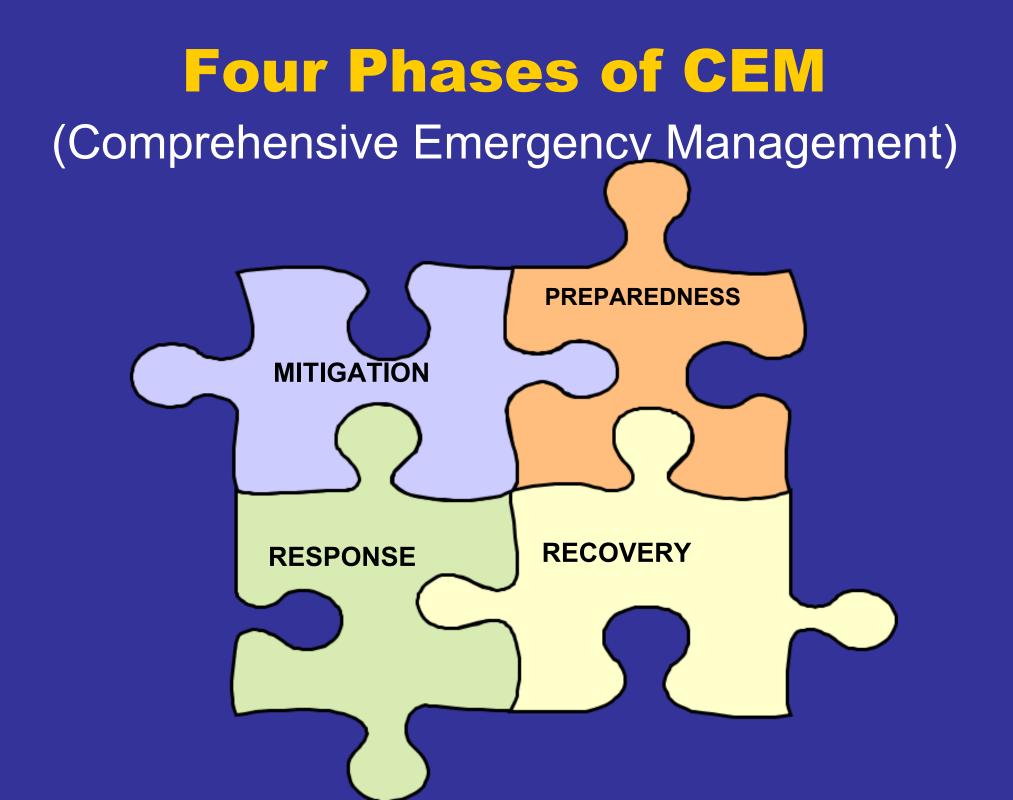
Today's Agenda

- Jared A. Shapiro NYS Public Health Emergency Preparedness Representative (5 min.)
- Mock Survey EM Standard Tracer (5 min.)
 Four Phases of CEM (5min.)
- Top Hazards (5 min.)
- Top Hazard TTX (1hr 40min)

JC Mock Survey

- Tabletop exercise based on hazard identified in our HVA
- Discussion will center on the four phases of emergency management
- Participants include hospital command center staff & unit staff impacted by the hazard tested.





Blizzards, Ice Storms

Electrical Failure

Fire Alarm Failure

Mass Casualty Incidents

Pandemic Flu

Labor Action

Mass Casualty (Hazmat) Small Casualty (Hazmat)

Terrorism : Nuclear/Radiological

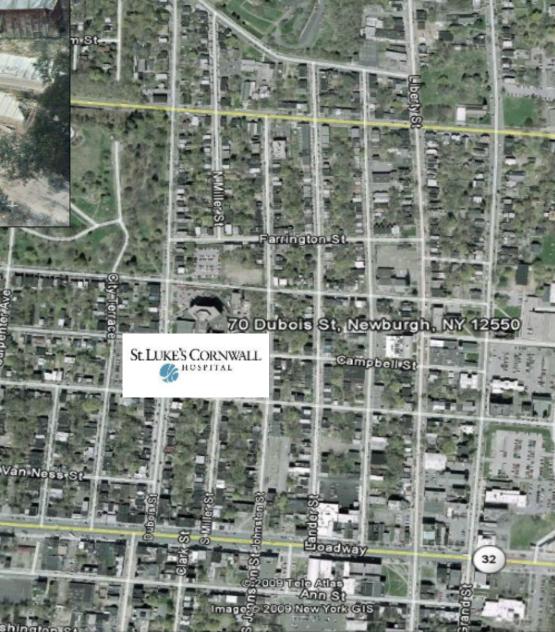


TOP HAZARDS



Train Derailment Chlorine Tank Rupture

Glinton St



41°30'17.70" N 74°00'46.34" Washington St

9W

MarnelAve

Ruraliun

Google

4th St

3rd St

200 80.

Corporator an

S Water St

Hanter

17K

131.5

N

1:30pm

Reports about the accident are rapidly circulating through the hospital. Internal phone calls from people seeking information about what to do are being fielded by Security, the switchboard and the Administration. Many staff members are congregating on the east end of the building to get a birds eye view of the incident.

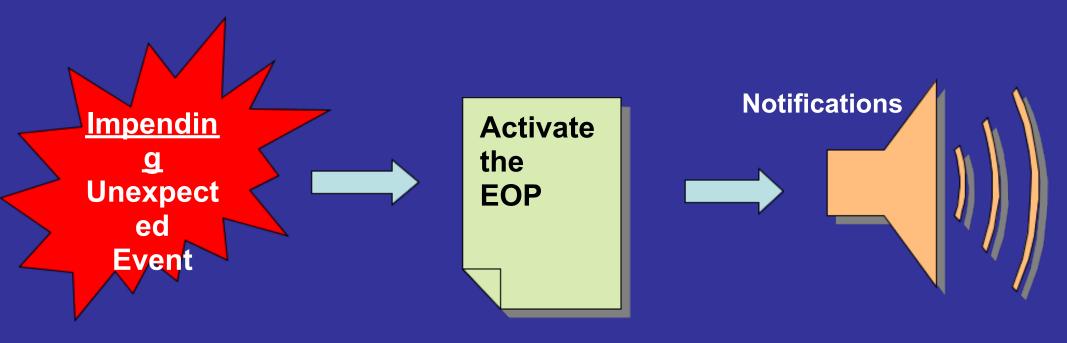


Two individuals walk into the emergency department greeter area who are coughing, eyes tearing and complaining of tightness in the chest.

1:38pm

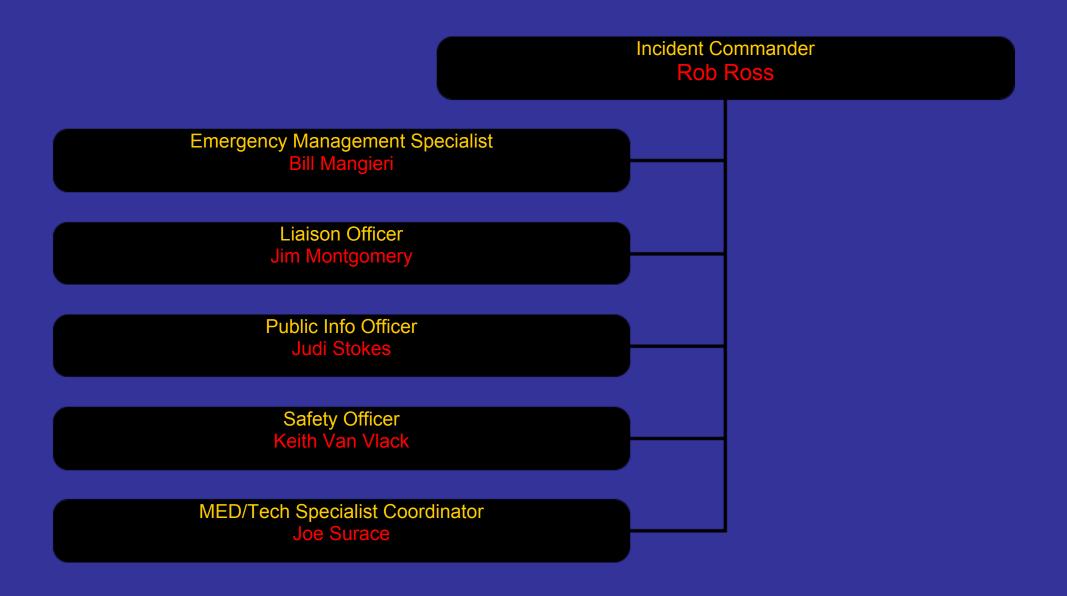
- Immediate Operational Period Begins
- (0-2 hours)
 - Activate HICS CODE LEVEL ONE (1)
 - Incident Commander calls Command Staff to Hospital Command Center
 - SLCH emergency room receives word of multiple casualties

EOP Activation





HICS-Command Staff



1:40pm

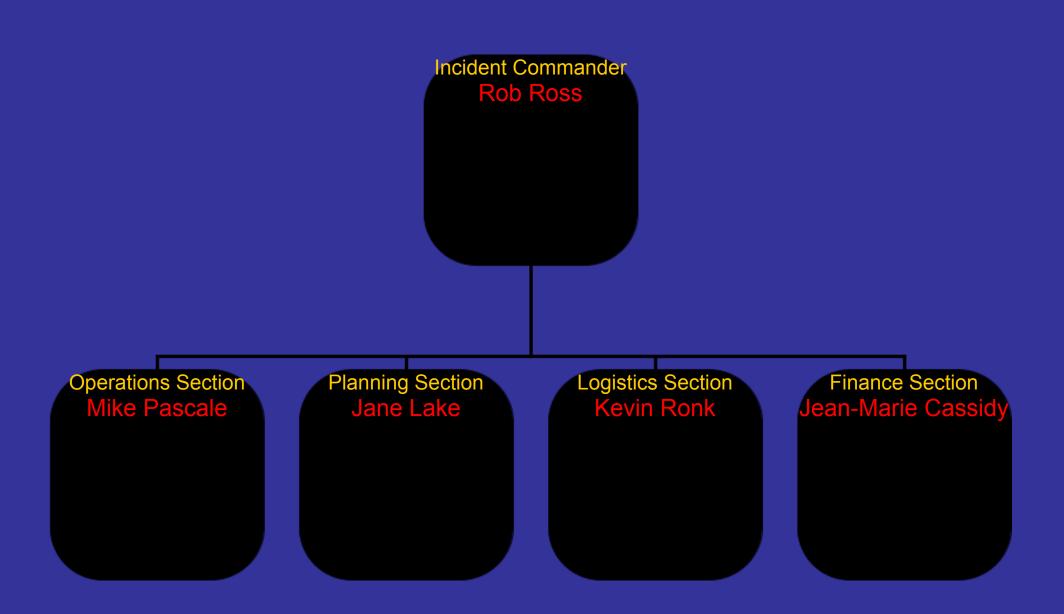
- Newburgh Fire Chief orders the isolation of hot zone and the initial evacuation of residents for ½ mile in all directions. SLCH is positioned 0.96 miles from epicenter of hot zone.
- Newburgh Fire Chief orders critical infrastructure assets (Fire,Police,Hospitals) to shelter-in-place. Buildings close to the accident area may be susceptible to airborne vapor contamination,
- The Fire Chief recommends HVAC system manipulation to protect against potential air contaminants.

1:50pm

- The first patients transported by ambulance arrive with severe pulmonary edema. The EMT is also complaining of a burning sensation around eyes and the lips.
- Seven additional patients transported by Ambulance include (2) Firefighters, (2)
 Police Officers and three pedestrians complaining of difficulty in breathing.

- Activate HICS CODE LEVEL THREE (3)
- Call Section Chiefs to Hospital Command Center
- On-scene IC confirms multiple casualties being transported to SLCH ED.
- Fire Department sets up gross decontamination area upwind of incident
- FD cannot guarantee total decontamination of victims before arrival into the ED

HICS- Section Chiefs



Casualty Care Group

- Unexpected arrival of multiple casualties
- Incident notification received in the ED from public safety source indicating the impending arrival of multiple patients from an incident
- Outbreak of a disturbance, fire, or unusual situation in the ED



2:15-2:30pm

- Nine walk-in patients enter the Emergency Room greeters area who heard of a chemical release and want to be evaluated.
- Second wave of victims arrive at the ED via Ambulance transports. Eleven patients with symptoms associated with chlorine poisoning.

2:40-3:00pm

- Approximately 30 plus patients present themselves at the ED seeking treatment.
- At least a dozen patients who claim they were at the scene of the incident seek treatment through the main lobby.

 St. Lukes Cornwall Hospital Marketing Department receives a call from WCBS radio inquiring about the status of patients arriving to the hospital from the train accident.

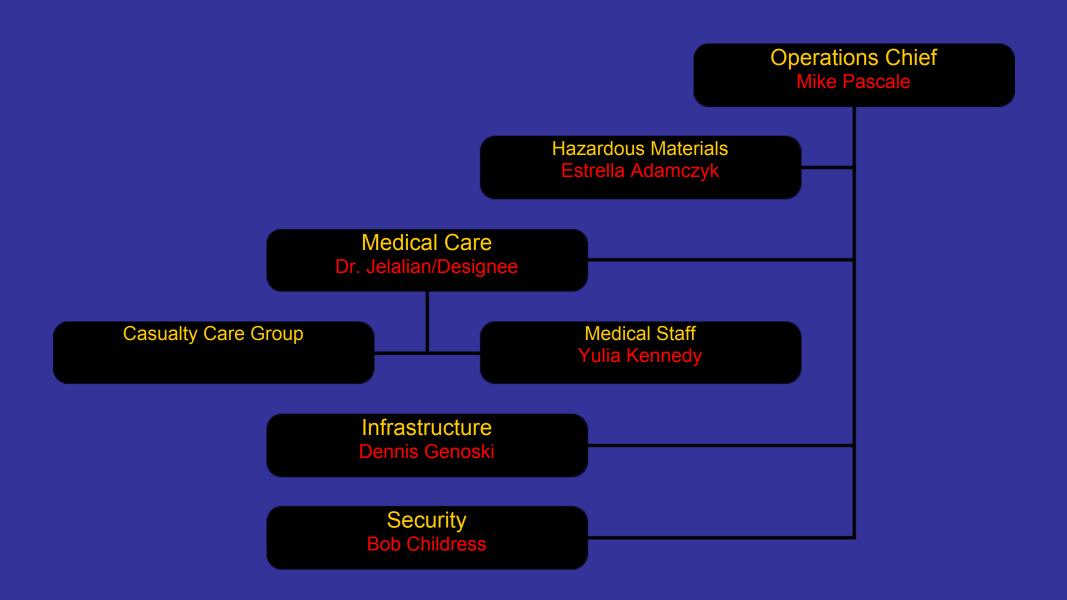
3:15pm

- Supervisors are reporting several phone calls from 2nd shift staff asking if it is safe to come to work.
- Media reports of a toxic chemical release at the site of the rail accident have raised concerns of night-time staff for their own safety.
- An unusual number of support staff have called in sick.

3:20pm Activate Section Chiefs Support Staff Escalate CODE HICS LEVEL FOUR (4)

- Approximately 60 walk-in patients are outside the ED lobby area seeking medical treatment.
- Security has ordered a lockdown of the facility to better manage the high volume ingress of patients.
- Some patients outside begin to become disruptive and seek to enter the ED through the Ambulance entrance where decontamination of arriving patients is being conducted.

HICS-Operations



HICS-Planning

Planning Chief Jane Lake

Resources Unit Leader Sue McKean

Personnel Tracking Manager Helen May

Situation Unit Leader Renee Feenaghty

HICS-Logistics

Logistics Chief Kevin Ronk

Food & Water Unit Leader George LaMar

Support Branch Director

Employee Health Unit Leader Lynne Hobler Family Unit Leader Ellen Perran

HICS-Finance





Procurement Unit Leader

Compensation/Claims

Cost Unit Leader

3:40pm

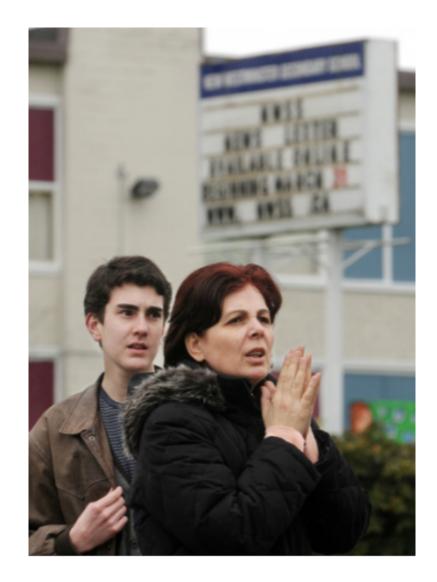
 News Media are outside the front lobby attempting to interview Security personnel who are directing nonessential people away from the hospital.



3:45pm

- There are 16 ambulances waiting in line on Dubois Street to egress accident victims.
- One patient is reported to have died in the Ambulance waiting for treatment.
- Cornwall campus is experiencing similar delays with 21 patients waiting for treatment.

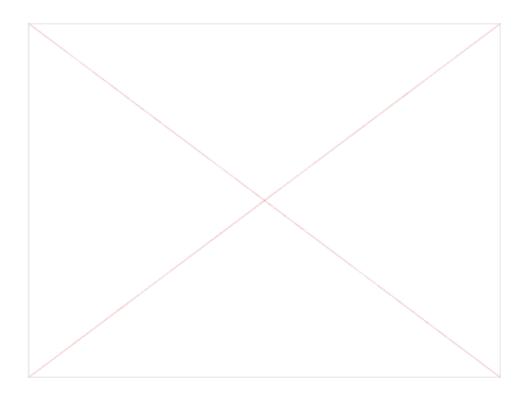
- Many family members of victims are arriving at Newburgh Campus seeking information about their loved ones.
- The volume of family members seeking information drives a need for a family assistance center.



4:30pm

• Four

Decontamination Team members are experiencing heat stress and fatigue associated with operating in protective clothing and respiratory protection



 Due to the specific nature of chlorine exposure, it is imperative to bring in relevant expertise to handle treatments of multiple victims.

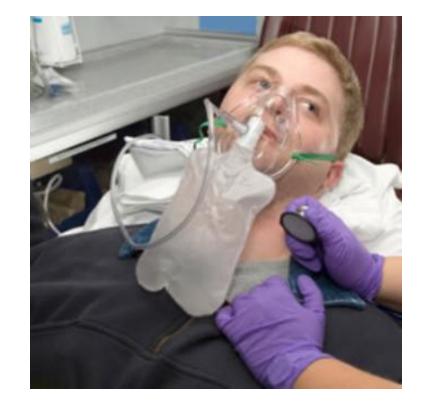
- Many of the day-shift staff are showing signs of fatigue.
- Both critical and noncritical support functions need replacements or rest and/or relaxation periods.
- Food and Water support for staff members becomes an issue.



- City of Newburgh Fire Chief declares the fires have been put out and the rail car containing chlorine gas has been sealed.
- There are still residual levels of chlorine gas in low lying areas near the river.
- Evacuation orders for ½ mile area of all non-essential businesses and private households are still in effect.

- Emergency Department still experiencing heavy volume associated with the chlorine release.
- So far, The ED has treated approximately 70 patients and admitted 4 patients for advanced treatment.
- There are still 40 patients waiting for treatment. There are 20 patients outside the ED inquiring about the incident.

- The primary supportive care option for chlorine exposure is oxygen.
- The hospital is in need of more portable oxygen tanks for victims.



Wednesday April 8th 1:35am

- Extended operational period 12+ hours begins
- IC briefs command staff & section chiefs
- PIO continues patient information center
- LO coordinates integrated response with outside agencies
- Safety Officer monitors decon operations with Chemical Medical Specialist

2:00am

- On-Scene Incident Commander determines non-existence of vapor hazard area outside the initial isolation area of 800 feet from the incident's epicenter.
- A communication is received through the SLCH Liaison Officer recommending shelter-in-place posture be relaxed.

4:00am

- City of Newburgh Police have established an incident control point on Dubois Street to regulate traffic coming near the hospital.
- Only emergency personnel and hospital staff are permitted to enter hospital parking lot.
- Cardinal Health attempts to make a routine morning delivery of medical supplies but is denied access.



- Extremely high volume in the ED. Patients arriving complaining of tightness in the chest and difficulty in breathing.
- Estimated wait time is 8 hours.

7:00am

- Additional Nursing Staff is needed to support the surge capacity.
- Nurses who were scheduled to be off can come in but are having trouble getting child care



1:35pm

Extended Operational Period 24 Hours

- Hospital Incident Commander provides briefing to Command Staff and Section Chiefs.
- ED volume has decreased steadily all morning, wait time is cut in half to 4 hours.
- IC initiates demobilization and system recovery checklists.

Recovery- Command Staff

- Incident Commander- responsible for overseeing recovery operations
- Public Information Officer- final briefings to media/family/staff
- Liaison Officer- prepare a summary of status of hospital and disseminate to command and general staff and outside agencies.
- Safety Officer- oversee facility decontamination and declare facility safe to conduct normal operations.

Recovery- Section Chiefs

- **Operations-** manage decontamination of the facility and restore patient care and facility to normal operations.
- **Planning-** finalize incident action plan and demobilization plan, compile final report of incident and ensure archiving of incident documentation., write afteraction report and corrective action plan.
- Logistics- provide for behavioral health services for staff and patients, provide for equipment/supply repair or replacement, provide on-going support to injured staff or family of deceased staff.
- Finance- calculate increased costs, employee overtime, procurement costs. Submit documentation to external authorities for reimbursement or other assistance.

HICS CODE ALERT DRILL Cancelled

Dial 66# to cancel