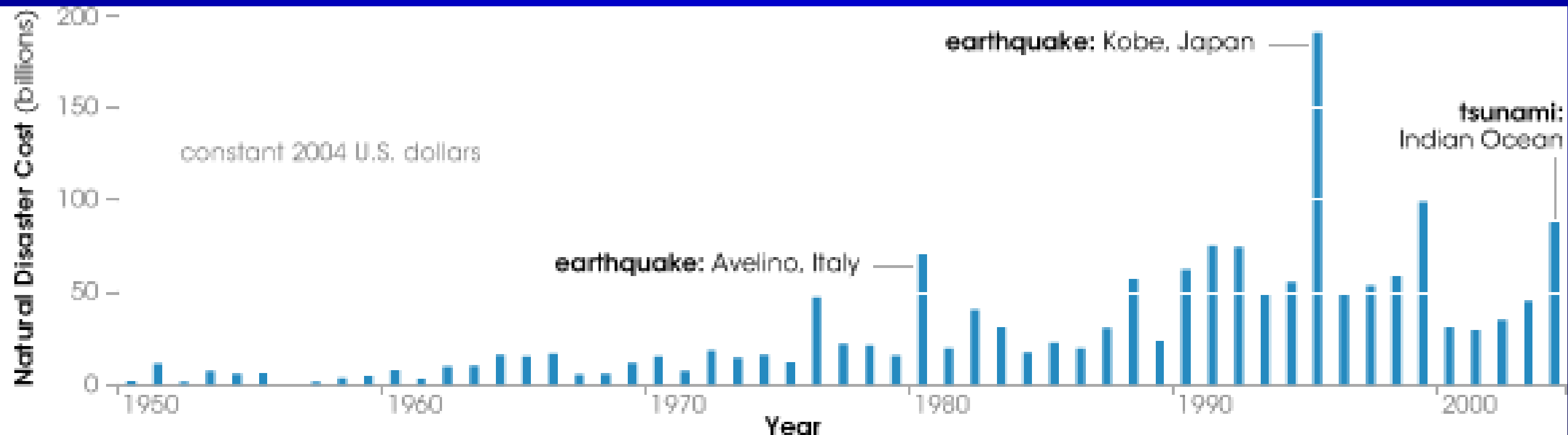
- 1978 – President Carter determines that two offices managing emergencies is not a practical approach and creates the Federal Emergency Management Agency (FEMA).
- 1986 – President Reagan determines that emergency planning should be done using an “all hazards” approach and is responsible for implementing the Integrated Emergency Management System.
- 2001 – President Bush creates the Department of Homeland Security and moves FEMA under its control

Why do Disasters Happen

- **Nature Vs Man**
 - **Have the number of disasters increased resulting in more property damage and loss of life.....or**
 - **Has man attempted to control nature and ignoring millions of years of history in an effort to be profitable**
 - **85% of flood victims rebuild in the same location**
 - **70% of Hurricane Katrina victims returned to their homes**

The Cost of Disasters

- 571 billion dollars of the 2010 federal budget assigned to disasters



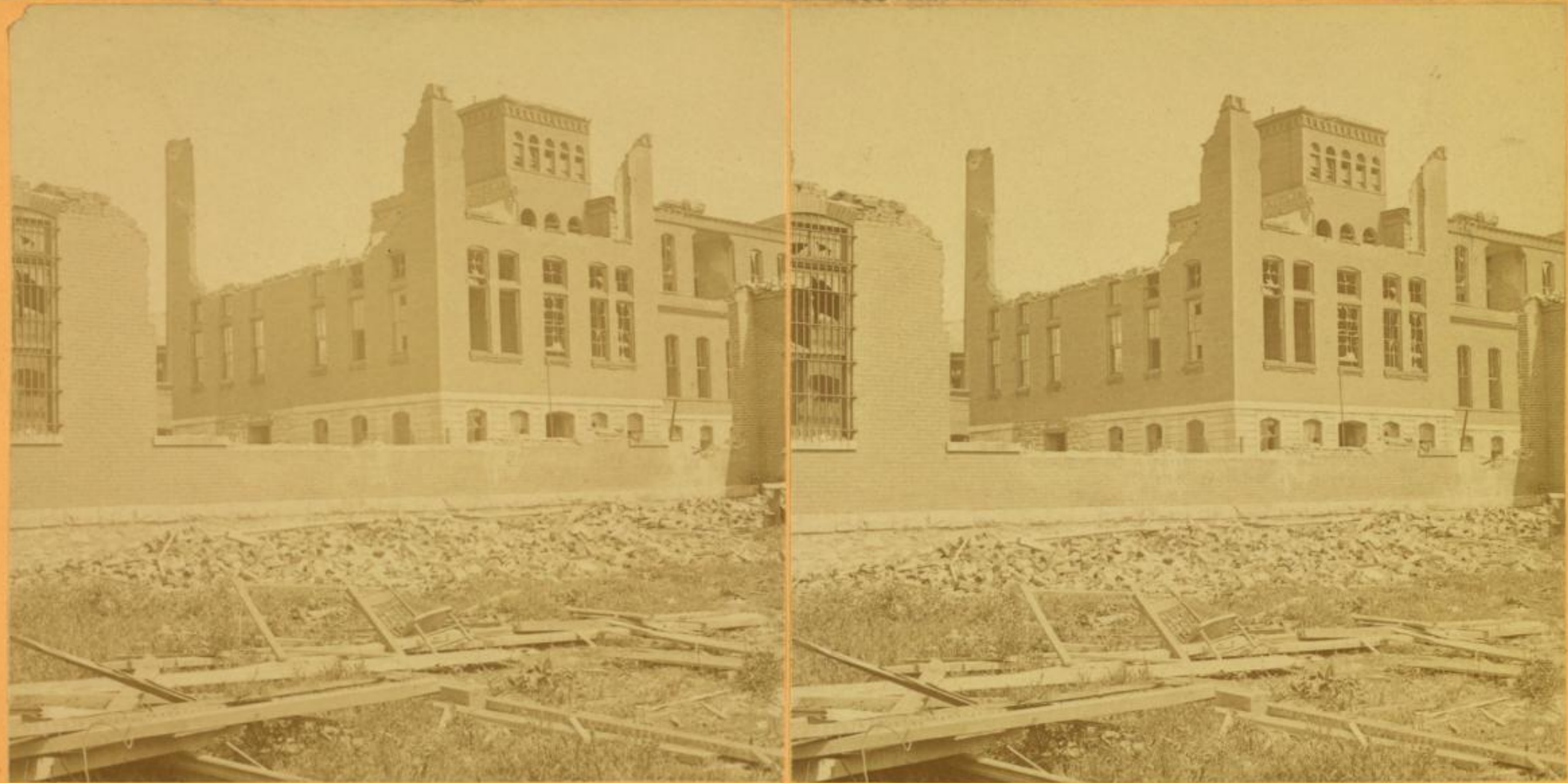
Disasters in Healthcare



Photo by Strauss.

CITY HOSPITAL—Nothing but a miracle saved the lives of four hundred patients in this institution. One section of it was demolished and portions of the roof fell through the floors of the wards below. Many of the patients were so frenzied that they sprang from their beds, and, feeble as they were, rushed to places of comparative safety. A number were killed outright.

Disasters in Healthcare



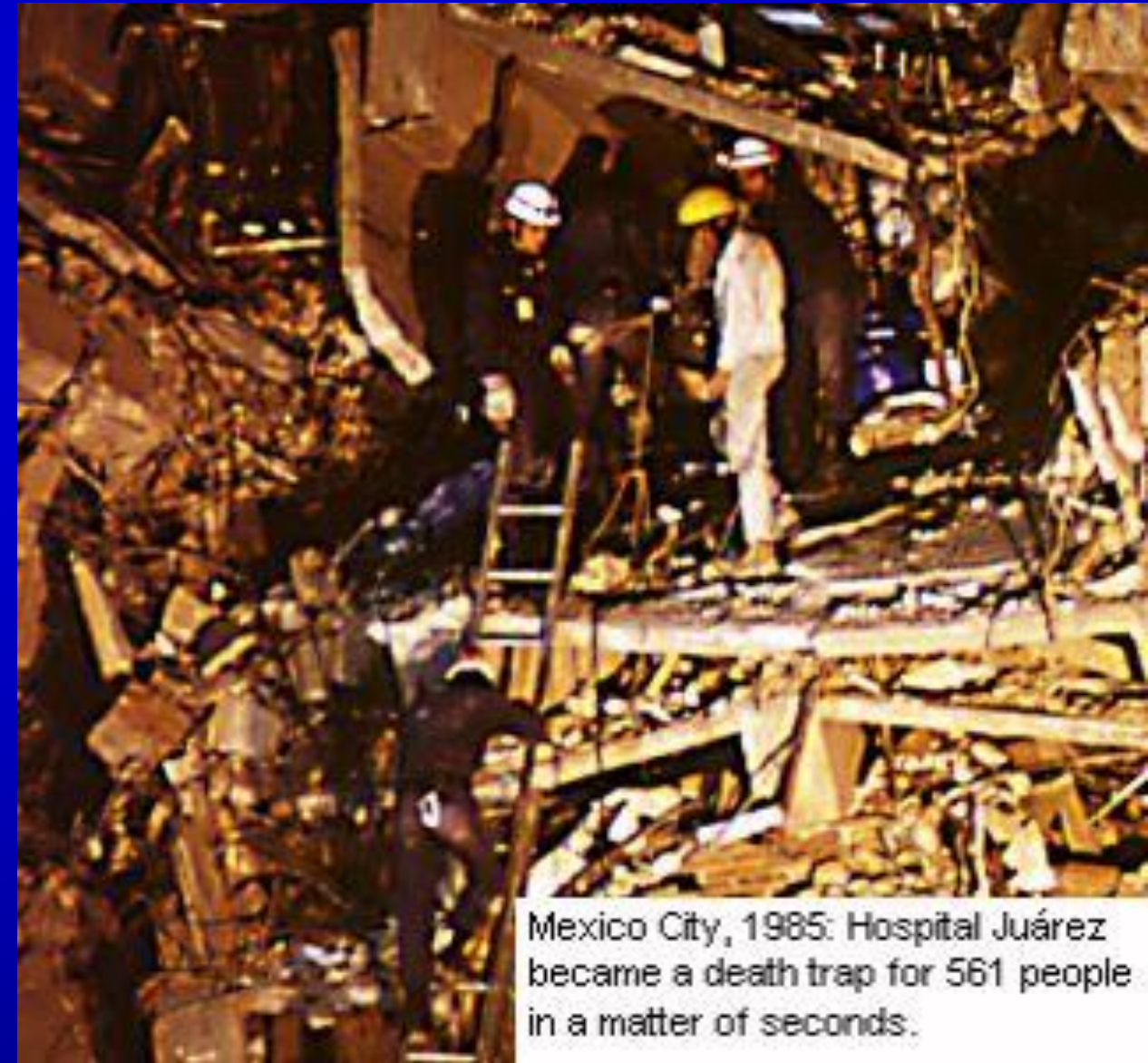
Copyright 1896, by B. W. Kilburn.

11340, Hospital, St. Louis Tornado.

Disasters in Healthcare

- **Mexico City, Mexico**
 - September 19, 1985
 - Juarez Hospital
 - 8.1 magnitude earthquake centered on Mexico City
 - Building collapse resulting in 400 medical personnel and patients trapped in the maternity wing
 - Survivors were not retrieved for up to ten days
 - Major portions of the city's 3 major hospitals collapsed limiting city availability to care for quake injured patients

Mexico City, Mexico Earthquake



Mexico City, 1985: Hospital Juárez became a death trap for 561 people in a matter of seconds.

Disasters in Healthcare

- **Tokyo, Japan**
 - **March 20, 1995**
 - **Sarin gas released in Tokyo subway**
 - **Various Tokyo hospitals treated more than 5,500 patients**
 - **More than 100 healthcare workers became ill from Sarin gas exposure**
 - **St. Luke's International Hospital saw more patients than any other Tokyo hospital and was primarily staffed by American and English staff.**

Tokyo, Japan Sarin Gas Release



Disasters in Healthcare

- **New York City, New York**
 - **September 11, 2001**
 - **New York Downtown Hospital (Lower Manhattan)**
 - **Treated 1,200 patient on September 11, 2001**
 - **350 patients the first two hours**
 - **All without electricity, steam, gas, phone, computer (internet) and water pressure.**

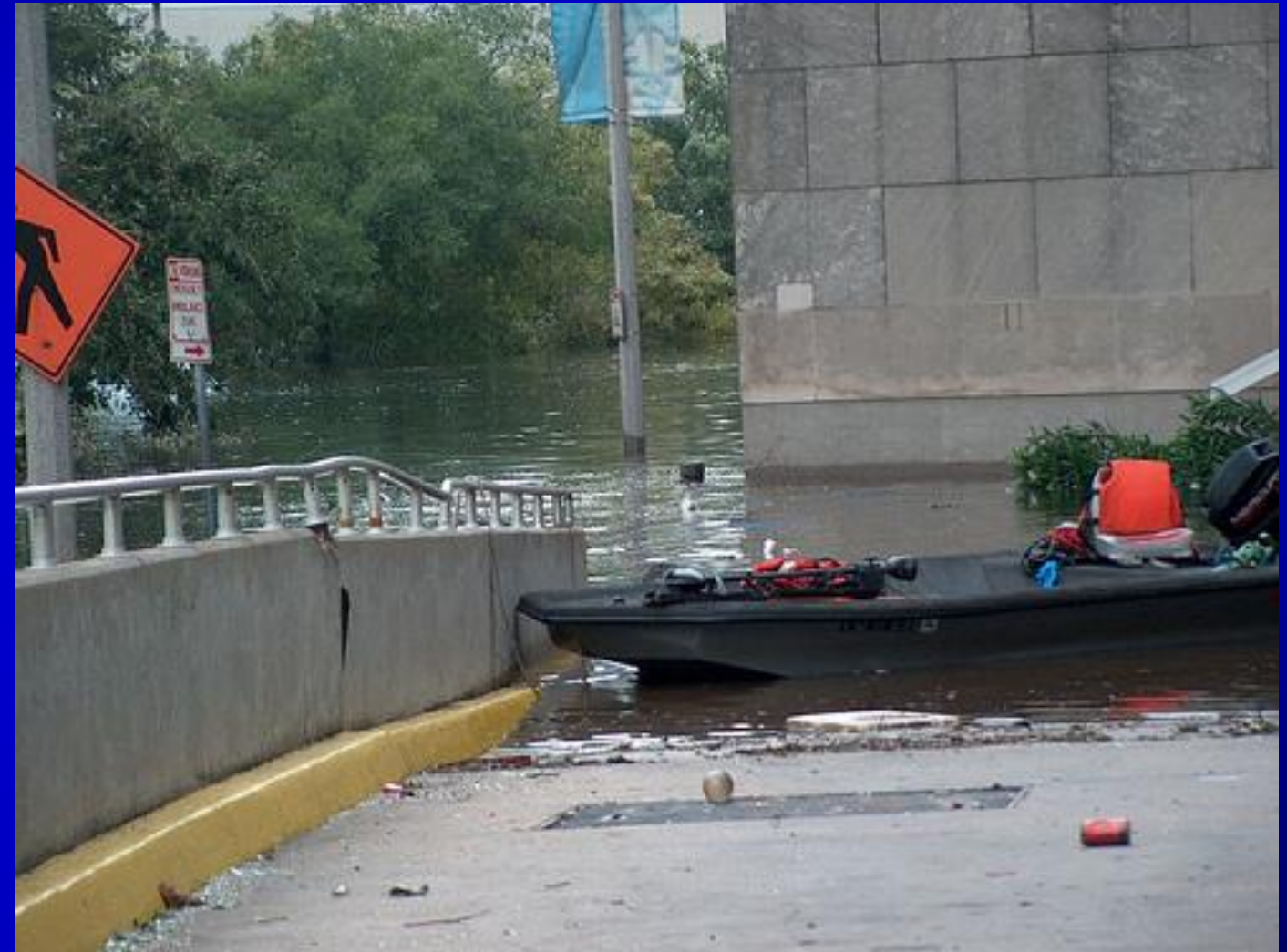
Disasters in Healthcare

- **London, Great Britain**
 - July 7, 2005
 - Royal London Hospital, University College Hospital, St. Mary's Hospital and Royal Free Hospital
 - 700 patients with over 100 admissions
 - The London Casualty Bureau (911 Dispatch) received over 103,000 emergency calls in 24 hours which resulted in over 100 ambulances and 250 paramedics being dispatched.

Disasters in Healthcare

- **New Orleans, Louisiana**
 - **September 2005**
 - **Hurricane Katrina**
 - **Numerous hospitals forced to evacuate or flooded**
 - **Gunfire**
 - **Alligators and snakes**
 - **No utilities available**
 - **Shortage of all supplies including medication, food and water**
 - **Looters entered hospitals**

Hurricane Katrina



Hurricane Katrina



Hurricane Katrina



Hurricane Katrina



Disasters in Healthcare

- **Americus, Georgia**
 - **March 1, 2007**
 - **Sumter Regional Hospital**
 - **Hospital struck by F3 tornado**
 - **55 – 60 patients evacuated due to hospital damage**
 - **Recovery donations have exceeded 1 million dollars**

Americus, Georgia Tornado



Americus, Georgia Tornado



Disasters in Healthcare

- Cedar Rapids, Iowa
 - June 13, 2008
 - Mercy Hospital
 - Hospital more than 10 blocks from river
 - Sandbags used in an effort to keep water away from hospital
 - Hospital forced to evacuate all 176 Patients

Cedar Rapids, Iowa Flood



Disasters in Healthcare

- Joplin, Missouri
 - May 22, 2011
 - St. John's Hospital
 - Struck head on by an F5 tornado
 - Rotated building 4 inches on foundation
 - 6 people died
 - Hospital evacuated



Joplin, Missouri Tornado



Alliance, Ohio

- Alliance, Ohio
 - June 3, 2001
 - 3 local cases of meningitis
 - 2 from West Branch High School
 - 1 from Marlinton High School
 - Alliance Community Hospital depleted Stark County stockpile of antibiotics in 24 hours
 - 37,000 people lined up at Alliance Community Hospital over a period of 3 days.

Akron, Ohio

- **Akron, Ohio**
 - January 18, 2009
 - Akron Children's Hospital
 - Sprinkler system pipe burst flooring the Emergency Department and NICU
 - Internally evacuated 39 infants and closed the Emergency Department
 - NICU closed for 1 month for repairs

Mansfield, Ohio

- **Mansfield, Ohio**
 - May 12, 2009
 - Med Central Mansfield Hospital
 - Suspected homemade explosive device identified on south side of building
 - Bomb disabled by bomb squad
 - Second device located 300 foot away next to oxygen tank
 - Evacuation evaluated

MedCentral Bomb Threat



What is the Role of Clergy in an Emergency

- **Be Prepared**
 - What is preparedness
 - What is my role
 - Where do I start
- **Understand the Hospital's Response**
 - What is going on
 - How can assist
- **The Recovery Process**
 - Short and long term
 - Patients, visitors and staff

Be Prepared

- Preparedness
 - Plans, activities or preparations made to save lives and to help response and rescue operations
 - Preparedness activities take place *before* an emergency
 - Preparedness begins at home

Understanding the Hospital's Response

- **Response**
 - Actions taken to save lives and prevent further property damage in an emergency situation
 - Response is putting your preparedness plans into action
 - Identify key assets you as clergy can bring to the table during the response phase.

Response

- 4 types of hospital emergency responses:
 - Mass Casualty
 - Mass Fatality
 - Decontamination
 - Evacuation

Response

- **Mass Casualty**
 - **Definition:**
 - **Any situation where there is an imbalance of needs and resources, regardless of the number of patients.**
 - **Can vary depending on size and geographic location.**
 - **Can occur as a result of a natural disaster, man made disaster, terrorist event or large accident**
 - **Many patients present before EMS intervention or without EMS intervention**



Response

- **Mass Fatality**
 - **Definition**
 - A mass fatality incident is any situation where there are more bodies than can be handled using local resources
 - There is no minimum number of fatalities to become a mass fatality incident because communities vary in size and resources
 - Three major areas associated with mass fatality
 - Search and Recovery
 - Morgue Operation
 - Family Assistance



Response

- **Decontamination**
 - **Definition**
 - **Removal of hazardous substances (bacteria, chemicals, radioactive material) from patients' bodies, clothing, equipment, tools, and/or sites to the extent necessary to prevent the occurrence of adverse health and/or environmental effects**
 - **Completed by trained staff**
 - **Requires specialized personal protective equipment**
 - **A necessity for protection of the hospital's emergency department.**

Response



Response

- **Evacuation**
 - **Definition**
 - **The partial or total removal of patients from a hospital structure or structures when staff or patient safety is compromised. Evacuation may occur within the confines of the organization or require all individuals to leave the organization.**
 - **Can only be authorized by the CEO or Safety Officer per Ohio Revised Code (ORC)**
 - **Can result in additional injuries or fatalities**
 - **Only utilized as a worst case scenario**

The Recovery Process

- **Staff**
 - **Post Traumatic Stress Disorder**
 - Caused as the result of extreme stress during an emergency situation
 - **Staff Families and Pets**
 - Often displaced
 - May not return to work without family and pets being safe

The Recovery Process

- Patients
 - Post Traumatic Stress Disorder
 - Caused as the result of extreme stress during an emergency situation
 - Could be relocate far from family
 - May not know if loved ones are safe

The Recovery Process

- **Family**
 - **Post Traumatic Stress Disorder**
 - **Caused as the result of extreme stress during an emergency situation**
 - **May not know where patient is being treated**
 - **May be shocked by treatment practices**
 - **May be locked out of facility**

Questions

