Hospital Evacuation – Lessons from the Caldor Fire

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South Lake Tahoe

- El Dorado County
- 30k Full Time Residents
- Elevation 6,237
- Accessible only by air or mountain passes
- 15 million visitors to South Lake Tahoe per year

Barton Healthcare System

- Rural Non-Profit Healthcare System
- Sole Community Provider
- 150+ Medical Staff, 900+ Employees
Barton Healthcare System

California Facilities
- 63 Bed Acute Care Hospital
- 45 Bed Skilled Nursing Facility
- 5 Administrative Buildings
- 7 Ambulatory Clinics

Nevada Facilities
- Urgent Care
- Ambulatory Surgery Center
- 2 Administrative Buildings
- 6 Ambulatory Clinics

We are isolated...

California
- Tahoe Forest Hospital
  25 beds (80 minutes)
- Marshall Medical Center
  111 licensed beds (74 minutes)
- Mercy Hospital Folsom
  106 licensed beds (100 minutes)
- UC Davis (level I trauma)
  646 licensed beds (2 hours)

Nevada
- Carson Valley Medical Center
  23 licensed beds (45 minutes)
- Carson Tahoe Medical Center
  159 licensed beds (53 minutes)
- Renown Reno (level II trauma)
  650 licensed beds (77 minutes)
- St. Mary’s
  275 licensed beds (80 minutes)
Timeline of Events

- **Caldor Fire Begins**: 14 Aug, 2021
- **BHS HICS Opens**: 18 Aug, 2021
- **SLT/BHS Evacuation**: 29/30 Aug, 2021
- **Recovery Commenced**: 05 Sep, 2021
- **BHS Repop Completed**: 14 Sep, 2021
- **Full Containment in Basin**: 16 Sep, 2021
- **SLT Evac Lifted**: 07 Sep, 2021
- **Meyers Evac Lifted**: 12 Sep, 2021
- **Recovery Completed**: 16 Sep, 2021

**Preparation → Response**

**Strengths:**
- Wildfire Evacuation FSE conducted on May 18th
- Early identification and opening of HICS
- Elective surgeries cancelled/census reduction
- Sufficient time to develop & refine evacuation plans
- Daily updates/staff kept apprised of developments

**Lessons Learned:**
- Disbelief “it’s still so far away...”
- Smoke, ash, and air scrubbers (oh my!)
- Unified Command/EOC/HICS alignment
- Accuracy of employee contact information
- Pre-assigning clinical staff
Response

SNF Evacuation – 36 Residents
Evacuation Recommended  16:01 8/29/21
Evacuation Commenced   16:30 8/29/21
Evacuation Completed    19:38 8/29/21

Acute Care – 26 patients
Evacuation Recommended  20:22 8/29/21
Evacuation Commenced   21:07 8/29/21
Evacuation Completed    01:25 8/30/21

Strengths:
- All hands on deck
- MOU partners honored their agreements
- Communication with state/county agencies
- COVID 1135 waiver (RN licensing)

Lessons Learned:
- Transportation/Strike Teams
- Patient handoff/receipt
- Noise in the HICC
- Shutting down critical infrastructure
- Use of EMResource/Reddinet
Response (post evac)

**Strengths:**
- Not all staff affected by evac
- Disaster pay/financial support for staff
- Offsite buildings for alternate care sites
- Public/private partnerships (In/out privileges)

**Lessons Learned:**
- Staff dispersal, location, and disposition
- Food, Shelter, & Supplies
- Resource deployment and allocation not routed through HIMT
Recovery

Strengths:
- All hands on deck (again!)
- Stay team kept infrastructure running
- Adequate time to arrange vendor support
- CDPH/OSHPD recert visit (on a holiday)
- Telehealth services and ACS remain operational

Lessons Learned:
- Equipment/supplies tracking and return
- Food & lodging
- Issues due to phased repopulation
- Identification of HIMT delegates
- More focus on debriefing & emotional support for staff

Questions?
Contact

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