When a Health Care Facility Needs Help Evacuating

Jody Durden, EMSA
Kelly Coleman, Region II
John Lord, Region III
Objectives

• Discuss California’s Public Health and Medical Response System
• Identify healthcare facilities’ role in the system
• Share lessons learned and best practices
The California Public Health and Medical Emergency Operations Manual
Public Health and Medical EOM

• Establishes coordinated response system to provide public health and medical resources
• System includes EMSA, CDPH, RDMHC Program, MHOAC Program and Local Partners
• Plan includes Response Functions and Function Specific Topics
MHOAC Program: Duties and Responsibilities in an Emergency

- Coordinate disaster medical and health resources within the operational area
- Be the single point-of-contact for coordination with:
  - The Regional Disaster Medical and Health Coordination Program
  - EMSA, CDPH
  - Community partners such as healthcare facilities
RDMHC Program: Duties and Responsibilities in an Emergency

• Coordinate disaster medical and health resources within the region
• Be the single point-of-contact for coordination with:
  - The MHOAC Program
  - Other RDMHC Programs
  - EMSA, CDPH
The California Patient Movement Plan (draft)
Concept of Operations

• Plan is activated for large scale health and medical incident requiring patient movement
• Describes procedures for obtaining Emergency Assistance (according to SEMS)
  - Forms developed specifically for patient movement resource requests
• Process for resource prioritization
• Patient Movement Coordinating Entities at each response level/Primary Response Functions
MHOAC Program: Patient Movement Activities

- Maintain communication with field entities regarding the need to move patients
- Provide technical assistance to field entities regarding evacuation vs. shelter-in-place
- Collect information on field requests for assistance with patient movement
- Identify HCFs and other facilities that may be able to accommodate patients/residents
- Summarize situational information and any unfilled resource requests and share with partners
RDMHC Program: Patient Movement Activities

- Maintain communication with Operational Area programs and State regarding the need to move patients
- Assist Operational Areas with acquiring resources
- Assist with coordinating the movement and placement of patients within the Region
- Submit resource requests to the State when Regional resources have been reasonably exhausted
- Expand regional patient movement operations to coordinate patient movement in and out of the Region
Oroville Dam - 45 Minute Warning
Region III RDMHS
Oroville Dam - 45 Minute Warning

Oroville Dam Overview

Debris from the spillway has blocked some of the water flow, raising its level to the point that the outlets can't be used.
Oroville Dam - 45 Minute Warning

February 7 at 12:00 PM

• 65,00 CFS releases halted
• Lake inflows over 100,00 CFS
• Lake begins to rise rapidly
Oroville Dam - 45 Minute Warning

Press Conferences: Feb 9 - 10

DWR: “Inflow has peaked and is declining, says 55,000 CFS discharge should be enough to keep the emergency spillway from being used.”
Oroville Dam - 45 Minute Warning

Press Conferences:
Feb 9 - 10
“There is no danger to the public.”
Oroville Dam - 45 minute warning

The situation changes, RAPIDLY …
Oroville Dam - 45 Minute Warning

FLASH REPORT – State Duty Officers from Region III RDMHS:

“BUTTE COUNTY, KRCR News reporting failure of emergency spillway expected in 45 minutes - Water releases being tripled to 100,000 CFS.

***THIS IS NOT A DRILL***”
Oroville Dam - 45 Minute Warning

INITIAL RDMHS ACTIVITIES:
My first phone calls…

• Situation status Butte, Yuba & Sutter Counties
• Connecting with the MHOACs
• Immediate needs
• Deployment of 7 Ambulance Strike Teams
• Staying ahead of the wave…
• Coordinate evacuation of Orchard Hospital and numerous SNFs
Oroville Dam - 45 Minute Warning

Patient movement accomplished working with:
- Multiple County EOCs
- Sacramento EMS (and many others)
- Control Facilities
- 7 Ambulance Strike Teams evacuated 540 patients in 40 hours
Active Shooter: A Coordinated Response

The Regional MCI Plan:
- Control Facility
- MCI Alerts (EMS/Dispatch)
- EMResource
  - Receiving Facilities
- Medical Communications
- Patient Dispersal
  - Sit-Reps / Flash Reports
Active Shooter: A Coordinated Response (cont.)

1. What was expected to happen?
2. What actually occurred?
Active Shooter: A Coordinated Response (cont.)

- Counties Prepping for the State of California State Exercise
- The State of California Scenario
- “Is this a drill?”
Active Shooter: A Coordinated Response (cont.)

Flash Report from RDMHS R-3

From: John Lord
Sent: Tuesday, November 14, 2017 8:31 AM
To: 'Duty Officer, EMSA@EMSA.COM'; 'cophdutyofficer@coph.ca.gov'
Cc: Vickie Pinette <Vickie.Pinette@ssvems.com>; Bachhan, Nirmala@EMSA
    <nirmala.bachhan@emsa.ca.gov>; Jody Durden <jody.durden@emsa.ca.gov>
    'Kristy.Horlen@ssvems.com' <Kristy.Horlen@ssvems.com>; John Poland
    <John.Poland@ssvems.com>
Subject: Flash Report Tehama County

Active Shooter event. Reports of multiple victims at a school.

John Christopher Lord, RN, BS-EMS, MICP
Associate Director, QI, Investigator
Region III RDMHS
Sierra-Sacramento Valley EMS Agency
Serving the Counties of: Placer, Yuba, Nevada, Sutter, Butte, Colusa, Shasta, Tehama, Siskiyou & Glenn

Redding Office:
Main: 530.410.6008 | Facsimile: 530.222.3007 | Direct Line: 530.722.6613 | Mobile: 530.227.3907
2775 Bechelli Ln Redding CA, 96002
www.ssvems.com

Rocklin Office:
Main: 916.625.1702 | Facsimile: 916.625.1720
5995 Pacific Street, Rocklin, CA 95677
From: John Lord  
Sent: Tuesday, November 14, 2017 8:47 AM  
To: Duty Officer, EMSA<EMSA Duty Officer@EMSA.CA.GOV>; cdphdutyofficer@cdph.ca.gov  
Cc: Vickie Pinette<Vickie.Pinette@ssvems.com>; Badhan, Nirmala@EMSA<nirmala.badhan@emsa.ca.gov>; Jody Durden<jody.durden@emsa.ca.gov>; 'Kristy.Harlan@ssvems.com'<Kristy.Harlan@ssvems.com>; John Poland<John.Poland@ssvems.com>  
Subject: RE: Flash Report Tehama County  

FLASH REPORT UPDATE:  

2 shooters reported....5+ victims down.  

RDMHS in communication with EMS Branch in area. Currently dispatching additional ALS units from Butte County.  

We do not know the name of the school at this time.
The Initial Reports:
1. Active shooter event, still active scene
2. Multiple shooters
3. Multiple patients
4. Multiple locations, event growing
5. **Several counties were currently conducting their State Required Active Shooter Drill when this event occurred**
Distance from the scene to area hospitals

- St. Elizabeth Hospital (Red Bluff)
  - 17-20 miles – 25-30 mins by ground
- Enloe Hospital (Chico)
  - 46 miles – 55 – 60 mins by ground
- Mercy Medical Center (Redding)
  - 52 miles – 58 mins by ground.
### Key Incident Times

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Time</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enloe FlightCare arrives at scene</td>
<td>0846</td>
<td>50</td>
</tr>
<tr>
<td>REACH 5 arrives at scene</td>
<td>0859</td>
<td>63</td>
</tr>
<tr>
<td>Enloe FlightCare departs scene to St. E. <strong>Delayed 1</strong></td>
<td>0901</td>
<td>65</td>
</tr>
<tr>
<td>PHI M 4-3 arrives at scene</td>
<td>0907</td>
<td>71</td>
</tr>
<tr>
<td>Enloe FlightCare Arrives at St. E</td>
<td>0910</td>
<td>74</td>
</tr>
<tr>
<td>Mercy unit 712 arrives Enloe Hospital (4 pts.) <strong>IMM 1 Min 3</strong></td>
<td>0914</td>
<td>78</td>
</tr>
<tr>
<td>Mercy unit 710 arrives Mercy Redding (1 pt.) <strong>IMMD 1</strong></td>
<td>0918</td>
<td>82</td>
</tr>
<tr>
<td>REACH 5 departs scene to Mercy Redding (1 pt.) <strong>IMMD 1</strong></td>
<td>0922</td>
<td>86</td>
</tr>
<tr>
<td>RDMHS to Mt. Shasta Amb (Siskiyou) mutual aid to Shasta County for 911 back-up.</td>
<td>0922</td>
<td>86</td>
</tr>
<tr>
<td>PHI Med 4-3 departs scene</td>
<td>0933</td>
<td>97</td>
</tr>
<tr>
<td>CF concluded MCI in EMResource</td>
<td>1420</td>
<td></td>
</tr>
</tbody>
</table>
1. What was expected to happen?
   • Communication and adherence to the R-3 Plan

2. What actually occurred?
   • The plan worked
   • The responders performed
   • The facilities and others met the challenge.
Northern California Fires: A Regional Approach to Health Care Facility Evacuations
2017 Incident Overview:

• Incident Start- October 4, 10:00PM
• Full Fire Containment- October 31
• Counties Affected- Napa, Sonoma, Mendocino, Lake, Solano
• Fire Names- Atlas, Tubbs, Nuns, Redwood Valley Complex, Sulfer, 37, Pocket.
• Acres burned combined- 203,018
• Structures Destroyed Combined- 6,264
## Most Destructive California Wildfires in History

<table>
<thead>
<tr>
<th>FIRE</th>
<th>DATE</th>
<th>COUNTY</th>
<th>ACRES</th>
<th>STRUCTURES</th>
<th>DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tubbs</td>
<td>Oct 2017</td>
<td>Sonoma</td>
<td>36,807</td>
<td>5,643</td>
<td>22</td>
</tr>
<tr>
<td>Tunnel</td>
<td>Oct 1991</td>
<td>Alameda</td>
<td>1,600</td>
<td>2,900</td>
<td>25</td>
</tr>
<tr>
<td>Cedar</td>
<td>Oct 2003</td>
<td>San Diego</td>
<td>273,246</td>
<td>2,820</td>
<td>15</td>
</tr>
<tr>
<td>Valley</td>
<td>Sep 2015</td>
<td>Lake, Napa, Sonoma</td>
<td>76,067</td>
<td>1,955</td>
<td>4</td>
</tr>
<tr>
<td>Nuns</td>
<td>Oct 2017</td>
<td>Sonoma</td>
<td>54,382</td>
<td>1,355</td>
<td>2</td>
</tr>
<tr>
<td>Thomas</td>
<td>Dec 2017</td>
<td>Ventura, Santa Barbara</td>
<td>281,893</td>
<td>1,063</td>
<td>1</td>
</tr>
<tr>
<td>Old</td>
<td>Oct 2003</td>
<td>San Bernardino</td>
<td>91,281</td>
<td>1,003</td>
<td>6</td>
</tr>
<tr>
<td>Jones</td>
<td>Oct 1999</td>
<td>Shasta</td>
<td>26,200</td>
<td>954</td>
<td>1</td>
</tr>
<tr>
<td>Butte</td>
<td>Sep 2015</td>
<td>Amador, Calaveras</td>
<td>70,868</td>
<td>921</td>
<td>2</td>
</tr>
<tr>
<td>Atlas</td>
<td>Oct 2017</td>
<td>Napa, Solano</td>
<td>51,624</td>
<td>781</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: CalFire, 1/12/2018
Fatalities Impact- 44 total
Facility Evacuations:

• 2 Major Hospitals
• Sonoma Developmental Center (SDC)
• 7 SNF’s including Yountville Veterans Home
Kaiser Hospital Santa Rosa

104 patients evacuated
Sutter Hospital Santa Rosa

83 Patients Evacuated
Sonoma Developmental Center
239 Patients Evacuated
Yountville Veterans Home SNF Evacuation

142 Veterans in fragile condition
Mutual Aid/Mutual Assistance Resources

• Ambulance Strike Teams deployed – 15 (over 100 ambulances total) over the course of a week
• From over 13 California counties, Regions II, III, IV, V
• Dozens of city buses and paratransit buses were used (EF 1 coordinates the mass transportation)
• Overhead EMS personnel to coordinate the ambulance teams and track patient distribution
Lessons Learned ...
Lessons Learned … (cont.)

• Corporate chain vs mutual aid/assistance - You need to know the difference!

• Who is your MHOAC?

• Where are your patients going? Your health system network will only get you so far, you will need to rely on your MHOAC to poll for open beds throughout the region.

• Medical records must be attached to the patient, and need to be matched up to the triage tag receipt.

• Re-Patriation- Not an emergency, needs to be a planned process
Questions and Contact Information

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