The Hospital Preparedness Program Observer

SD HCC Coalition Goes to Washington

In December, members of the South Dakota Healthcare Coalition traveled to Washington DC for the 2016 National Healthcare Coalition Preparedness Conference.

Attendees reported great speakers, breakout sessions and networking. Topics covered coalition building and resilience, surge readiness, children in disaster, infectious disease outbreaks and use of acupuncture for first responder PTSD. And the hot topic was of course, the new CMS rule.

The keynote speaker was former Director of Homeland Security, Tom Ridge. Mr. Ridge spoke on need for strong leadership in healthcare. His message stressed the value of empowering your people to accomplish their mission without impediment.

Next year’s conference will be November 29-30 in San Diego. If you are interested in attending and representing your region, please contact your Region Chairperson or Regional Coordinator. HPP funds are set aside to support participation.

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MISSION ACCOMPLISHED!

As a statewide workgroup, a representative from each region including Tim Jacobs, Joyce Hallauer, Kevin Schlosser and Heather Messer as well as Andy Klitzke and Jan Clites, began a journey in uncharted territory during the fall of 2016. The mission was to identify and select an Executive Director for the Coalition to coincide with the next grant year beginning July 1, 2017. A statewide and national advertising strategy produced multiple applications. Ultimately, three applicants were interviewed for the position. The candidate selected will be ‘officially’ announced in April and introduced to everyone at the June Inter-Regional Conference. The group was pleased to see the high caliber of individuals with an interest in working with the HPP Program and especially with the South Dakota Healthcare Coalition.

REGION 1-BROSELOW TRAINING AND EQUIPMENT PUT TO USE

During the HPP 2015-2016 grant year, the Region 1 Healthcare Coalition, in collaboration with South Dakota Emergency Services for Children (SD EMSC), identified gaps in equipment and training for hospitals, clinics, and ambulance services to treat pediatric patients. Seven hospitals, seven clinics, and eight ambulance services in West River lacked the equipment or training to bring services up to the national guidelines. Region 1 purchased Broselow Pediatric Emergency equipment for the healthcare organizations and arranged training through EMSC. EMSC delivered the equipment and conducted training during the fall of 2016. Organizations that received the equipment and training have been very appreciative including a physician who used the equipment to stabilize a 28-week old baby born at home. For more information on EMSC contact Corolla Lauck at 605-357-1414.

REGION 2-HEALTHCARE COALITION FORGES PARTNERSHIP WITH THE NATIONAL WEATHER SERVICE IN ABERDEEN

Everyone is interested in the weather and it is a conversation starter for many. “Beautiful weather today!” “How much longer until spring.” “Is it snowing, again? Let’s move south.” However, for the healthcare field, weather is more than just a conversation starter, and severe weather can pose a huge issue for the vulnerable populations that healthcare facilities serve every day. To remain prepared in the face of the storm, the Region 2 Healthcare Coalition has formed a strong partnership with the National Weather Service in Aberdeen. Kelly Serr, Warning Coordination Meteorologist, frequently attends meetings presenting varying topics on weather safety or ways to gather weather information. Some facilities have even taken extra steps to be recognized by the National Weather Service as Weather Ready Nation Ambassadors or StormReady Supporters. The partnership is a benefit to the National Weather Service as well. The National Weather Service is on a mission to build a “Weather Ready Nation” and by ensuring the healthcare field is ready, responsive and resilient, they are one step closer to achieving that goal. The National Weather Service in Aberdeen will host the Region 2 Healthcare Coalition meeting at their office on March 20th. The group will get a tour of the Weather Service and will also go over severe weather safety rules.

South Dakota Healthcare Coalition

Did you know

Unintentional injuries—such as those caused by burns, drowning, falls, poisoning and road traffic—are the leading cause of morbidity and mortality among children in the United States. Each year, among those 0 to 19 years of age, more than 12,000 people die from unintentional injuries and more than 9.2 million are treated in emergency departments for nonfatal injuries.

Click here for the CDC Childhood Injury Report

AMBASSADOR™

WEATHER-READY NATION
On January 29th, SD DOH Medical Facilities Engineer, Jim Bailey was at Brookings Hospital checking on the construction progress. As the meeting wrapped up Jim started to feel some pain in his chest and arm. He began to drive back to Sioux Falls, but he was barely out of the parking lot when the pain intensified and he knew he was in trouble. Jim turned right around and headed into the Brookings ER. The quickly got some leads on him and informed him that he was indeed having a heart attack. Jim was stabilized and transported by ambulance to Avera Heart Hospital in Sioux Falls. “They wheeled me right through the ER and straight to the Cath Lab! Everyone was standing there in gowns and gloves waiting for me!”

After a receiving a stent Jim was admitted to a room and resting comfortably. He said he immediately felt better. “I’m glad I didn’t ignore that pain. And being in the hospital parking lot is about as lucky as a guy can get.”

Jim said he couldn’t be more grateful for the care he received. He wishes to thank the staff at Brookings Hospital, Brookings Ambulance and Avera Heart Hospital. Jim added, “They saved my life.”

Thank you to all of the hospitals for assuring that their HAVBED data is updated every weekday morning by 10a.m. Due to the widespread status of flu in South Dakota we have been closely monitoring the bed counts and ventilators available. Fortunately, it looks like things are on the down slope. Hopefully the nice spring weather has brought some relief for everyone and a chance to air out our homes and spend some much needed time in the fresh air and sunshine. Unfortunately, the weather person is telling us that winter weather will be making an appearance again very soon so be prepared and don’t put away those heavy coats and winter survival kits too soon!

With Ebola planning and preparedness, the CDC issued guidance on the safe handling and disposition of Ebola infected remains. The CDC guidance recommended the use of a body bag that is puncture-resistant and sealed in a manner to contain all contents and prevent leakage of fluids during handling, transport, or shipping. The Mass Fatality Committee researched several biocontainment systems and settled on the Body Sealer. The system includes the biocontainment pouch material on a roll as well as a heat sealing iron. The system is positioned with the mobile autopsy unit in Sioux Falls and is available for deployment. Click here for CDC guidance on safe handling of infected human remains.
Clites’ Ponderings......

Friday’s email conversation (with Sam Hill) for the next HPPO edition went something like this; “Can you write something up about the Executive Director search and some details about the EMS-Children equipment project?” ......“and do you have anything for Partnership Project?” ...... “Sure, when is the deadline?” ........ “Monday”.

The first two topics were finished within a few minutes and sent Friday. Then it occurred to me that this would be my last Partnership Project article for the HPPO, that April would be the last meeting with the Governing Board, and that the June Inter-Regional meeting would be the last time to meet with all of the Regions/planning partners. It took all weekend and late into Sunday for me to ponder on what to submit. The Wizard of Oz story with Dorothy being picked up by a tornado, landing in Kansas, and following the yellow brick road seemed like a theme to describe the 9 years of being a part of the Partnership Project and all the wonderful outcomes. But, at the end of the day, my heart said that what was most important was to send a message of thankfulness. These years have been, without a doubt, one of the most incredible journeys of my career in healthcare and there aren’t enough phrases to recognize those who have given of their time, talents, and expertise.

Going to a National Conference and being envied by other states for having statewide cooperation, regional responses, a governance structure, and other achievements makes me feel so proud to live in this State and having been surrounded by HPP members who are willing to go ‘over and beyond’ their regular duties.

As this message is being sent off to Sam in time for the Monday deadline, I am sending my sincerest best wishes to all of the planning partners as you continue to focus on preparedness, response, and recovery efforts.

Thank you......thank you......thank you......

Jan Clites, Consultant
HPP Partnership Project

PEDiATRIC TRIAGE CARDS ARE IN!

This winter the SD HCC decided to purchase sets of Pediatric Triage Cards for HCC member facilities and our partners.

The MESH Pediatric Triage Cards are much like the adult triage cards that we ordered two years ago. They are a realistic triage training aid to medical and non-medical professionals and incorporate principles of START Triage. They are designed from the start to mimic the type of injuries seen in mass casualty incidents. Each Triage Training Card presents signs or symptoms and vital signs with a photograph on one side for the training audience. The reverse side details the appropriate response and triage category.

Regional Coordinators will be distributing the new cards at your next regional meeting!
2017 STATEWIDE HPP EXERCISE - WHAT YOU NEED TO KNOW!

Exercise Dates
Region 1 will participate on Tuesday, April 4th and Wednesday, April 5th
Region 2 will participate on Wednesday, April 5th and Thursday, April 6th
Region 3 will participate on Tuesday, April 11th and Wednesday, April 12th
Region 4 will participate on Wednesday, April 12th and Thursday April 13th

eICS Operations Trainings
(same course, three time slots to choose from.)
Thursday, March 23, 2017
9:00 – 10:00 a.m. CT
or
11:00 a.m. – 12:00 p.m. CT
or
1:00 – 2:00 p.m. CT

Statewide eICS/HICS Exercise – Final Pre-Exercise Test
Monday, March 27, 2017
9:00 – 10:30 a.m. CT

Connections for all trainings and pre-exercise test are below
Join from PC, Mac, Linux, iOS or Android:
https://zoom.us/j/204612938
Or iPhone one-tap (US Toll): +1-408-638-0968, 2046 12938# or +1-646-558-8656, 204612938#
Or Telephone:
Dial: +1-408-638-0968 (US Toll) or +1-646-558-8656 (US Toll)
Meeting ID: 204 612 938

Questions?
Please contact your Regional Coordinator or Greg Santa Maria and Kevin Schlosser.

25TH ANNUAL PANCAKE BENEFIT FOR LIFESCAPE

It’s the time of year for delicious pancakes!

When: April 23, 2017
7:30 a.m. – 2:00 p.m.

Where: Sioux Falls Convention Center

What: Pancakes, sausage, coffee, juice!

Price: $5 per ticket in advance or $7 at the door

What else: FUN!!!!

WHY?: To support the people receiving services from LifeScape!

LifeScape serves children and adults with disabilities, and their families. Please e-mail or call me directly for your tickets – I will deliver! The Pancake Benefit is only 6 weeks away – so don’t delay! Thank you!!

Mary Clark- Director Facilities/Materials Management
Mary.Clark@LifeScapeSD.org 605-444-9614 www.LifeScapeSD.org
Organophosphate Off Gassing Hazard to Healthcare Providers

08 March 2017  (U//FOUO)

(U//FOUO) Spring is right around the corner in South Dakota and with the season comes the care of lawns and gardens to eliminate pests. One of the most commonly available treatments at local do-it-yourself home and gardening centers is Organophosphate pesticide (OP).

OP may be accidentally or purposely consumed, and in either case, can lead to secondary contamination to healthcare providers. An example of such an incident occurred in a Florida hospital in 2010. The patient, who attempted suicide by ingesting Malathion, was transported to the hospital by Emergency Medical Services (EMS). No gross field decontamination was performed to remove emesis, and EMS did not inform the hospital staff of the chemical ingestion.

The patient presented with classic signs of nerve agent exposure and a very strong chemical odor. The initial treating nurse, utilizing only gloves as personal protective equipment, became ill within 15-30 minutes of contact with the patient. She was subsequently admitted to the hospital for 7 days of treatment. A total of 17 hospital staff members were identified as having been exposed to the patient and 6 providers reported OP symptoms. Once the nature of the off gassing from the patient was recognized, the hospital evacuated the emergency department and went on ambulance diversion. The emergency department was closed for over six hours; the elevator and floor level were also shut down during the transport of the patient. According to the hospital, the total cost due to this incident was approximately $10,000 for decontamination and cleanup.

Hospital and EMS staff that come in contact with an OP patient’s clothing, skin, respiratory secretions, emesis or shared breathing space may experience respiratory distress, headache, altered vision, diaphoresis, profuse secretions, confusion, agitation, syncope, weakness, seizures, nausea, abdominal cramps, vomiting, diarrhea and/or eye irritation. Inhalation of OP can lead to a quicker onset of poisoning with more severe symptoms as compared to a dermal exposure of the same quantity of chemical.

Just decontaminating these patients is NOT enough to protect emergency responders and health care providers. Care needs to be taken throughout the transport and treatment of these patients to protect against both the vaporization of the carrying agents and the direct contact of the OP chemical found in the body fluids. Placing the patient in an isolation room (negative pressure) and protecting both the healthcare providers and the room contents from direct contact is necessary. Isolation rooms have separate ventilation systems that vents air to the outside (does not recirculate) and have a mandated 6-12 exchange of air per hour. This will prevent other patients and staff from receiving secondary contamination. If the patient is moved to ICU it is necessary to insure that the patient transported is placed in an isolation room in ICU until the danger of secondary contamination has passed (usually several days).

Click here to read the Oxford Journal of Medicine article on the 2010 case noted above.

Click here for CDC signs and symptoms of organophosphate pesticide poisoning.

Click here for information on management, responder safety and decontamination of patients with organophosphate pesticide poisoning.
Since 2010 identifying and preparing for ‘at-risk’ populations has been a priority of the HPP program. Regional membership and leadership identified children as a population in South Dakota that would require necessary and unique equipment, supplies, and staff trained in an emergency situation.

During HPP award year 2015-2016, Region 1, in collaboration with South Dakota Emergency Services for Children (EMS-C), collected data and allocated funding to meet equipment and training gaps in the Region. Data supported seven (7) hospitals, seven (7) clinics, and eight (8) ambulance services were lacking in equipment and/or training to bring services up to the national guidelines. In order to meet the needs, Broselow Pediatric Emergency equipment was purchased ($31,145.00) and training ($4,900.00) provided at the clinical sites.

While smaller in scope, similar needs were also identified in Region 3. Collaboration with EMS-C continued which resulted in allocation of funds to purchase equipment for an ambulance service ($700.00) and BLS/ALS Prehospital Professionals (PHEPP) Training ($3,900.00) for a number of services.

Jan,

Just wanted to send a quick note and picture to say “THANK YOU” for new pediatric equipment we received when Corolla Lauck came to our clinic / ambulance training facility. The equipment is very much needed & appreciated! The training was very good information & Corolla did a great job! She made it a fun and relaxed atmosphere, which is great for learning. We really enjoyed having her come to Faith.

Thank you again!
Kris Escott RN, NRP
Faith Community Health Center

Tracy Pawnee Leggins, RN, DON
Bennett County Hospital—Martin, SD

Hello,
My name is Tracy Pawnee Leggins and I am the new Director of Nursing at Bennett County Hospital. I understand that the collective efforts of all of you, assisted Bennett County in obtaining this wonderful Broselow cart. We have placed this in our Trauma room along with the Broselow carpet to aid our staff in the care of the emergently ill pediatric patient. As you know, we are a small critical access hospital and although we do not have access to some of the resources of the larger facilities. However, we still have a staff who wishes to provide the best of care that we can. With the Broselow cart, we have every thing at the tips of our fingers to assist us in things that we need. So, from all of the staff here providing just that! So, from all of the staff here providing just that! So, from all of the staff here providing just that! So, from all of the staff here providing just that! So, from all of the staff here providing just that! At BCH, thank you from the bottom of our hearts.

South Dakota Healthcare Coalition,

Thank you so much for the opportunity to train with Corolla Lauck on pediatric preparedness. We learned about pediatric assessment and treatment and received a Broselow tape from this experience. We had five EMTs from the McIntosh Ambulance and one nurse from our community clinic in attendance. This experience also prepared us to work with ALS EMTs or nursing staff who help us out on runs when necessary. We really appreciated Corolla’s time and efforts and your financial backing to make this type of training program a reality. Thank you for helping us to work with injured and ill children in a more capable manner.

Sue Bubbers- McIntosh VFD-Ambulance Captain
Have you hired new staff? Added new members to your incident command staff? This is the class for them!

Introduction to the Incident Command System for Healthcare/Hospitals

This online FEMA course introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of ICS. It also explains the relationship between ICS and the National Incident Management System (NIMS). This course uses the same objectives and content as other ICS courses with healthcare/hospital examples and exercises. Click here to begin this class.

Department of Homeland Security
Active Shooter Preparedness Workshop
April 27, 2017
8:30am-4:00pm
Denny Sanford Premier Center – Sioux Falls

Point of Contact: Scott L. Davis
Email: Scott.L.Davis@hq.dhs.gov
Phone: 605-224-1291

Click here for more information and to register.

Registration closes April 25, 2017 at 12:00 P.M. EDT;
Limited seating is available; 2 slots per organization. Additional attendees will be approved on a case by case basis;

Sanford Health Emergency Management Conference

Description:
Two day healthcare emergency management conference sponsored by the SD Healthcare coalitions, Sanford Health and the American Academy of Disaster Medicine.

Date/Time:
Monday April 24th 11:30 am - 5 pm
Tuesday April 25th, 2017 8 am - 4:30 pm

Location:
Sanford Research Center
Dakota Room
2301 East 60th Street North
Sioux Falls, SD

Registration:
Click here to register for this conference.

Registration deadline is Thursday April 20th.

Registration questions please contact Greg Santa Maria at 605-328-6645 and/or Greg.SantaMaria@sanfordhealth.org

Post it here!!
Is your facility hosting a training event?
Did you hear about a great webinar?
Do you have a suggestion for new classes?
If you have training opportunities that you would like to share with the coalitions, please contact Sam Hill at 605-357-8221 or email Samantha.Hill@state.sd.us
Severe Weather Awareness Week—South Dakota
April 24-28, 2017
Statewide Tornado Drill—Wednesday, April 26th.

Tornado Watch will be issued at 10:00am (CDT) 9:00am (MDT)
Tornado Warning will be issued at 10:15am (CDT) 9:15am (MDT)
Community sirens will sound.

Is your family prepared to take care of themselves in an emergency?

With warmer weather around the corner, flooding, tornadoes, severe storms and the like are sure to make an appearance. As healthcare professionals, we all play a critical role in keeping our communities safe. We plan, train and exercise all year long on how we will respond to a variety of events that may affect our hospitals, clinics and other facilities. But we don’t always make the time to prepare our homes and our families.

Severe weather can happen anytime and anywhere. Often times, families aren’t all in the same place. Parents are at work or out running errands. The kids are at daycare, the park, or even at home alone while you make a quick run to the grocery store. We know can’t always be there in an emergency, so it’s imperative that your family is prepared. If you’re not home when a tornado sirens sound, do your kids know where to go for safety? Do they know where to go for reunification? Did your family build a kit and place it in a safe and accessible space? There are simple things that you and your family can do to ensure everyone is safe during an emergency. For more information on how to build a kit, make a plan and get trained just click the bReadySD logo.

Severe Weather Training

Each year the National Weather Service offices in South Dakota provide community presentations on severe weather spotting, awareness and preparedness. To find out when one is happening in your neck of the woods, just click the links below.

Click here for the Aberdeen Weather Service schedule.
Click here for the Sioux Falls Weather Service schedule.
Click here for the Rapid City Weather Service schedule.
Dear South Dakota Healthcare Coalition,

About 10 years ago, LaJean Volmer came to me with an idea to partner with South Dakota Emergency Medical Services for Children (EMSC) on a project to advance hospital and EMS capabilities to care for emergency pediatric patients. We were encouraged by our federal partners to develop projects which focused on special populations so it fit nicely into our work plan. It was called the Broselow / Hinkle project. Now, when I started this phase of my career some 25 years ago, I had never heard of Broselow or Hinkle, for that matter. The closest I could come was Dr. Hinkley, my college physics professor who was the best instructor I’d ever seen. The Broselow/Hinkle project developed into a statewide effort to train and equip emergency departments and emergency medical service units to care for children in emergencies. Broselow / Hinkle carts or responder bags were deployed by EMSC along with excellent training on use of the kits. SDDOH provided the funding through our Hospital Preparedness cooperative agreement.

Since then, Hospital and EMS staff have turned over a little and some of the Broselow / Hinkle contents have outdated or faded due to wear and tear. It was time to revisit this important initiative and our health care coalitions have picked up the torch and partnered once again with EMSC to renew this effort. As we did with the original Broselow / Hinkle project, we are once again receiving numerous thank you notes and anecdotes of how the equipment and the training impacted actual care. I applaud everyone involved with these efforts. You truly have made a difference in the lives of many South Dakota children and their families.

Sincerely,
Bill Chalcraft

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**Contact Office of Public Health Preparedness & Response Staff**

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<th>Region 1</th>
<th>Region 2</th>
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<tbody>
<tr>
<td>Andy Klitzke</td>
<td>Alexandra Little</td>
<td>Samantha Hill</td>
<td>Carol Taylor</td>
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<td><a href="mailto:Andy.Klitzke@state.sd.us">Andy.Klitzke@state.sd.us</a></td>
<td><a href="mailto:Alexandra.Little@state.sd.us">Alexandra.Little@state.sd.us</a></td>
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<td>605-626-2227</td>
<td>605-367-4510</td>
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South Dakota Healthcare Coalition

**Mission:** To enhance statewide relationships for Healthcare Emergency Preparedness, Response and Recovery.

**Vision:** To significantly improve coordination of healthcare resources among South Dakota Healthcare Coalitions.