



WISCONSIN HEALTHCARE ENGINEERING ASSOCIATION

PROHEALTH CARE
EMERGENCY PREPAREDNESS

NOVEMBER 9TH, 2023

PRESENTER

Scott Groenwoldt



Scott has been the Emergency Preparedness Coordinator / Hazardous Materials Specialist for ProHealth Care, Inc. since 2017. Scott is part of the SE Wisconsin Homeland Security Partnership (SWHSP) which unites public and private entities in partnership in planning for, responding to and recovering from all types and scales of disasters. He is the Vice chair for the hospital caucus with the SE Wisconsin Healthcare Readiness Coalition (HERC Region 7). Previous experience includes working up the ranks of Firefighter/EMT for 28 years and 911 communications for 18 years. For the 8 years prior to ProHealth, Scott implemented and trained local, state and regional EMS, Healthcare, Public Health and coalitions across the country on mass disaster, mass casualty and mass fatality management software applications.

PROHEALTH CARE, INC.

- Primarily located in Waukesha County
- 3 hospitals
 - ProHealth Care-Waukesha Memorial – 275 beds
 - ProHealth Care- Oconomowoc Memorial – 106 beds
 - ProHealth Care – Waukesha Memorial – Mukwonago – 24 beds
- Angels Grace Hospice
- 15 Clinics -1 in Watertown – Jefferson Co and 1 in Waterford – Racine Co
- 10 Urgent Care sites
- Cancer Center
- Home Health – approx. 500 patients across 6 counties
- Outpatient Physical Therapy (Adult and Pediatric)
- Heart and Vascular Center

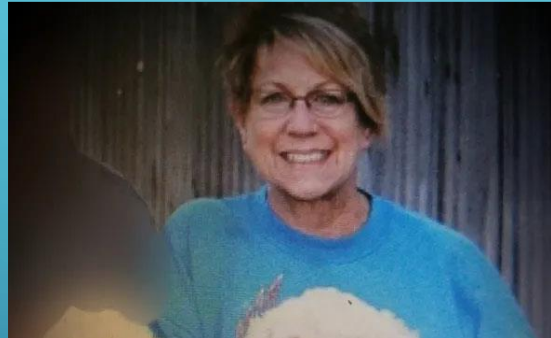
WE START BY REMEMBERING

WAUKESHA PARADE INCIDENT

6 Fatalities

68 injuries

- Jackson Sparks
- Jane Kulich
- Virginia “Ginny” Sorenson
- Wilhelm “Bill” Hospel
- Tamara I. Carlson Durand
- Leanna “Lee” Owen



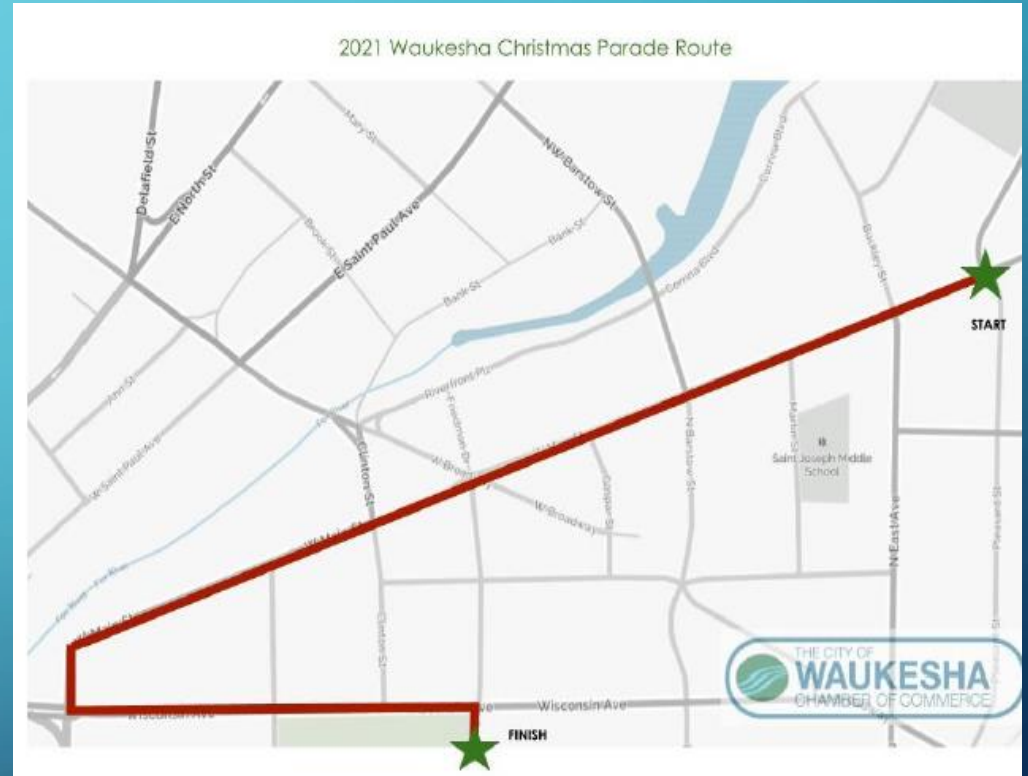
WAUKESHA, WISCONSIN

- City of Waukesha population – 71,256
- Waukesha County Seat
- County population – 408,756 – 24x24 square miles
- Adjacent to Milwaukee County
- 20 miles west of the City of Milwaukee
- 4 Health systems within the county
 - 5 hospitals
 - 3 micro hospitals (8 to 12 beds)
- Froedtert Hospital / Medical College – Level 1 trauma
- Children's Hospital of Wisconsin
 - Both located in Milwaukee County – 15 miles away

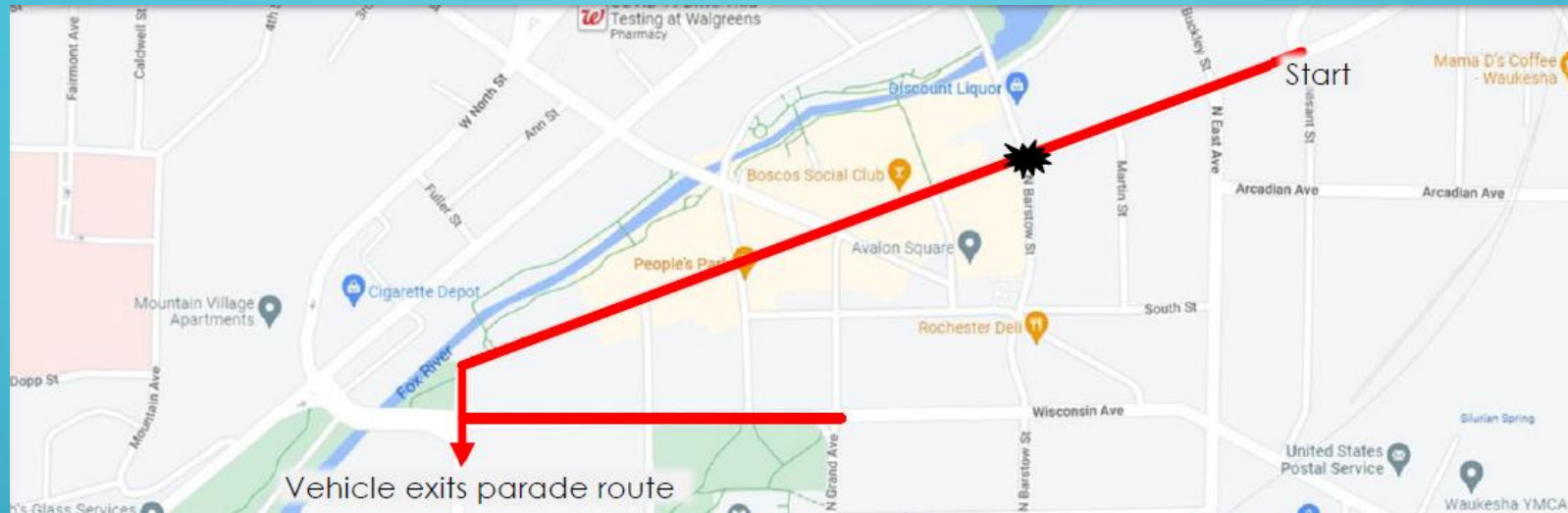
58TH ANNUAL CHRISTMAS PARADE

“COMFORT AND JOY”

- Sunday, November 21st, 2021
- 4p – 6p
- 67 groups registered
- Weather
 - Temperature 25 degrees
 - Wind speed 15-20 mph
- Parade route approx. $\frac{3}{4}$ mile



THE INCIDENT STARTED AT APPROXIMATELY 435P



- Waukesha Police dispatched approximately 425p to a man with a knife
 - Incident was approx. 1/2 mile north of the parade starting point
 - Suspect fled the scene heading south towards the parade route
 - Suspect drove around the barriers blocking the entrance to the parade
- Waukesha FD initially dispatched for an unknown problem then quickly upgraded to vehicle vs. pedestrians
- Upgraded to a mass casualty incident
- Waukesha Fire requested a MABAS (Mutual Aid Box Alarm) Life Safety box at 446p

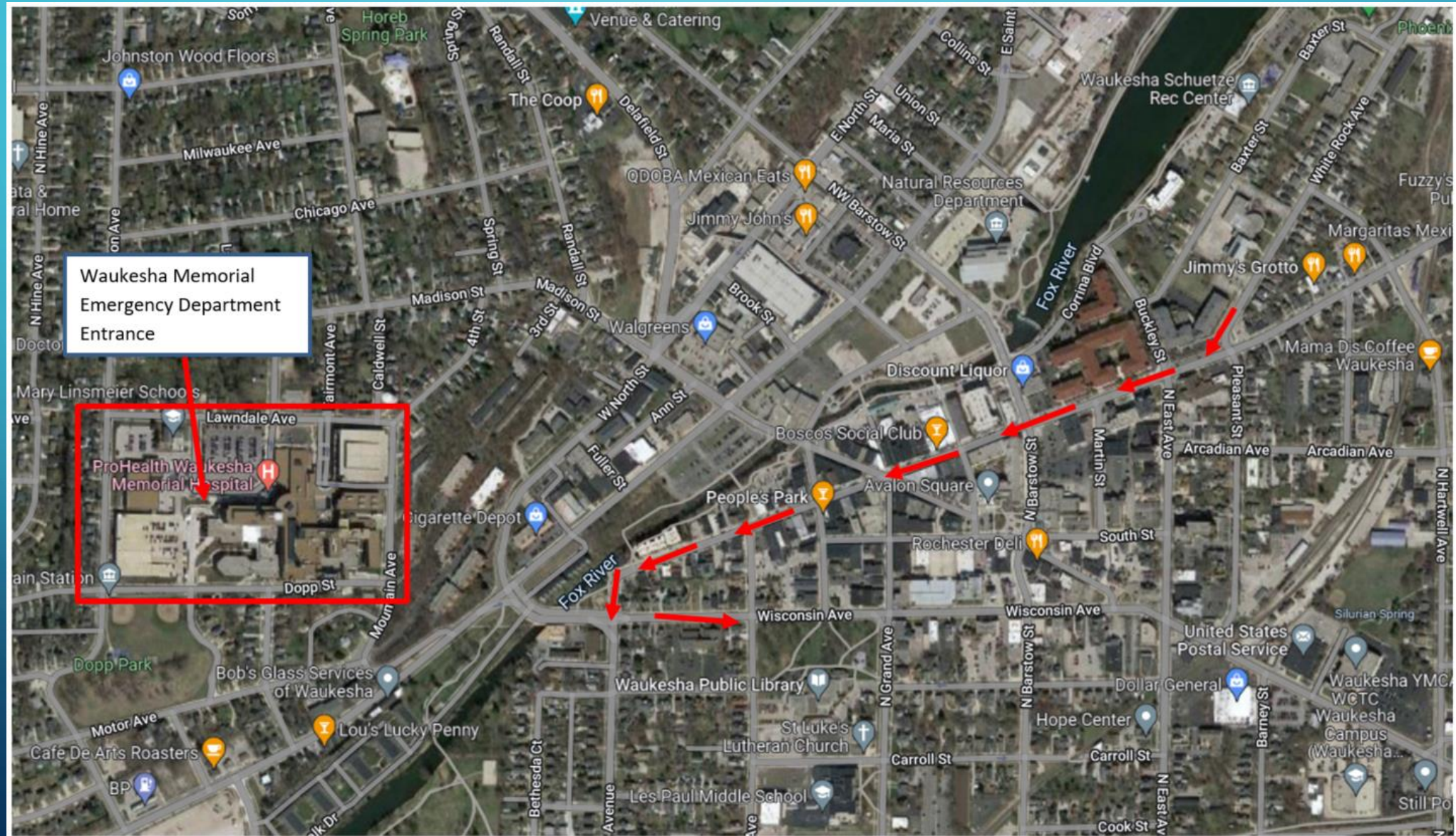
PROHEALTH CARE

ON NOV 21ST, 2021

- ProHealth Waukesha Memorial Hospital – Ground zero
- Approx. 5500 employees
- At the time of the parade:
 - Two Level 3 trauma hospitals (Oconomowoc and Waukesha)
 - 1 stand alone Emergency Department (Mukwonago)
 - Hospice / Home Health services
 - 21 Clinics, Urgent Care and Off-site therapy services
 - Cancer Center
 - Heart and Vascular Center

ProHealth Waukesha Memorial

Approx. ½ mile from parade route on top of a hill



Hospital Census

- 227 staffed beds available for patients
- 223 number of admitted patients
- 46 COVID patients included in census
- COVID surge 2 weeks prior
- ED boarding patients due to pandemic
- ED average was 100 pts per day
- ED has 34 rooms
- 3 trauma rooms

Initial Notification

Communications and notifications of the incident came through text messages and phone calls to the ED and Security

1639 - Security Dispatch heard radio transmissions of a MCI

- Security officer was on the helipad and heard sirens throughout the city

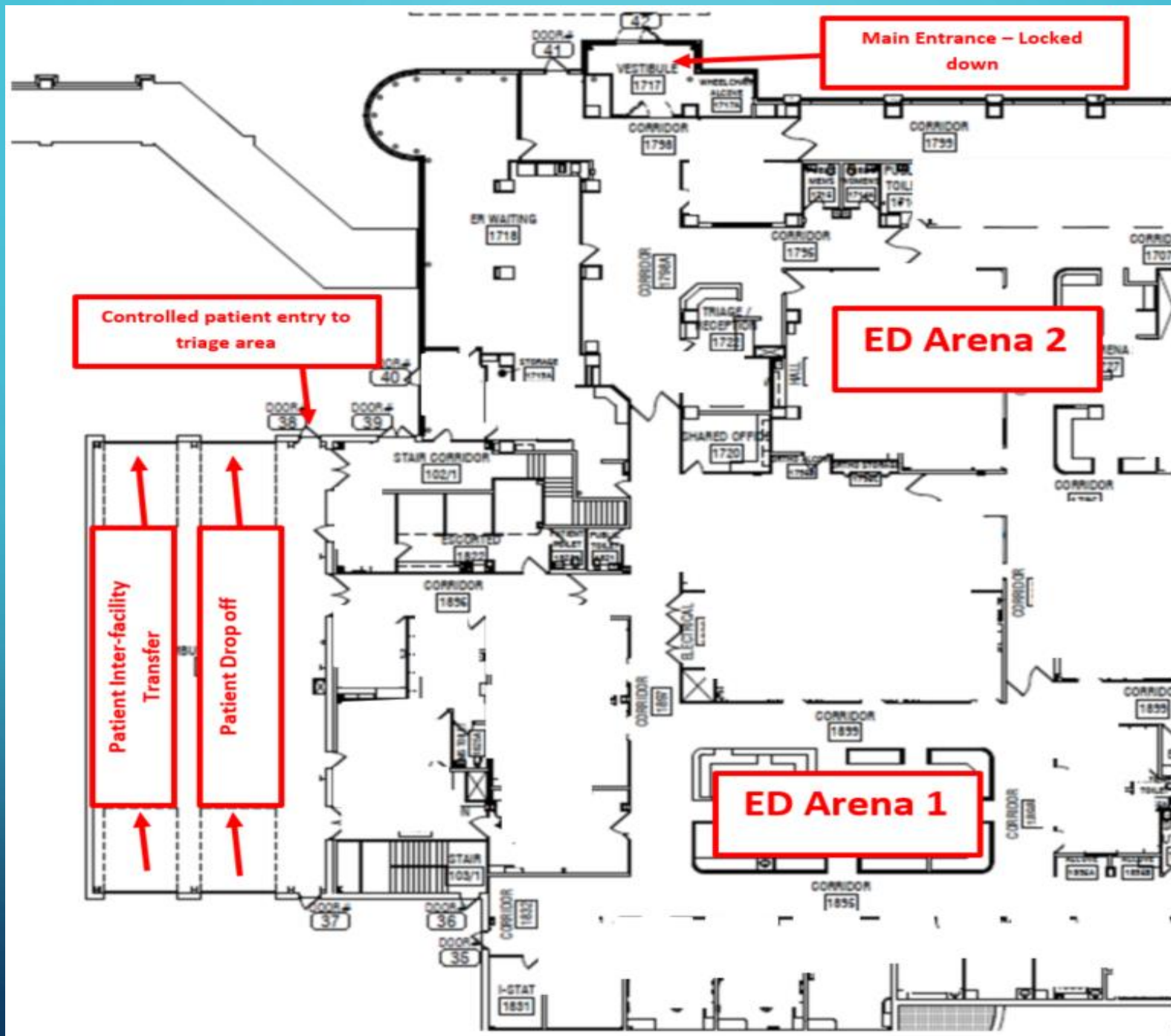
1641 – ED manager, on scene with family, called ED Charge nurse to advise of a MCI w/ an unknown number of patients

1647 – First patient arrives – brought in by Waukesha Sheriff and City of Waukesha PD in a squad

- Radio transmissions heard stating possible active shooter
- Unknown location of shooter
- Hospital put into lockdown
- Activation of Active Shooter Response plan

Response

- Security, ED Charge Nurse and Nurse Manager met
- East ambulance bay for patient drop off
- West ambulance bay for transfers out
- Main ED entrance locked
- Service door to ambulance bay used for walk ins to triage and for security/safety reasons



Response continued

- Mass page sent out to leadership
- Each department activated their own mass casualty and Active Shooter protocols
 - Challenge of Active Shooter activation – floors in lockdown
- Incident Command established within 45 min (Sun evening)
- MABAS / SMART (Suburban Mutual Aid Response Team)
 - Battalion Chief from Brookfield FD in Healthcare Command Center (HCC)
 - Waukesha PD, Waukesha Sheriff, Hartland PD, Chenequa PD, Delafield PD and State Patrol assisted with hospital security
- FBI – interviewed family and friends

Patients Received

- 36 patients total
- 26 patients within first hour
- 11 patients within first 13 minutes – all pediatrics
 - Age range 3 to 11 years old
 - 10 had major injuries
 - 4 had multi-system injuries
- 24 patients were pediatrics (youngest 3, oldest 17)
- 3 patients self-presented to Mukwonago ED two hours after incident for minor injuries / anxiety and discharged
- 2 patients self-presented later that night and the next day with minor injuries and discharged
- 1 Deceased

When it was all over

- 11 patients were transferred to Children's Hospital of Wisconsin (CHOW)
- 19 were discharged that night or next day
- 5 admitted to the hospital
- 1 adult deceased on arrival

Strengths

- Incredible response by staff
 - Blessing / Curse – almost too many staff initially
- Titles no longer mattered – everyone stepped up
- Quick reaction of staff and set up of triage area
- Having maximum ED physician staff on site at onset
 - Physicians were at shift change
 - Had an additional 3 ED physicians on site
- Quick activation of EAP for staff
- All but 2 (Does) patients identified at initial registration
- Staff's response (outside of ED proper) to Active Shooter activation

Lessons Learned

- COMMUNICATIONS
 - All areas impacted, phone calls, runners, etc.
 - Increased radio frequencies and radios
 - Between departments and IC
 - Ear pieces, additional radios, PRACTICE
- Take care of yourself and your own people (staff)
- Almost too many staff – improved labor pool

What are we doing different?

- Staff taking drills / exercises more seriously
 - Pandemic challenge – cancelling of 2 exercises
 - Include more departments in exercises
 - Majority of time only focused on the ED's and immediate area
- Understanding / accepting that this CAN happen in “Anywhere, USA”
- Improved Administration buy in and support

EXPECT THE UNEXPECTED!! IT'S NEVER JUST ONE INCIDENT

Power outage during the parade

- All of downtown Waukesha was without power
- Hospital generators were operational
- Computers and medical equipment rebooted during the middle of the incident

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

PLANNING, RESPONSE AND RECOVERY

- Planning
 - HVA
 - Emergency Operations Plans
 - Training
 - Reviewing
- Response
 - Exercises
 - Real world
- Recovery
 - Getting back to “Normal” as quickly as possible

GET INVOLVED!

- Hazard Vulnerability Analysis
- Emergency Management Planning
- Incident Command / Management

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	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	<i>0 = N/A</i> <i>1 = Low</i> <i>2 = Moderate</i> <i>3 = High</i>	<i>0 = N/A</i> <i>1 = Low</i> <i>2 = Moderate</i> <i>3 = High</i>	<i>0 = N/A</i> <i>1 = Low</i> <i>2 = Moderate</i> <i>3 = High</i>	<i>0 = N/A</i> <i>1 = Low</i> <i>2 = Moderate</i> <i>3 = High</i>	<i>0 = N/A</i> <i>1 = High</i> <i>2 = Moderate</i> <i>3 = Low or none</i>	<i>0 = N/A</i> <i>1 = High</i> <i>2 = Moderate</i> <i>3 = Low or none</i>	<i>0 = N/A</i> <i>1 = High</i> <i>2 = Moderate</i> <i>3 = Low or none</i>	0 - 100%

PROBABILITY, HUMAN, PROPERTY, BUSINESS IMPACT

Issues to 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 consider for **human impact** include, but are not limited to:

- 1 Potential for staff death or injury
- 2 Potential for patient death or injury

Issues to 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 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 Interruption of critical supplies
- 7 Interruption of product distribution

PREPAREDNESS, INTERNAL AND EXTERNAL RESOURCES

Issues to consider for **preparedness** include, but are not limited to:

- 1 Status of current plans
- 2 Training status
- 3 Insurance
- 4 Availability of back-up systems
- 5 Community resources

Issues to consider for **internal resources** include, but are not limited 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 specific facilities

NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 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								0%
Volcano								0%
Epidemic								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TRUE
*Threat increases with percentage.								
		RISK = PROBABILITY * SEVERITY						
		0.00	0.00	0.00				

TECHNOLOGICAL EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 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								0%
Information Systems Failure								0%
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.								
		RISK = PROBABILITY * SEVERITY						
		0.00	0.00	0.00				

HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma) (Active shooter)								0%
Mass Casualty Incident (medical/infectious)								0%
Terrorism, Biological								0%
VIP Situation								0%
Infant Abduction								0%
Hostage Situation								0%
Civil Disturbance								0%
Labor Action								0%
Forensic Admission								0%
Workplace Violence								0%
Bomb Threat								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
*Threat increases with percentage.								
		RISK = PROBABILITY * SEVERITY						
		0.00	0.00	0.00				

HAZARDOUS MATERIALS EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 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 percentage.								
		RISK = PROBABILITY * SEVERITY						
		0.00	0.00	0.00				

PLANNING FOR THE WORST HOPING FOR THE BEST

- Your departments (facilities/maintenance) have plans for:
 - Generator outages
 - Power failures
 - Sewer failures
 - Water shortages
 - HVAC
 - Fire Alarm System failure

Have you PRACTICED, TRAINED, TESTED your emergency plans?

With your Incident Management Team?

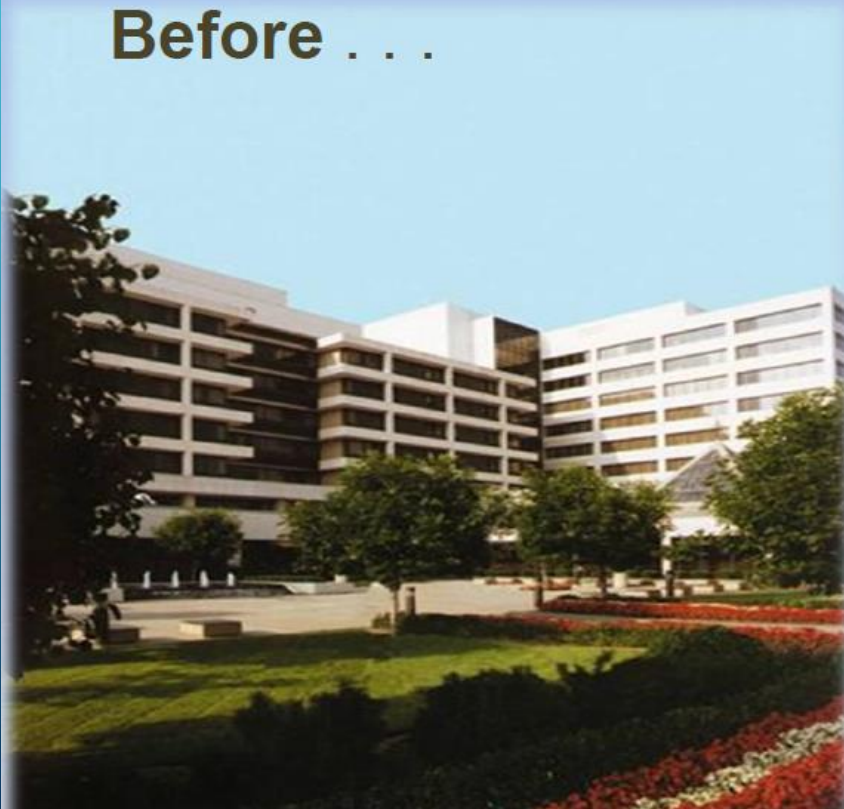
With the rest of your hospital (s)?

PLANNING FOR THE WORST HOPING FOR THE BEST

St. John's – Mercy

May 22, 2011

Before . . .



. . . and After



EF5 Tornado Impact on Joplin

- 13.8 mile long path – $\frac{3}{4}$ to 1 mile wide
- 8,000 structures destroyed or severely damaged



- 400 business destroyed or severely damaged
- 8 school buildings destroyed or severely damaged



EF5 Tornado Impact on St. Johns-Mercy

- Direct Hit
- Windows and Walls blown out
- Portions of roof pulled off
- Building infrastructure severely damaged
 - Generators destroyed
 - All communication lost
 - Water, sprinkler, gas and sewer pipes disrupted
 - Liquid O2 tanks damaged
- Massive debris throughout building



EF5 Tornado Impact on St. Johns-Mercy

- 86 Medical Staff Offices
 - destroyed or severely damaged
- Medical Office building on property
 - heavily damaged
- Rehab building heavily
 - damaged (some generator power)
- Helicopter - destroyed
- Disaster trailer - destroyed





LESSONS LEARNED – APPLIES TO ALL

Train as if its the real thing because you will fall back on your training

- Evaluate drills/responses to improve your plan
- Drill until you fail
- 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

ST JOHN'S CONSTRUCTION ENHANCEMENTS

- **Windows** with safety glass (withstand up to 250 mph)
- **Protective Zones** with barrier storm doors at hallway ends
- **Back-up Generators** buried underground with power tunneled to hospital
- **Power, Water & Data Communications** with 2 lines from different directions
- **Hallways & Stairwells** with automatic battery-operated lights
- **Ventilator & Newborn Bassinets** equipped with battery backup systems
- **Emergency Grab Bags** with flashlights, batteries, first aid and tools (gloves, crowbars, shovels)
- **Hardened Shell** of precast concrete, concrete roof, mechanical units housed with water-proof boards
- **Total cost to tornado-proof new facility = 2% of budget (\$7 million)**

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
 - 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

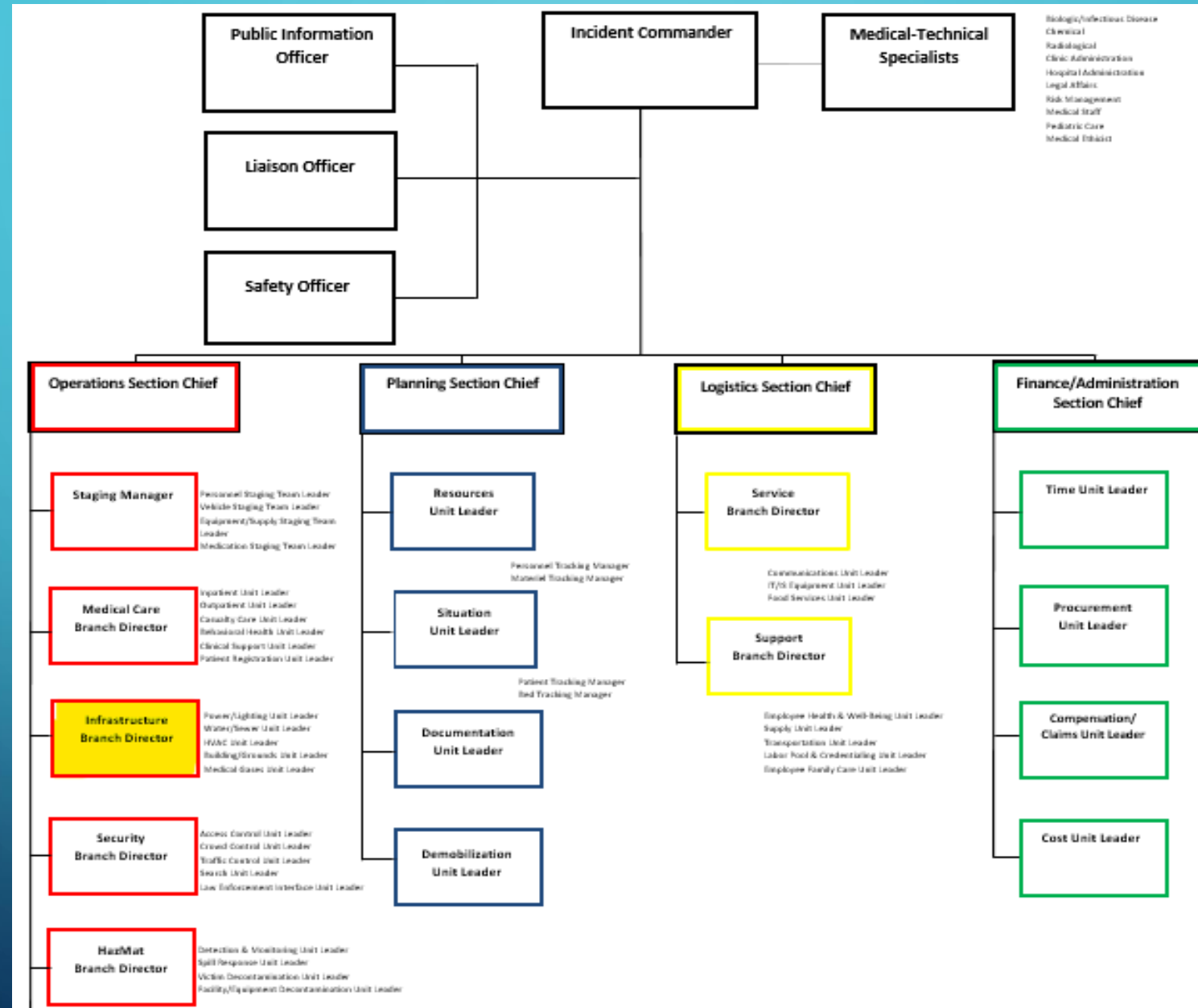
ANTICIPATING THE NEEDS

- Plugged toilet / sewer drain
 - Not a significant issue?
 - What if the plug caused back ups into Sterile Processing?
 - Known issue for over 2 hours before word “got out”
 - Within 90 minutes of shutting down surgical procedures
- “Small” gas leak or hissing
 - In an unoccupied surgical suite
 - Perception is that it isn’t a significant situation (1 / 4 in line of a medical gas)
 - Nitrogen
 - Employee putting their face into the hole in the wall to “investigate”
 - Confined space protocols
 - Next to a high risk patient population – NICU or Behavior health

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 Completed: (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____	
3. Name of Department / Unit Reporting Status Below		Contact Number:	
4. System	5. Status	6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.	
Power Routine and emergency	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Lighting	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Water	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Sewage / Toilets	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Medical Gases / Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Communications IT systems, telephones, pagers	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
7. Remarks (Cracked walls, broken glass, falling light fixtures, etc.)			

HICS 251 – FACILITY SYSTEM STATUS REPORT

1. Incident Name		2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____	
3. Name of Facility / Building Reporting Status Below			
4. System	5. Status	6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.	
COMMUNICATIONS			
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Information Technology System Email, registration, patient records, time card system	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Overhead Paging	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Paging System Code teams, standard paging	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Radio Equipment Facility handheld, 2-way radios, antennas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Radio Equipment EMS, local health department, other external partner	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Radio Equipment Amateur radio	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Satellite Phones	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		

RECOVERY

- Getting back to “Normal” as quickly as possible
- Business interruption
- Interruption of critical supplies
- Interruption of product distribution
- 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)
- If doing a mass casualty exercise, 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

GET INVOLVED!

- Participate in Tabletop exercises
 - 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
 - Exercise and evaluate

The background is a blue gradient with decorative white circuit-like lines in the corners. The lines consist of straight segments and small circles, resembling a stylized electronic circuit board.

QUESTIONS?

THANK YOU!