

TGH Emergency Preparedness

ERINN SKIBA, MANAGER OF EMERGENCY PREPAREDNESS

Preparedness (Planning, Organizing, Training, Exercising, Evaluating)

➤ TGH Emergency Management – Disaster Planning Committee

- Multidisciplinary
- Leadership
- Meets Bi-monthly
- Report to the Environment of Care (EOC) Oversight Committee
- Develop strategies through identification and prioritization of risk resulting in emergency management efforts throughout the organization
- Goal is to enhance our capability and improve the TGH's ability to respond to all threats and care for our patients

Preparedness (Planning, Organizing, Training, Exercising, Evaluating)

Membership

Co-Chaired by the Senior Vice President of Support Services and Chief Nursing Officer

- Emergency Department
- Patient Care Services
- Registration
- Ambulatory Services
- Media Relations
- Communications
- Information Systems
- Volunteer Services
- Medical Staff Office
- Trauma Services
- Facilities
- Risk Management
- Employee Health
- Supply and Distribution
- Laboratory
- Pharmacy
- Radiology
- Surgical Services
- Security
- Organizational Development
- Rehabilitative Services
- Pastoral Care
- Transport
- Dietary
- Infection Prevention
- Pediatrics
- And MANY MORE...

Preparedness (Planning, Organizing, Training, Exercising, Evaluating)

Hazard Vulnerability Analysis (HVA)

- Hurricanes and Severe Weather
- Storm Surge
- High Winds
- Flooding
- Tornadoes
- Civil Disturbances
- Mass Casualty Incidents
- Major Transportation Incidents (to include ground, air, and rail)
- Infrastructure Disruption
- Utility Failure
- Hazmat Releases (fixed facilities and transportation incidents)
- Terrorism
- Disease and Pandemic Outbreaks

[illegible]

2017 – Top Ten

1. Hurricane, Tropical Storm, Severe Weather
2. Flood, External
3. Mass Casualty Incident (trauma)
4. Bomb Threat
5. Chemical Exposure, External
6. Small Casualty Hazmat Incident (< 5 victims)
7. Tornado
8. Epidemic
9. Active Shooter
10. Small-Medium Sized Internal Spill

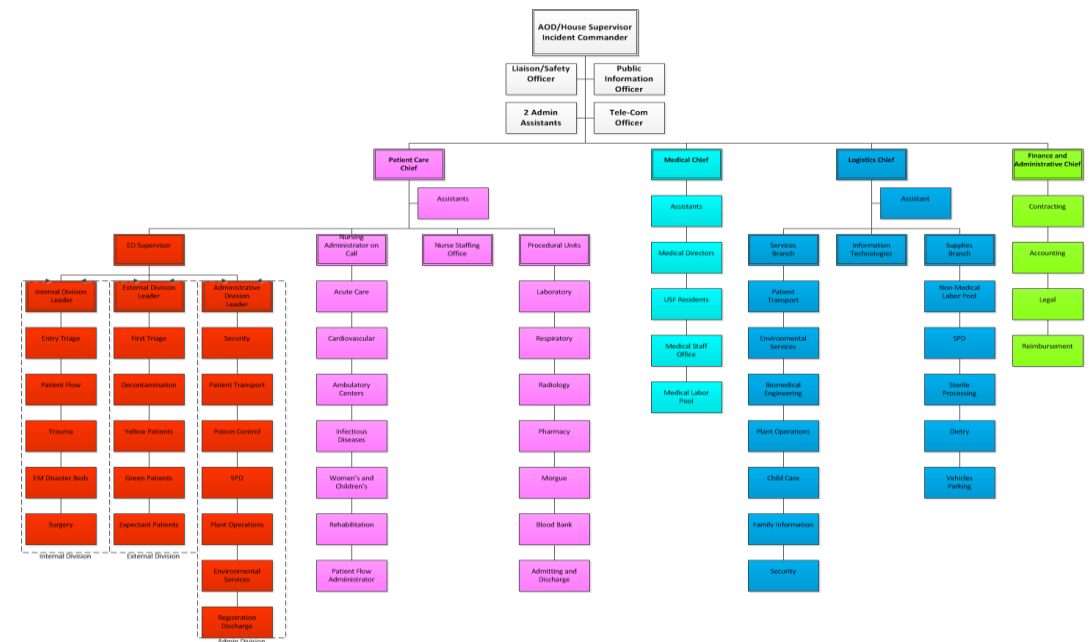


Preparedness (Planning, Organizing, Training, Exercising, Evaluating)

➤ Comprehensive Emergency Management Plan (CEMP)

- Administrative and Emergency Contacts
- Org Charts
- Site Specific Information (beds, evac zone, flood zone)
- Hazards
- Direction and Control
- Communication
- Resources and Assets
- Utilities
- Safety and Security
- Staffing and Notification
- Clinical Support
- Transportation
- Agreements
- Evacuation and Reentry

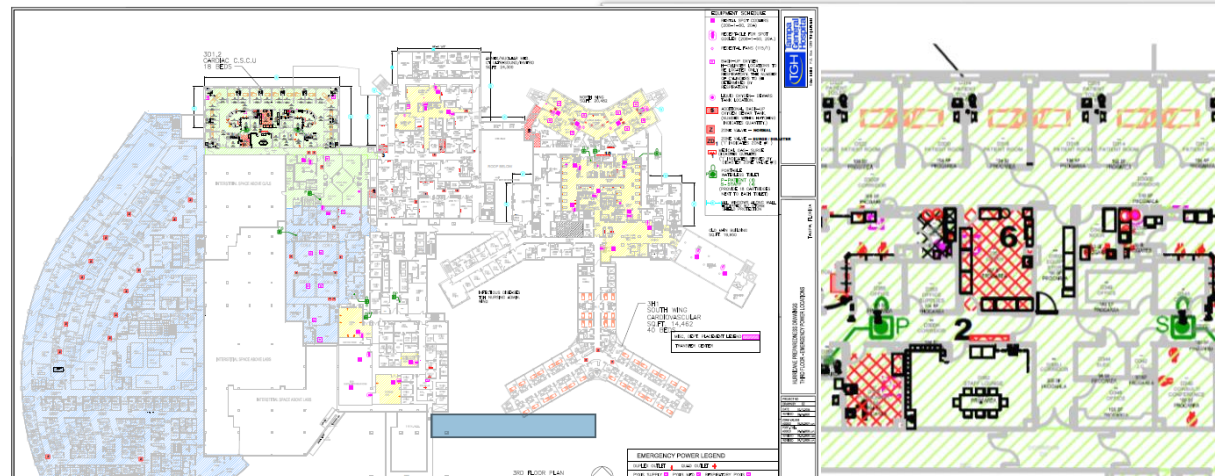
6 Critical Function Areas



Preparedness (Planning, Organizing, Training, Exercising, Evaluating)

➤ Hurricane Plan

- Window/Door Protection
- Electricity
- Suction/Air/Medical Gas
- A/C
- Sanitation/Linens
- Supplies
- Food/Water
- Hurricane Teams
- Relocation Plan
- Recovery Plan



- RENTAL SPOT COOLERS (208-1-60, 20A)
- ⊗ RECEPTACLE FOR SPOT COOLER (208-1-60, 20A.)
- ② PEDESTAL FANS (115/1)
- BACK-UP OXYGEN H-CYLINDER LOCATIONS TO BE LOCATED ONLY BY RESPIRATORY. THE NUMBER OF CYLINDERS TO BE DETERMINED BY RESPIRATORY
- LIQUID OXYGEN- DEWAR'S TANK LOCATION.
- 5 ADDITIONAL BACK-UP OXYGEN DEWAR TANK. (NUMBER WITHIN HATCHING INDICATES QUANTITY.)
- Z ZONE VALVE - **NORMAL**
- ZD1 ZONE VALVE - **SURGE / DIS** ('1' INDICATES ZONE #1)
- 1 MEDICAL GAS- SURGE DISASTER OUTLETS ('1' INDICATES SERVED BY DISASTER ZONE VALVE #1)
- 🚽 PORTABLE WATERLESS TOILET
- P - PATIENT (6)
S - STAFF (4)
(PROVIDE 18 CARTRIDGES NEXT TO EACH TOILET)
- ⚡ ALL WINDOWS ALONG WALL EQUIPPED W/ STORM SHIELD PROTECTION

PATIENT RELOCATION PLAN					
CRITICAL CARE					
UNIT		BED CAP	INITIAL PLAN	ALTERNATE	AC IF STAYING IN INITIAL PLAN UNIT
1J2-3	MSICU	17	3K1		
2D1-2	MICU	18	STAY	3K2	YAC
5K 1-2	STICU	18	STAY		YAC
3D1-2	CTICU	18	STAY		YAC
5C1-2	CCU	18	STAY		YAC
5C4	STICU	9	STAY		YAC
5K3-5	NSICU	32	STAY		YAC
6C2	BURN ICU	6	STAY	6K1-2 GI LAB B 14-19	PAC IF STAYING
6C3	PROGRESSIVE BURN (MT:12)	12	STAY		PAC IF STAYING
9C2	VICU	12	STAY		PAC IF STAYING

Preparedness (Planning, Organizing, Training, Exercising, Evaluating)

➤ Disaster Policies

EC-3 Emergency Codes

EC-4 Fire Responses

EC-19 Notification and Activation of Personnel

EC-20 Internal/External Disaster

EC-21 Planned Evacuation

EC-22 Recommendations for Lines/Equipment during Evacuations

EC-30 Respiratory Protection Policy

EC-45 Fire Prevention Fire Safety Plan During an Operation

EC-49 Disaster/ Terrorism Campus Security

EC-53 Emergency Management Committee

EC-54 Active Shooter

EC-57 Disaster: Emergency Childcare Procedure

HR-3 Disaster: Credentialing Volunteers (Non-Physician/Non-LIP) Practitioners

HR-33 Compensation: Disaster Pay Practices

HR-66 Work Schedules for Non-Exempt Employees

HR-79 Attendance and Tardiness

LD-62 Disaster Relief

LD-92 Accounts Payable Disaster Recovery

Preparedness (Planning, Organizing, Training, Exercising, Evaluating)

➤ Disaster Inventory and Supplies

➤ Warehouse

- Fire Extinguishers, medical gas compressors, spot coolers, portable toilets, linen, food, water

➤ Medical

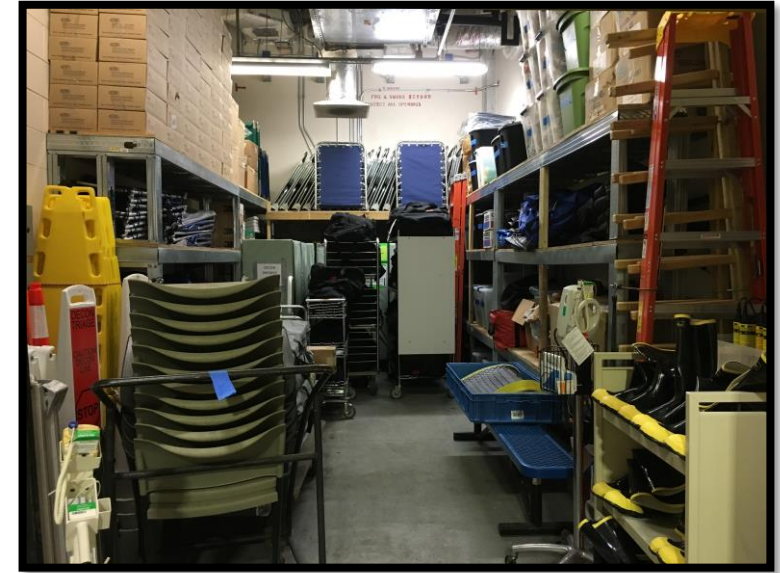
- Mass casualty triage carts, trauma carts

➤ Decon

- PAPRs, suits, gloves, boots, tape, filters, batteries

➤ Hurricane

- Rain gear, flashlights, batteries, etc.
- SPD, pharmacy, linen pre-identified order



Emergency Food Plan



OLD PLAN	NEW PLAN
Heater Meals	Meals for All
Patients – 600	Patients – 800
Staff – 0	Staff - 2700
Total - 600	Total - 3500
Shelf Stable – 3 yrs	Shelf Stable – 10 yrs





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Trusted for our expertise. Chosen for our care.™

Preparedness (Planning, Organizing, Training, Exercising, Evaluating)

- **TGH is a member of several local Emergency Planning Committees:**
 - City of Tampa Emergency Operations Group (COTEOC)
 - Hillsborough County Emergency Operations Group (HCEOC)
 - Hillsborough County Emergency Medical Planning Council (EMPC)
 - Hillsborough County Healthcare Coalition (HCHC)
 - Tampa Bay Health and Medical Preparedness Coalition (R4HCC)
 - Local Emergency Planning Council (LEPC)
 - Urban Area Security Initiative (UASI)
 - Regional Domestic Security Task Force (RDSTF)
 - FHA Emergency Preparedness and Response Task Force





2007

Parking Garage

1994

1987

1982

1 Davis Garage
1925

1 Davis MOB
1958

USF MOB
2007

Harbourside MOB
1986

Cancer Center
1982

South Wing
1971

East Pavilion
1927

Central Energy Plant
1982

North Wing
1955

1J1
1999

Annex
1975

NICU
2011

West Pavilion
1983

Bayshore Pavilion
2007

Rehabilitation Center
1983

Mitigation (Structural and Non-Structural Changes to Limit Impact)

➤ Central Energy Plant (CEP)

- Fuel
- Generators
- Chillers
- Energy Hill Relocation

➤ Future Expansion

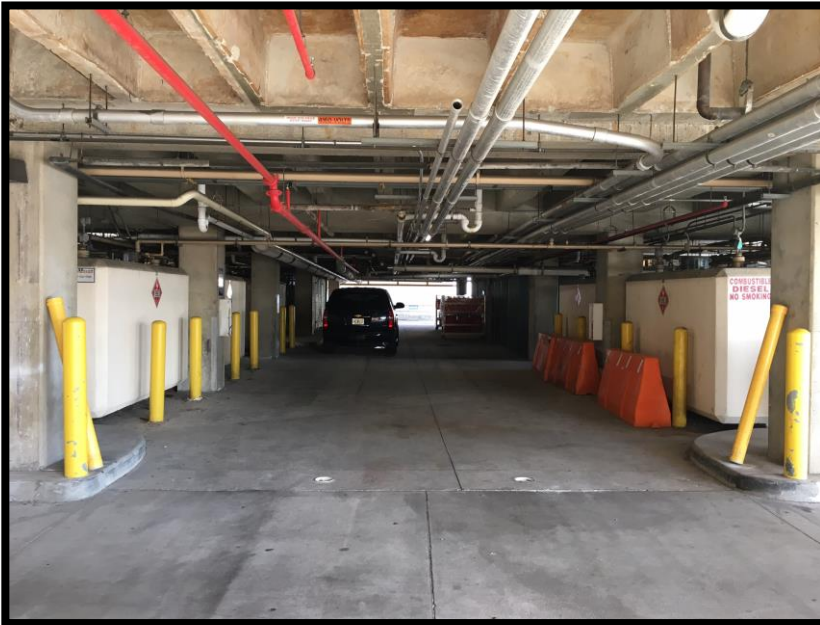
- Relocate Steam Production
- Provide additional generation for 100% emergency back up power



Mitigation (Structural and Non-Structural Changes to Limit Impact)

➤ Fuel Supply

- 6-8000 gallon submersible tanks bolted to the ground
- Fuel the hospital for a minimum of 96 hours on full load



Mitigation (Structural and Non-Structural Changes to Limit Impact)

➤ Generators

- 4 – 1500 kWs
- 2 (750kW and 565kW) in the Annex



Mitigation (Structural and Non-Structural Changes to Limit Impact)

➤ Chillers

- 5 in CEP, 1 in the building
- 3 on emergency power



Mitigation (Structural and Non-Structural Changes to Limit Impact)

- Energy Hill Relocation
- Completed in 2015



Mitigation (Structural and Non-Structural Changes to Limit Impact)

➤ Future Expansion

➤ Boilers



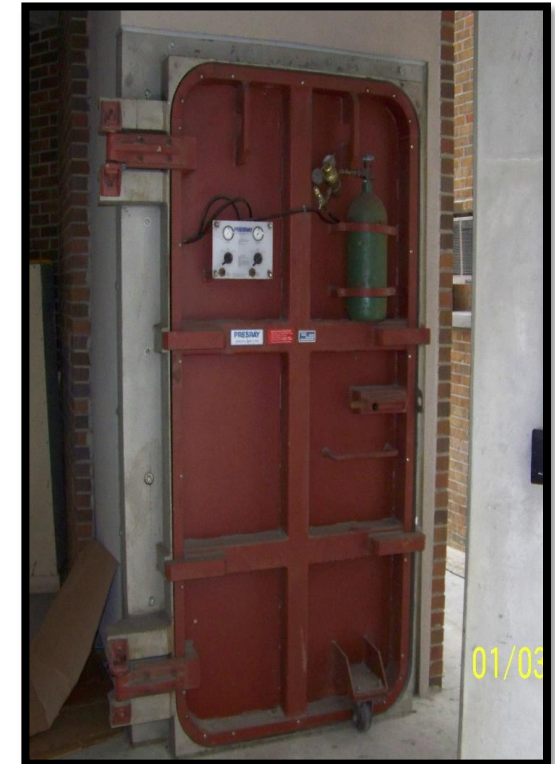
Mitigation (Structural and Non-Structural Changes to Limit Impact)

- Generator Hook-ups
- Contract with Ring Power for additional generators to be brought in post-event
 - 3 – 2000kW
 - 1 – 1000kW



Mitigation (Structural and Non-Structural Changes to Limit Impact)

➤ Hurricane Shutters/Curtains/Roll-downs/Submarine Doors



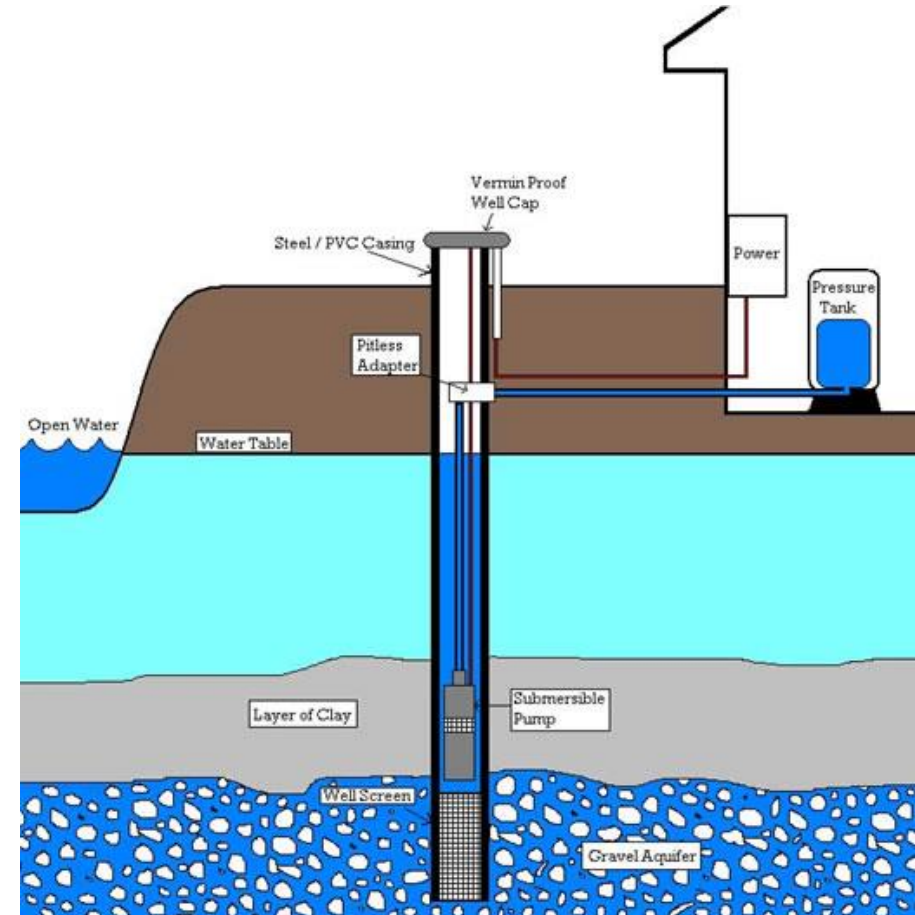
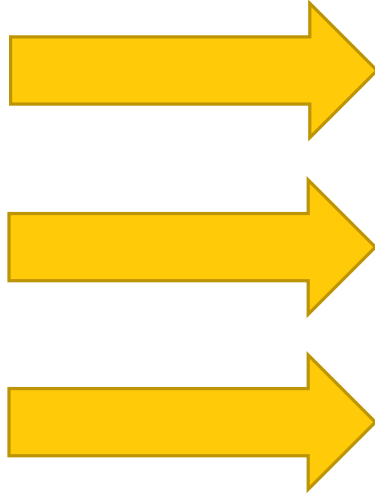
Mitigation (Structural and Non-Structural Changes to Limit Impact)

➤ TECO Transmission Lines (in progress)



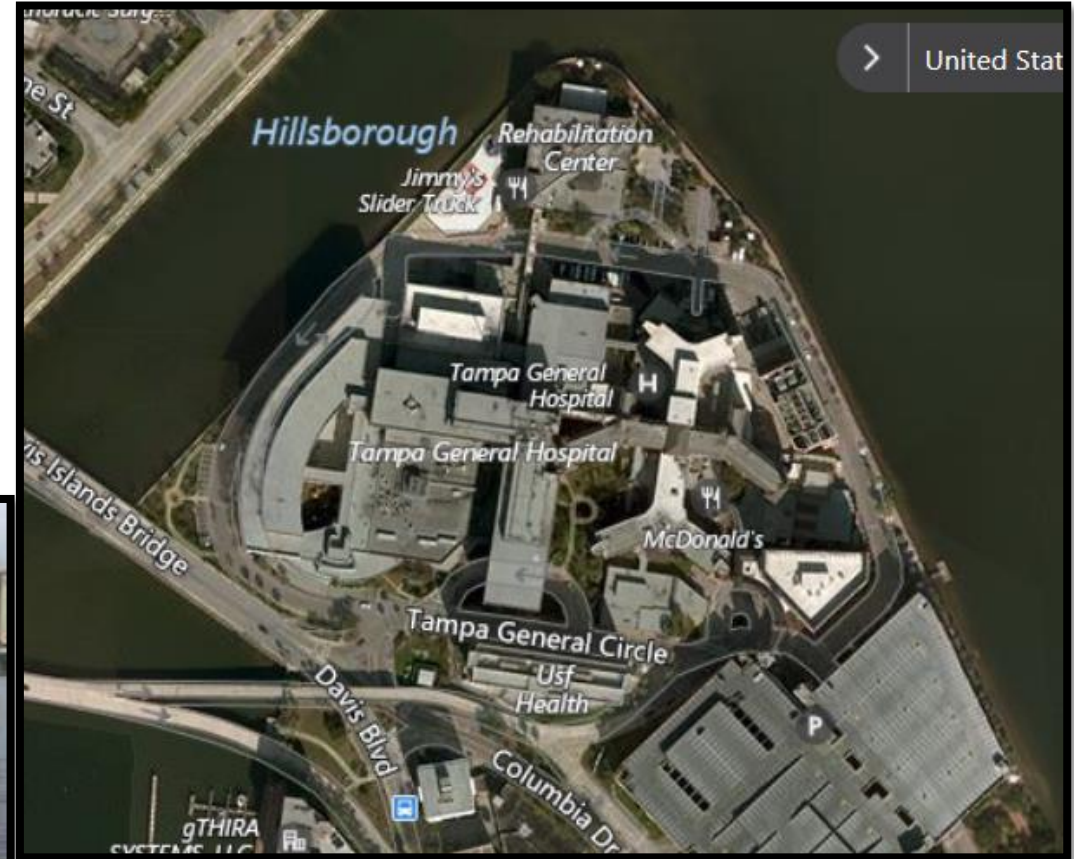
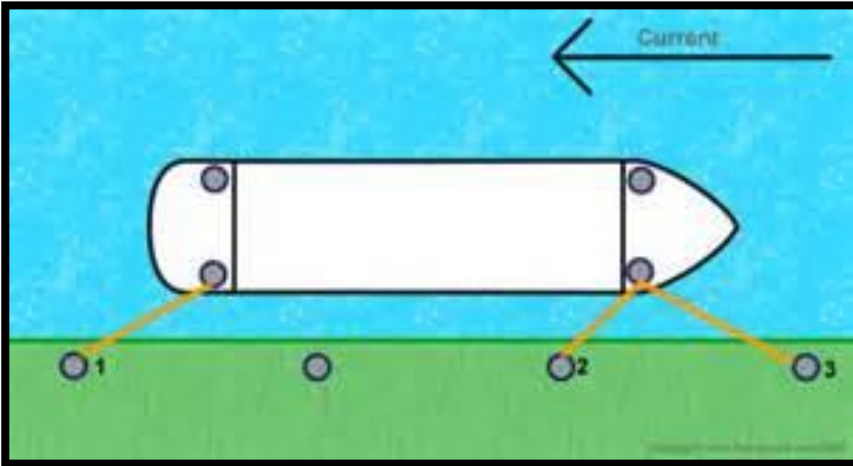
Mitigation (Structural and Non-Structural Changes to Limit Impact)

➤ Back-Up Wells (in progress)



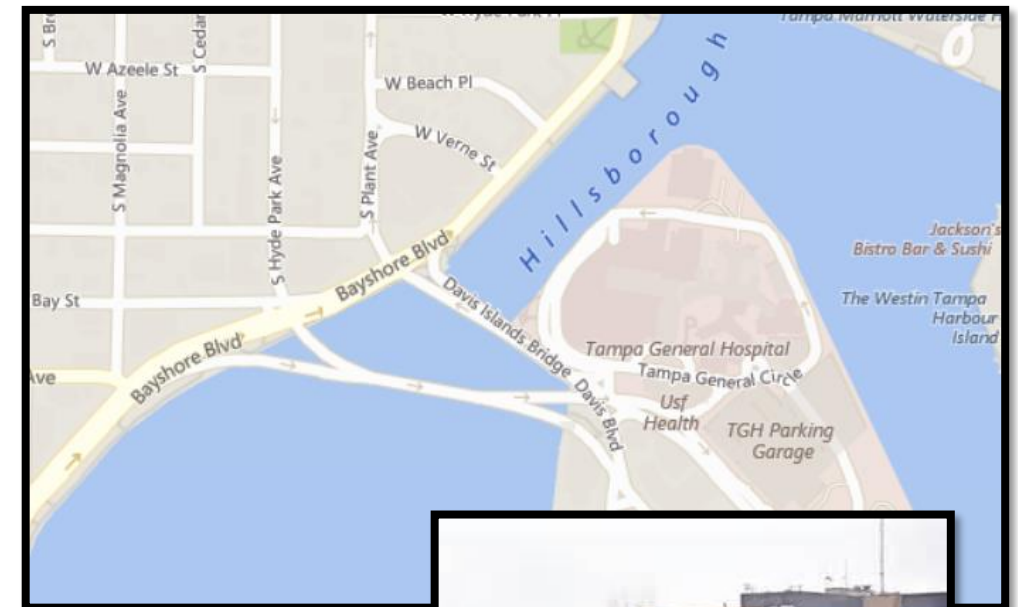
Mitigation (Structural and Non-Structural Changes to Limit Impact)

➤ Mooring (in progress)



Mitigation (Structural and Non-Structural Changes to Limit Impact)

➤ Temporary Emergency Bridge (beginning phases of discussion with the City)



Response (Coordination and Management of Resources, Responding to a Disaster)

➤ Notification

1. Overhead Paging
2. Amcom Paging
3. TGH Alert
4. Everyone Emails
5. Portal Updates
6. Employee Disaster Website
7. Employee Disaster Phone Line

TGH Alert

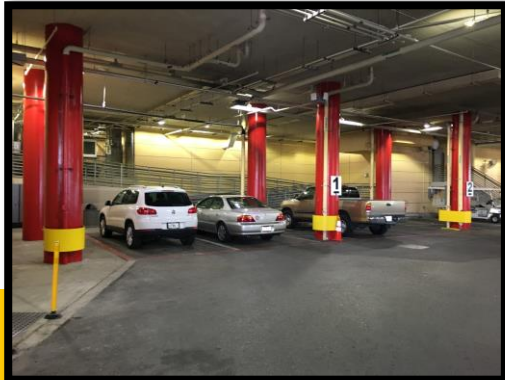
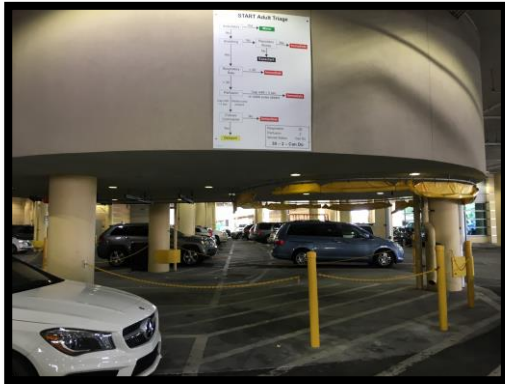
Mandatory for all employees

Sign up (<https://www.getrave.com/login/tgh>)

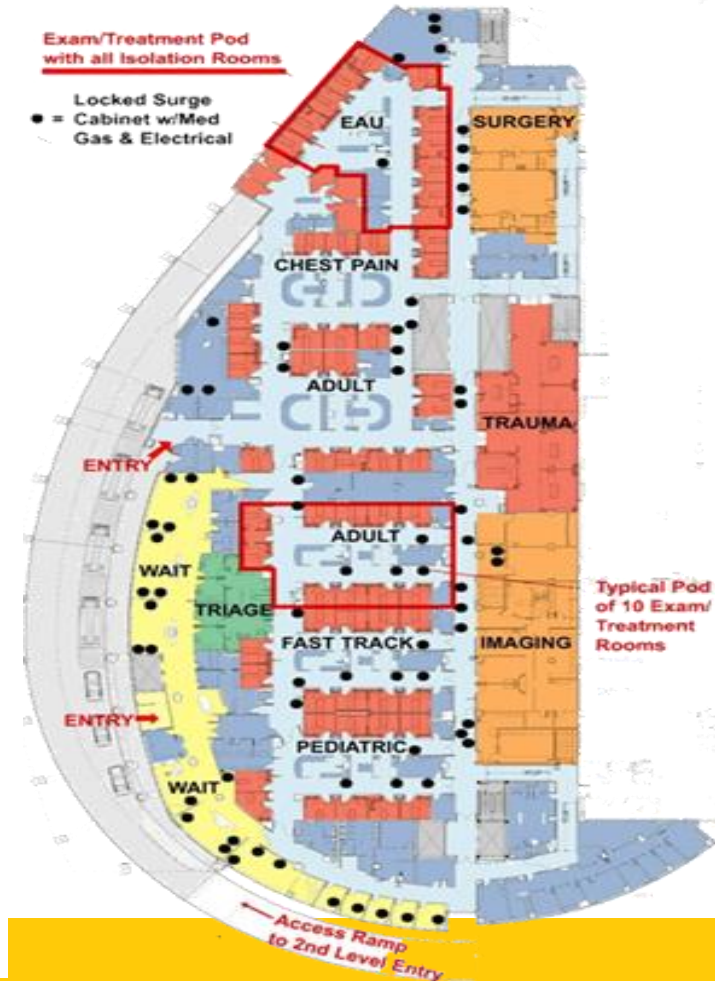
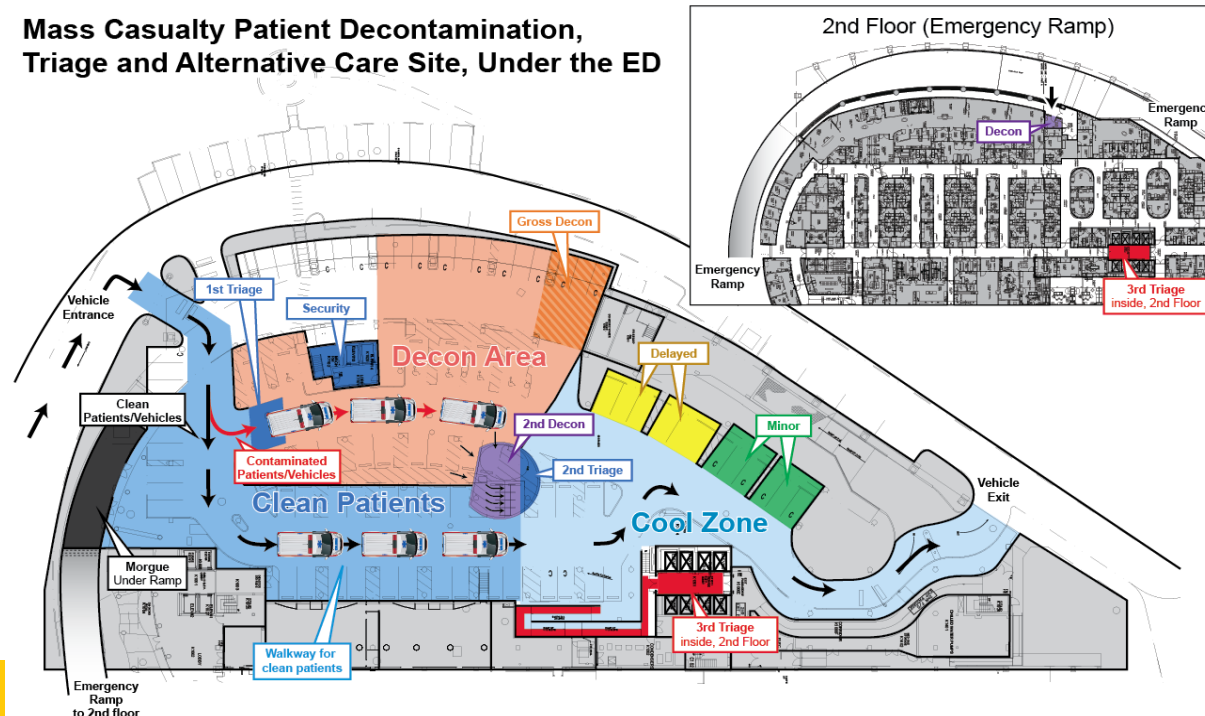
The screenshot displays the TGH Alert portal interface. At the top, the TGH Tampa General Hospital logo is visible on the left, and a user greeting 'Hi, Erinn' with a dropdown arrow is on the right. Below the logo, there are two tabs: 'My Account' and 'Groups'. The main content area shows the user's profile for 'Erinn Skiba' with the email 'eskiba@tgh.org'. A disclaimer states: 'Tampa General Hospital manages this information for you. Contact Tampa General Hospital if corrections are required.' Below the profile, there are three sections for adding contact information: 'Mobile Phones' (with a green 'ADD' button and a 'TEST' button), 'Voice Only Line Contacts' (with a green 'ADD' button and a 'TEST' button), and 'Email' (with a green 'ADD' button and a 'TEST' button). The email section shows the 'Registration email: eskiba@tgh.org' with a 'TEST' button. On the right side of the portal, there is a 'CHANGE SITE' button. The bottom of the page features a yellow banner with text that is partially obscured but includes 'Register for approve', 'Rave does not charg', and 'carrier plan and subs'.

Response (Coordination and Management of Resources, Responding to a Disaster)

- Alternate Care Site
 - Mass Casualty/Medical Surge
 - Decon



Mass Casualty Patient Decontamination, Triage and Alternative Care Site, Under the ED



Response (Coordination and Management of Resources, Responding to a Disaster)

➤ All Hazards Response

➤ Hospital wide support

➤ B301 –Incident Command Center

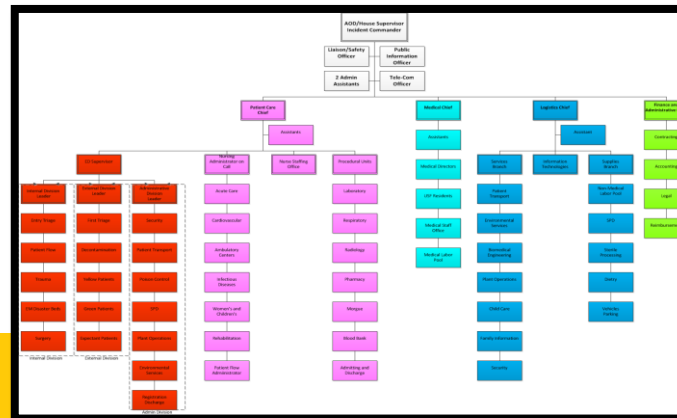
➤ Command, control, and coordination of the response

➤ Communication (internal and external)

➤ Manage resources



Action plan in case the device fails to function				
Device	Technical / Clinical staff	Steps to follow if device becomes non-functional	Contact Person for device / The Device	Contact number of device owner
Anesthetic Machines	Bi-Med / *John Bondi (designee assigned)	1) Are always plugged into red outlet 2) Even if anesthetic machine monitor loses power, the machine can continue delivering gases etc. (may have to refresh this education with nursing staff; the anestheticians know this and will be leading / instructing other staff what to do) 3) Has some battery back-up (Shove to check on how much back-up available) 4) Always have extra machine's available in case it is a machine failure 5) Ventilators work on compressed air and will continue to be functional as long as compressed air is available.	Biomed On-call Technician	Page 332-7774
Defibrillators	Bi-Med /	1) Obtain nearest currently unused defib 2) Contact Biomed for repair or possible replacement (limited spares) 3) One defibrillator should be assigned to STAT team that will not be used for monitoring	Biomed On-call Technician	Page 332-7774
Cordless Pumps	Bi-Med /	1) Hourly bolus in the event of power failure	Mobile Equipment	4330
Heart/Luna/Bryson Machines	Bi-Med *John Bondi/Perfusionist	1) Use manual rotary Hand Crank 2) Hand crank is always clipped to each machine and available	Biomed On-call Technician	Page 332-7774
Hemodialysis CRRT (does not have battery back up)	Bi-Med / *Nicole Cole/Bardi Threinen	1) Remove patient from machine 2) Use hand pump to manually return blood 3) Contact Biomed	Biomed On-call Technician	
Hemodialysis CRRT		1) Remove patient from machine 2) If longer than 2 days - transfer patient to another facility		
Infusion Pumps	Bi-Med /	1) Obtain spare pump from PAR room	Mobile Equipment	4330



Recovery (Restore Critical Functions, Manage Stabilization, Return to Normalcy)

➤ Short-term

➤ Operational

➤ Damage Assessment

➤ Clean up/Restoration

➤ Information Technology

➤ Disaster Recovery Plan

➤ Outlines Tiers and Priorities

➤ Long-term

➤ Restoring economic impact

➤ Rebuilding infrastructure

Disaster Recovery Tiers/Priority Critical to Patient Care and Revenue Preservation					
Tier 1	Infrastructure	Patient Care	Patient Management	Revenue & Billing	Employee Management
	Interfaces	PACS	Teletracking	PFM	Kronos HR, Payroll and Workforce
	VMWare ESX	Merge Vericis	Rauland Borg	ePremis	ANSOS
	SQL Services	Epihany			
	BMDI	Powerscribe			
		Laboratory (SunQuest/CoPath)			
		Aegis			
		IGO			
		Computriton			
		Emergin			
		Vocera			
		Alaris			
		OB TraceVue			
		PMM			
		Sterile Processing Manager			
		Viewpoint			

Thank you...

any questions ?