

Twisting Your Disaster Plan:

Lessons Learned From The 4/27/11 Tuscaloosa Tornado



Photo
by
Andrew

One Year Later



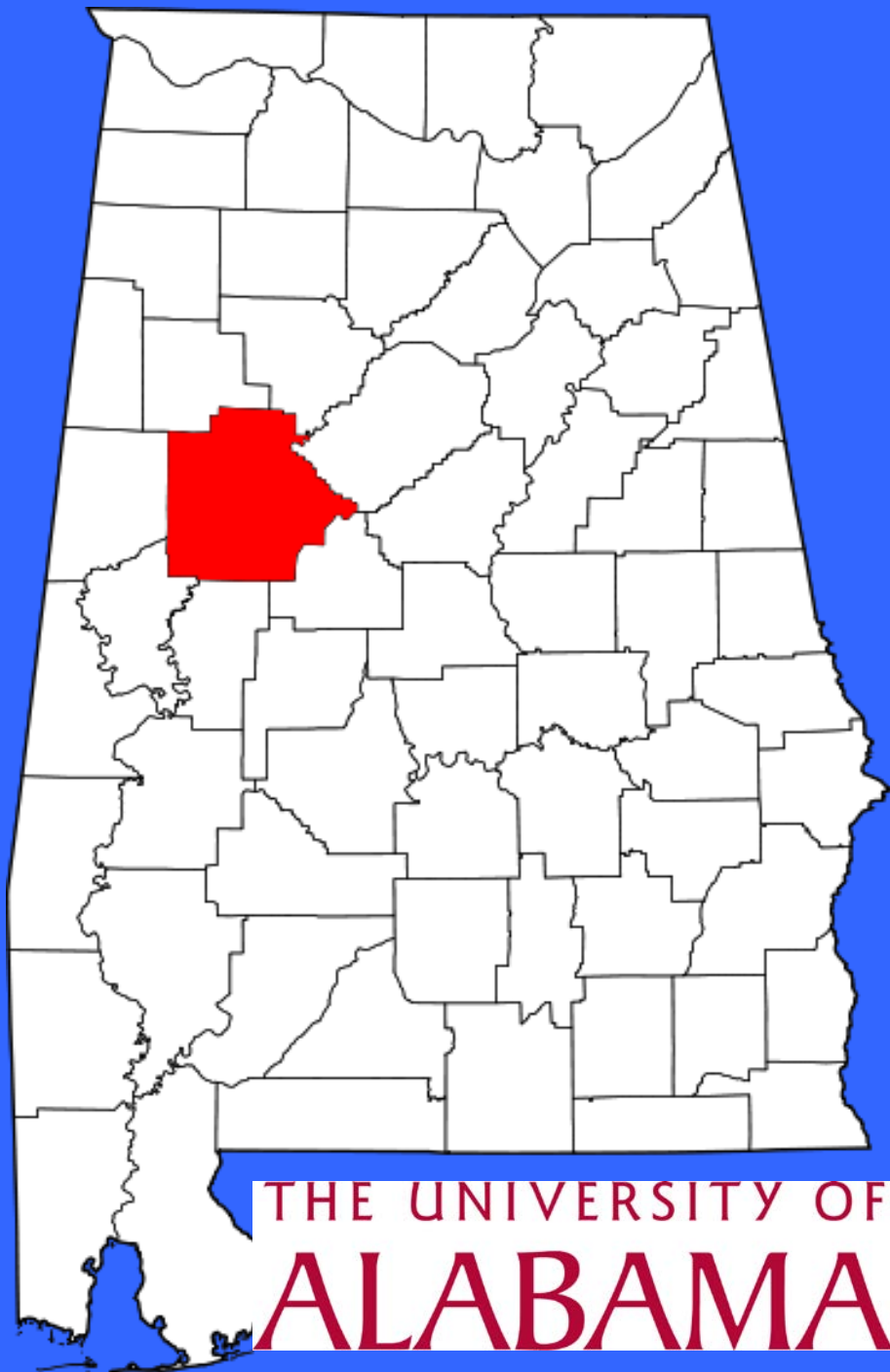
4-27-11

tuscaloosa, alabama

Photo by Andrew Lee

Objectives

- 1. Describe the different levels of a disaster
 - 2. Describe steps in disaster planning
- 3. Incorporate multi-discipline approach to response
- 4. Lessons Learned from the Disaster and Planning process.



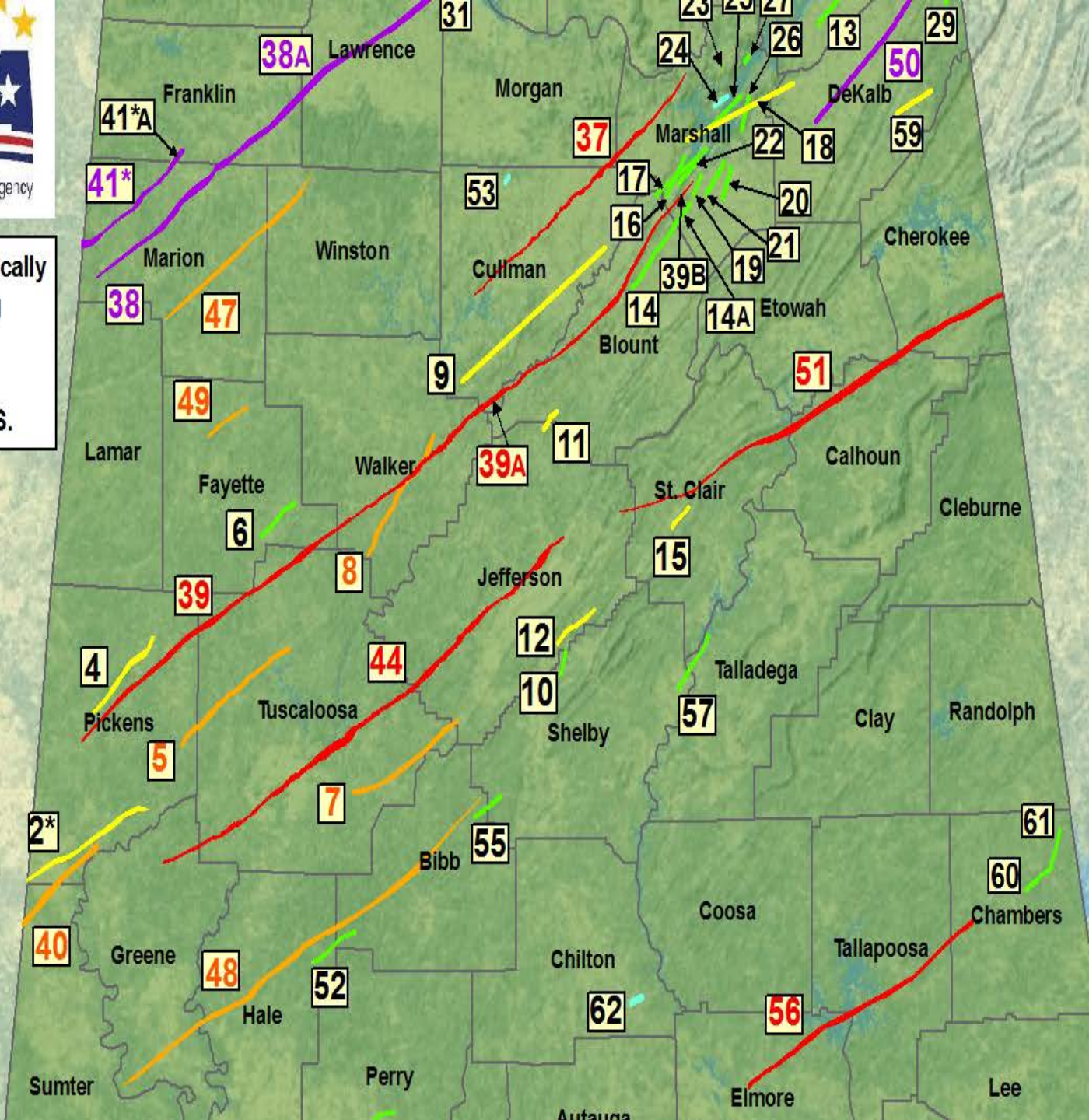


Tornadoes are numbered chronologically by time of touchdown beginning on the morning of April 27th.

*Tornadoes 2, 41, and 54 were ranked EF-2, EF-5, and EF-4 in MS.

EF-Rating

- EF-5
- EF-4
- EF-3
- EF-2
- EF-1
- EF-0



15:28 CDT
04/27/11

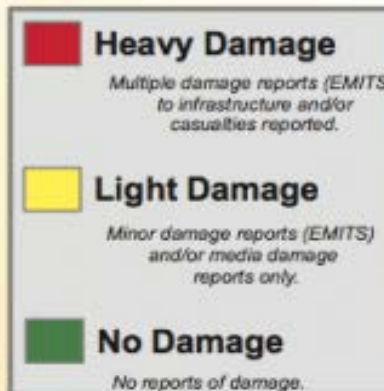
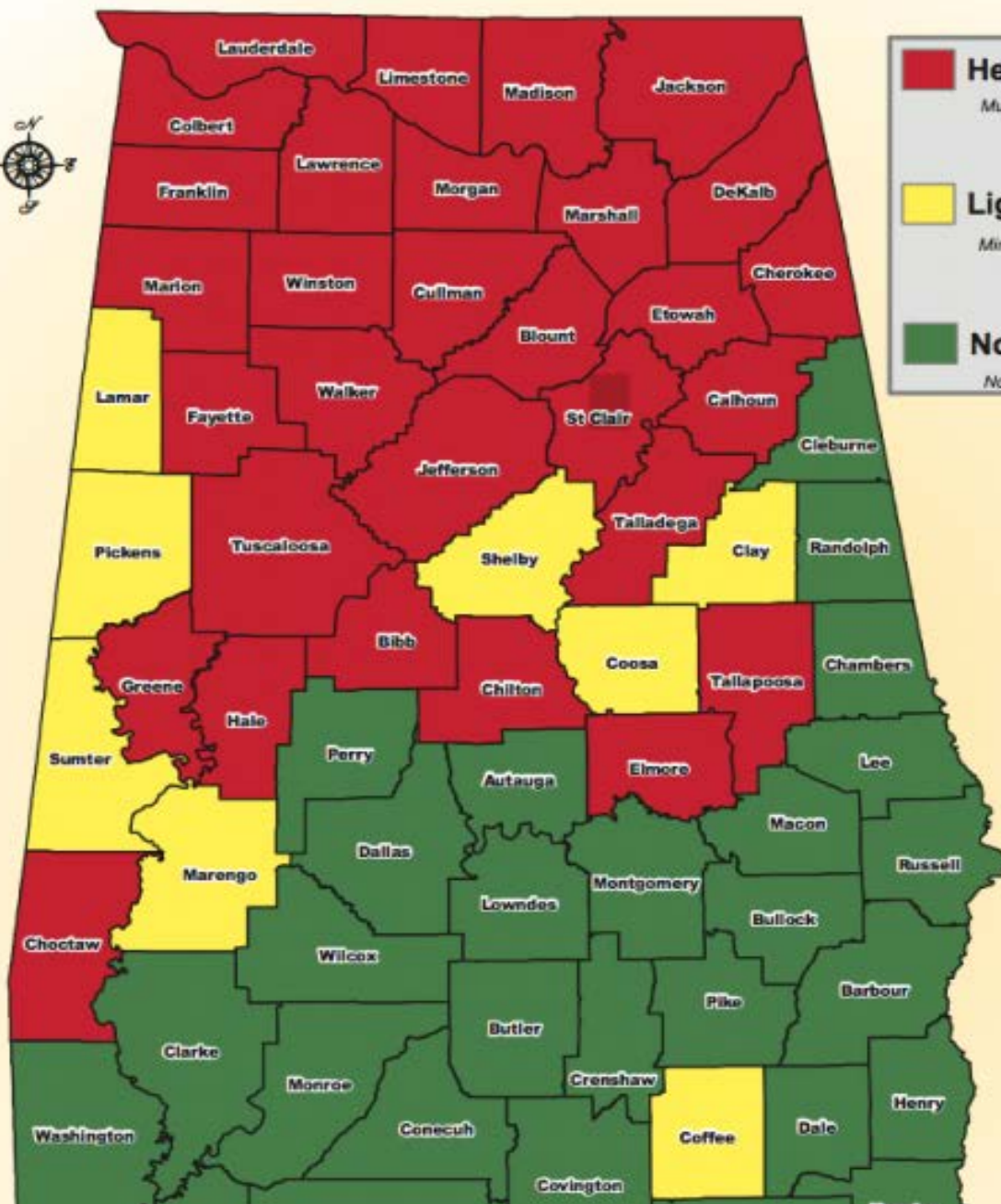


20:28 UTC
04/27/11

Max reflectivity 66 dBZ
Vol. cov. pattern 212



wunderground.com



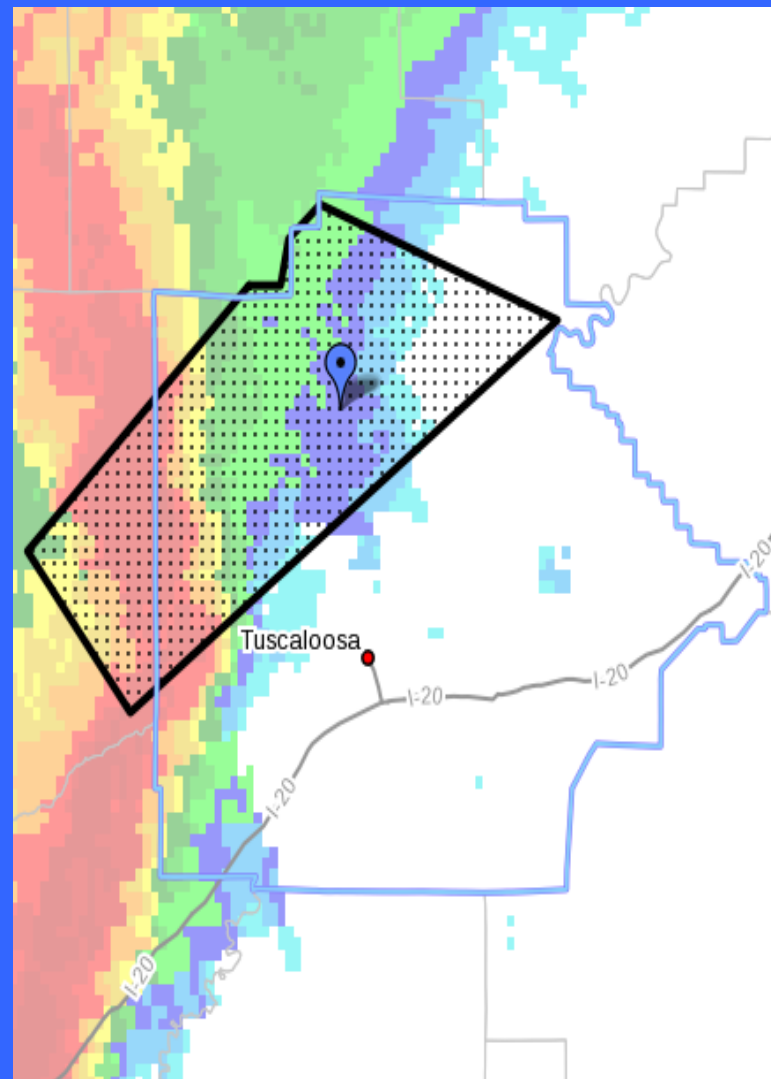
Map created by
AEMA GIS.



4/27/2011

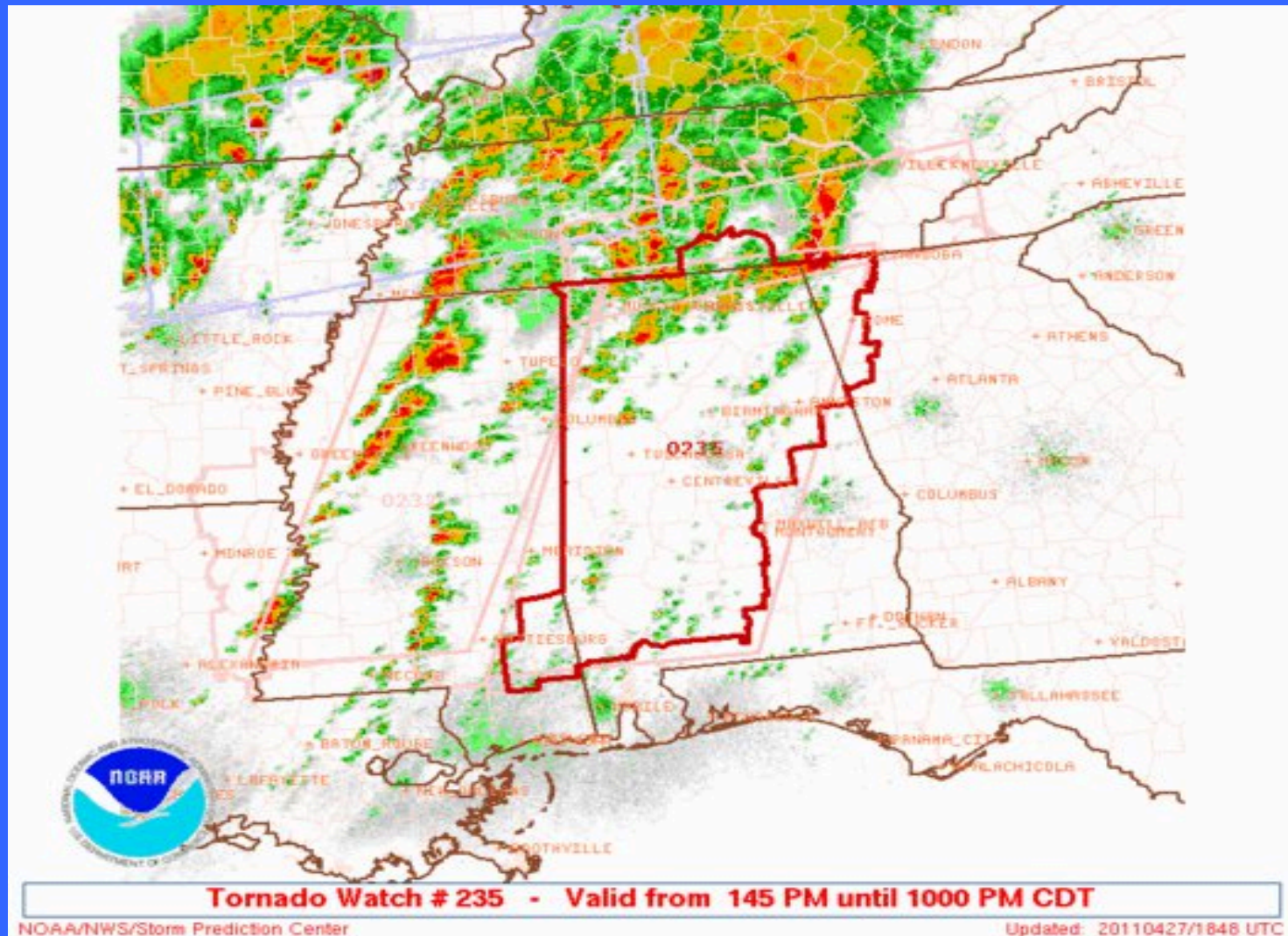
The day started around 0530 am with the first tornado that went through North Tuscaloosa county.

DCH treated several patients that morning and activated the disaster protocol which remained in effect all day.



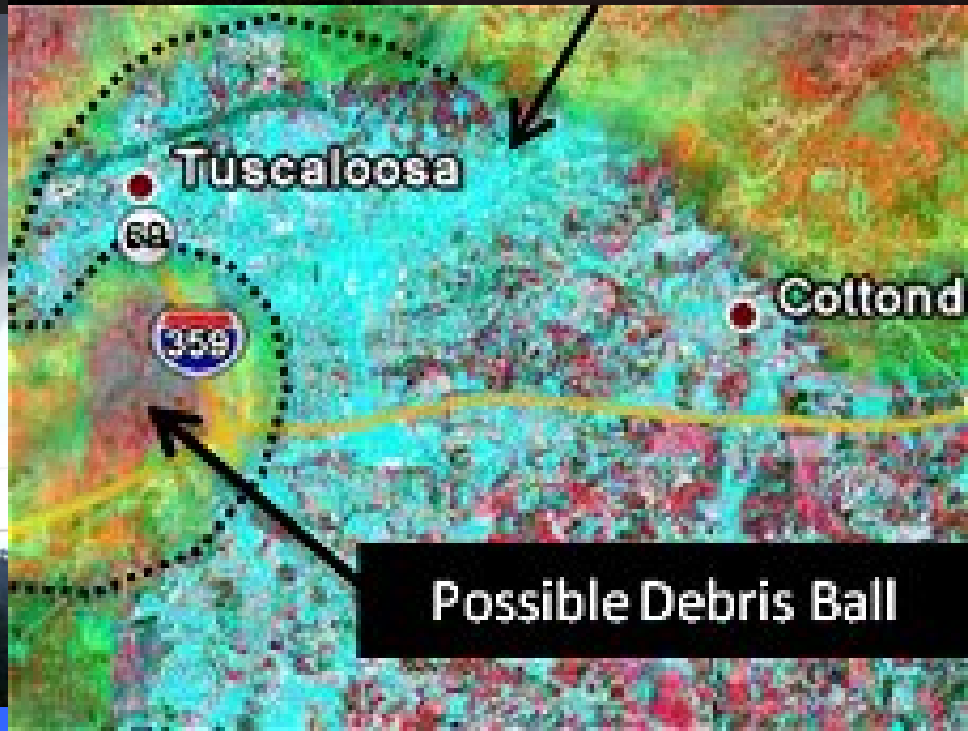
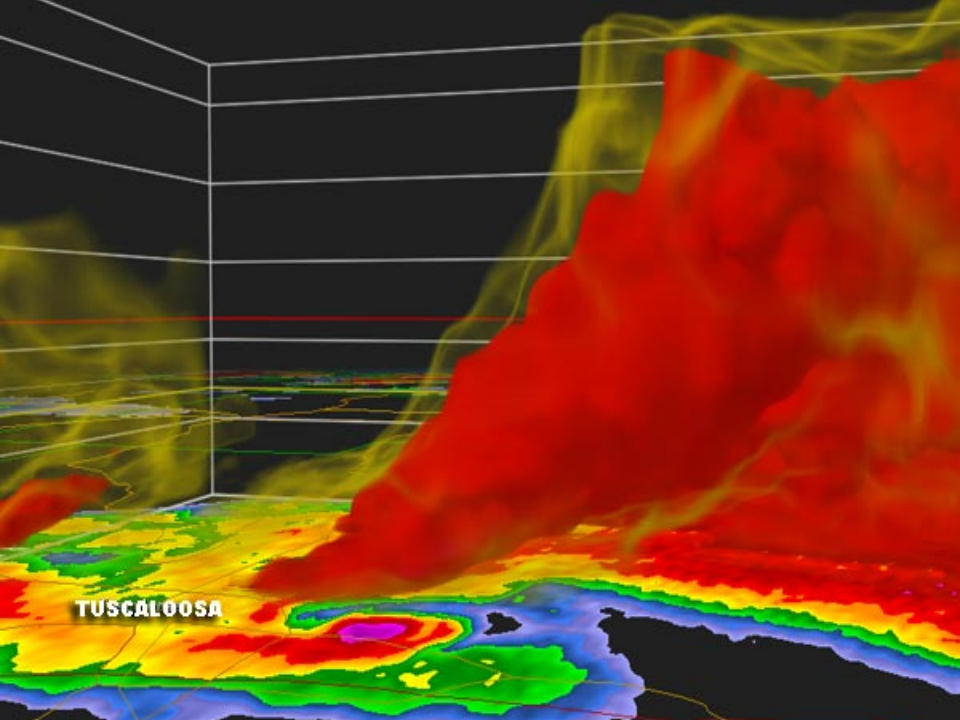
BULLETIN - EAS ACTIVATION REQUESTED TORNADO
WARNING NATIONAL WEATHER SERVICE BIRMINGHAM AL
444 AM CDT WED APR 27 2011

At 1345, the National Weather Service issued a Tornado watch for most of Alabama.



DCH Security Camera





April 27, 2011 tornado path





DCH

Red
Cross

Mall

Mid
Town

Salvation
Army

911

EMA

The Tornado cut a path 6 miles long through the heart of our city. It missed the hospital by ½ block.

What the City Lost in 6 Minutes

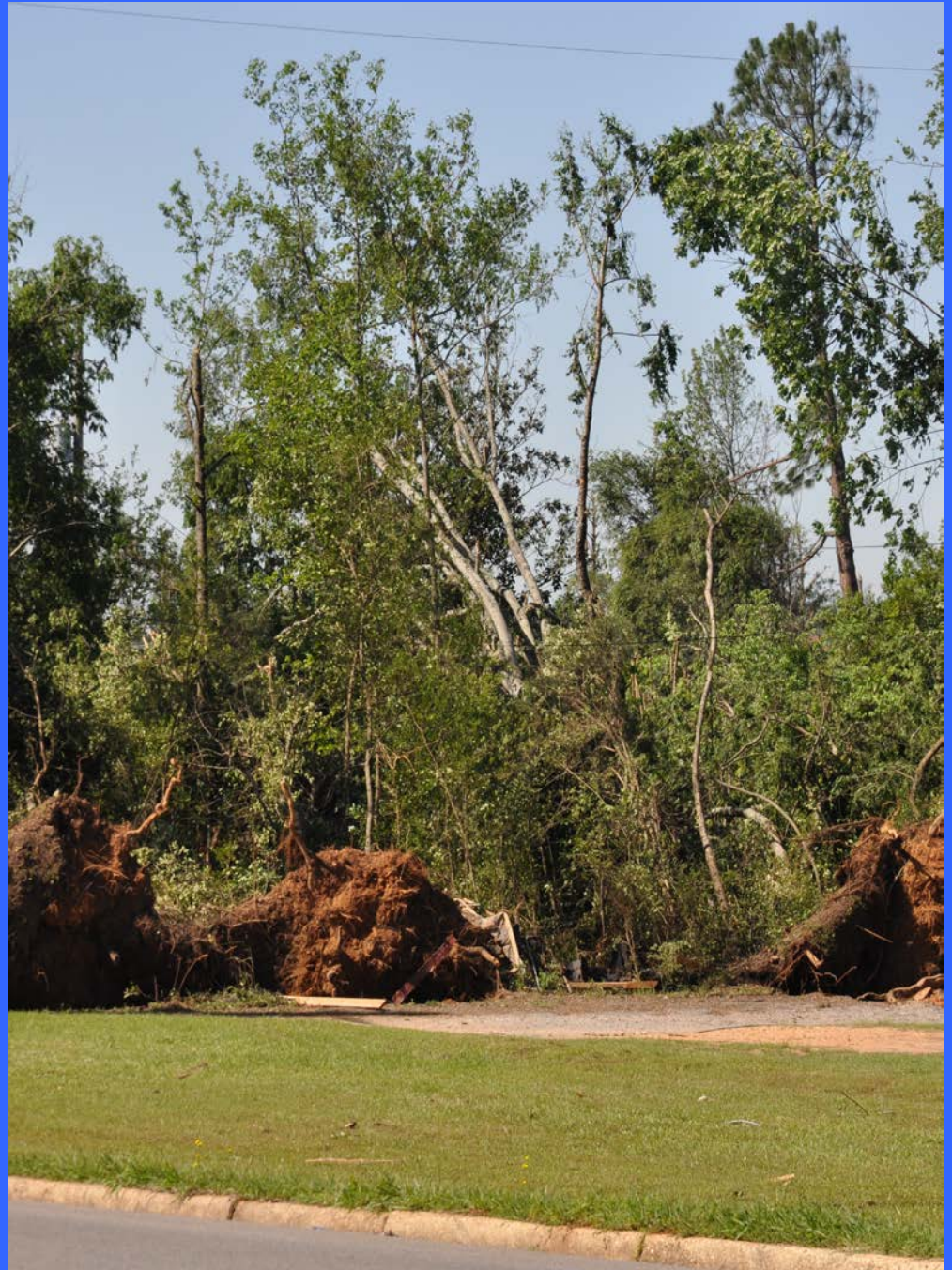
- 12.6% of city destroyed
- 7,000 left unemployed
 - 600 businesses lost
- 2500 homes damaged
 - 1257 destroyed

Trees

6,000 destroyed

2,983 stumps

231,000 acres



Bryant Denny Stadium

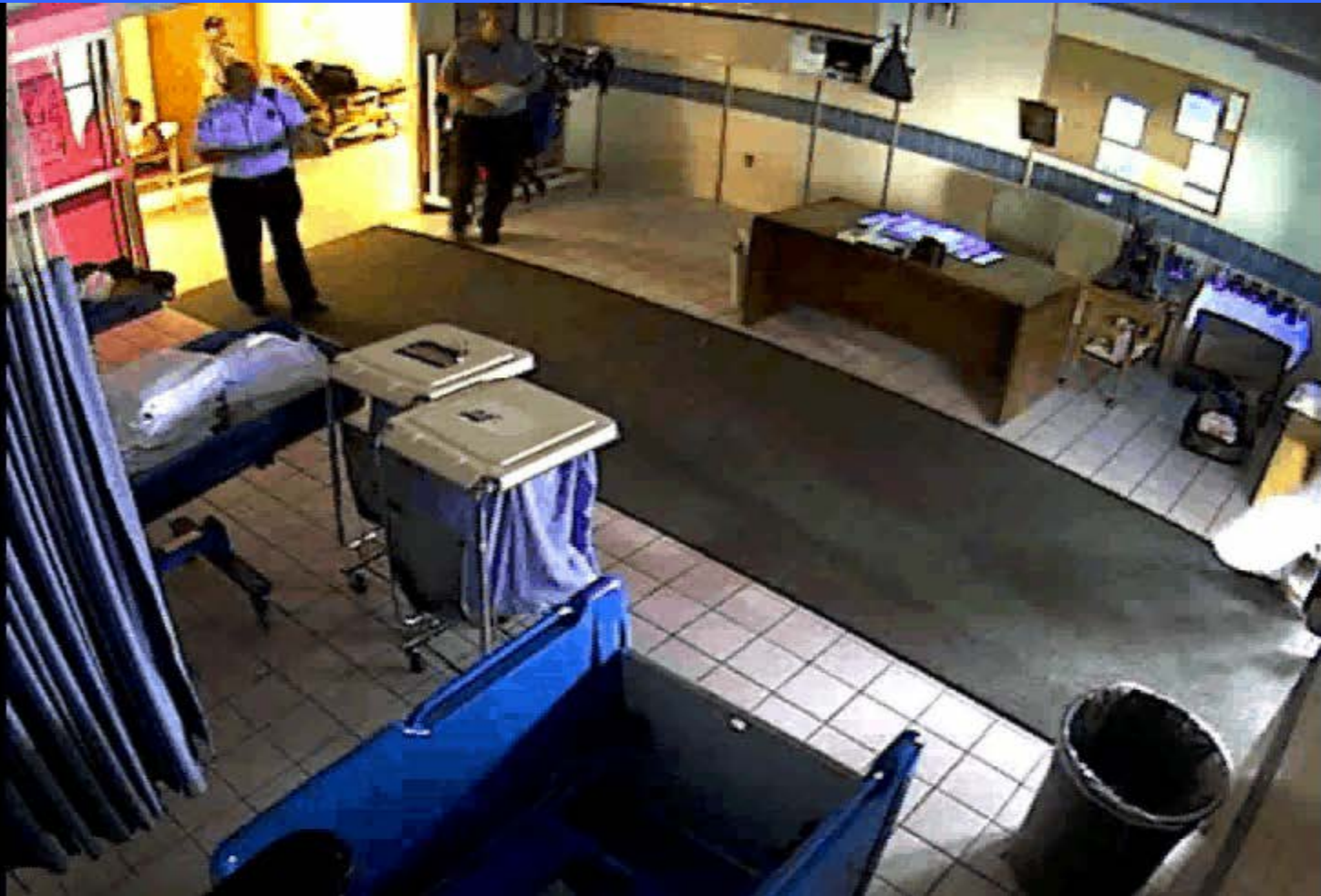


103,000





First Call



Trucks and Chain Saws



How Many Patient's?



By 2030, we were at capacity in the ER, had filled up 6 alternate care sites in our hospital, and started using our cafeteria to treat patients.



“Experience: the most brutal of teachers. But you learn, my God you learn.”



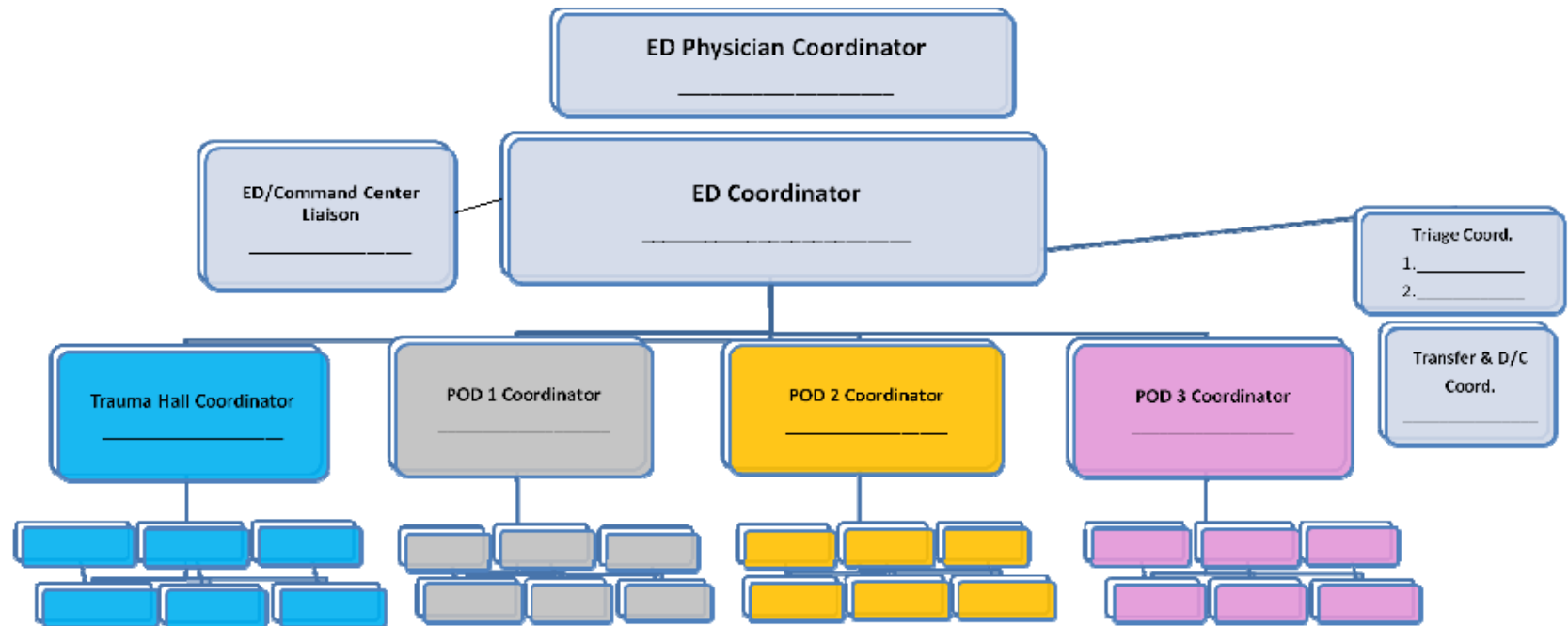
Tracking & Triage



EMERGENCY DEPARTMENT FLOW SYSTEM

- Developed POD and POD coordinator system
- Incorporating ED Coordinator, Triage Coordinator, and Transfer Coordinator into flow
- Implement use on a daily basis; therefore, routine during a trauma
- Implement use in alternative care sites for routine exercises
- Incorporate external triage into system, also with alternate care sites

ED Organization Chart



Can you hear me now?

- Communication with Police, Fire, & EMS was difficult
- Communication in the hospital from floor to floor was only a phone call away.
- Communication in the ER & Alternate care sites was a nightmare!

HIPPA How?

- Unidentified Patients
- Children
 - Can't talk
 - Won't Talk

We Need Backup!

- Generators at maximum pull
- Water Pressure

Medical Staff

What I need is a Trauma Surgeon!

What I have is 4 OB's!

Nurses

- Did we have enough?
- Call help in?



Use Social Media!

Supplies

- Rooms
- Beds
- Bandages
- Suture



Supplies



The ER was covered with not only patients but those people looking for loved ones. Finding a place for those seeking only shelter became an issue for us.



DCH became the light on a hill when darkness fell across Tuscaloosa

Wounds

- Goes against what we have always been told.
- Leave wounds open!
- No Antibiotics!

Summary

- Your disaster plan is for logistics.
- You may have treated patients with these types of crush and long bone injuries before. The issue is the number of critical patients presenting with these types of injuries.
- Your disaster plan prepares you for how to respond to the types of patients, but does not prepare you for the vast number you can potentially treat at one time.

Summary

- Practice until you fail and then fix it!
- The goal is to organize the approach to triaging patients and being able to track those patients through the system, while providing optimal care.

Questions?

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