

University of Virginia Health System
Center for Emergency Management

Internal Flooding of 6 West and 5 West
25 August 2013

Situation:

On Sunday, August 25th around 1950 hours staff on 6 West realized that water was leaking from the ceiling in one of their rooms and producing a huge amount of water that was flooding the room and running down the wall way into other rooms. Water was also coming into 5 West which was directly underneath of 6 West and flooding those rooms as well. Rooms in Neuro Intensive Care Unit, Surgical Trauma Burn Intensive Care Unit, and Medical Intensive Care Unit were also impacted by flooding. A female copper adaptor that was part of the plumbing in the ceiling in 6 West had a galvanized plug installed. The Plug had rusted over time and at this point burst with full pressure of a 1 inch pipe from the domestic water line.

Operational Timeline:

25 August 2013

2000: 1 inch pipe breaks in 6 West Ceiling

- 6 West Staff uses towels/blankets/linens to sandbag and dike water
- 5 West begins to flood affecting 5 West rooms and STBICU Rooms
- MICU on 3rd floor and NNICU on 6th floor report water in rooms
- Evacuation to 5 North, 6 North, and other available beds begins

2020: Emergency Management on site

2030: Hospital Command Center (HCC) requested to be stood up

2110: HCC is open (Hour 1)

Key Decisions and Objectives

- Initial Incident Action Plan (IAP) completed
- Assess, Plan, Communicate, Respond
- Request assistance with Tube System, Pyxis, Phones, and Cardiac Monitoring
- Determine number of rooms down and impact on operations in coming days such as OR
- Go on Transfer Hold
- Notify IP&C and Risk Management
- Continue clean up and minimize additional damage
- Prepare for 0730 Huddle on 26 Aug

2150: 56 patients relocated

2300: HCC Huddle # 1 (Hour 3)

26 August 2013

0230: HCC scales down to skeleton team

0600: HCC back to full-scale (Hour 10)

0730: HCC Huddle #2 (Hour 11.5)

Key Decisions and Objectives

- Strategic guidance given
- Operational objectives developed
 - Plan to decompress
 - Capacity Grid
 - Service Recovery
 - Logistics Priority: phones, supplies to units dislocated, Pyxis,, and pharmacy delivery

1000: HCC Huddle # 3 (Hour 14)

Key Decisions and Objectives

- HCC at full operation with 45 staff
- Main effort continues to be response and relocation of patients

1200: HCC Huddle #4 (Hour 16)

Key Decisions and Objectives

- Main effort continues to be response and relocation of patients
- Units are beginning to normalize in their new homes
- IP&C and Facilities begin to provide forecasts of units

1245: OR Sub-IMT plans for Tuesday, looking toward Wednesday
CSS Sub-IMT fully integrated into HCC

1315: 7 North opens

1330: Senior Leadership visit patients and families displaced by the incident

1350: Update #1: Emergency Unit Relocation sent

1459: Update # 2: Emergency Unit Relocation sent

1500: HCC Huddle #5 (Hour 19)

Key Decisions and Objectives

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1800: HCC scales down to skeleton team

27 August 2013

0600: HCC back to full-scale (Hour 34)

0900: HCC Huddle # 6 (Hour 37)

Key Decisions and Objectives

- Reassess Incident Action and approve
- OR Sub-IMT looking toward Thursday

1200: HCC Huddle # 7 (Hour 40)

Key Decisions and Objectives

- OR Sub-IMIT finalizes plans for Thursday
- Service and Support Sub-IMT are formed
 - IP&C/Facilities
 - Supply Chain
 - Pharmacy
 - Risk Management/Claims

1301: Update # 3 Emergency Unit Relocation Sent

1500: HCC Huddle # 8 (Hour 44)

Key Decisions and Objectives

1646: Update #4 Emergency Unit Relocation Sent

1800: HCC stood down by Incident Commander (Hour 47)

After Action Review: (brief review, see Appendix for more detailed suggestions)

Sustain

- Tactical, Operational, Strategic
- Doers and Enablers
- Sub-Incident Management Teams (IMT)
- The three C's: Coordination/Collaboration/Cooperation
- When in Charge, take Charge!

To Improve

- 5 North and 6 North need to be kept in warm state
- Need to exercise scenario
 - where patients need to be moved to external Hospitals
 - Elevators not available
 - Vertical evacuation
- Warm Operation Complex would make establishment of a Hospital Command Center easier
- Send more Text Pages in the first 2-4 hours to keep people aware of the situation