

THE HIPPO

The Hospital Preparedness Program Observer

MAY 30, 2014

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SHARING OUR STORIES

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INTER-REGIONAL MEETING IN OACOMA JUNE 25TH-26TH

On the afternoon April 17th, 2013 the town of West, Texas was rocked by an explosion at the West Fertilizer Plant. The blast leveled homes and businesses, killed 15 people, 12 of them first responders, and injured over 300 others.

West, Texas is a rural farming community with a population of 2,800. Local businesses, homes, churches, schools and a nursing home line the streets, and a fertilizer plant sits just on the edge of town. This exact setting can be found across the state of South Dakota.

As a healthcare coalition, it's imperative that we recognize the potential for this type of disaster to occur in our own backyards and prepare our healthcare facilities and our communities for just such an event.

On that note, we're excited to announce our speakers who will present at this year's South Dakota Healthcare Coalition 2014 Inter-Regional Meeting.

Dr. Jim Morrison is the Chief Medical Officer at Hillcrest Baptist Medical Center, a 310 bed hospital in Waco, Texas. Dr. Morrison will discuss the hospital's response to and recovery from this disaster.

Christine Reeves is the Executive Director of the Heart of Texas Regional Advisory Council. Christine will share with us the coordination and response of the healthcare coalition and their partners.

These presentations will give us all an exclusive look at the healthcare preparedness, response and recovery that took place surrounding this tragedy.



We look forward to learning from our presenters and we hope to see all of you at Cedar Shore Resort in June.

Please RSVP your attendance to the 2014 South Dakota HPP Inter-Regional Meeting by contacting your Regional Coordinator or Chairperson.

JOHN CLITES GIVES THE HIPPO TWO FEET UP!

OK...in the first issue of the HIPPO I was admittedly lying when I published a photo and headline that stated that Bob Barker gave the HIPPO a thumbs up. But this time...I'm absolutely telling the truth!

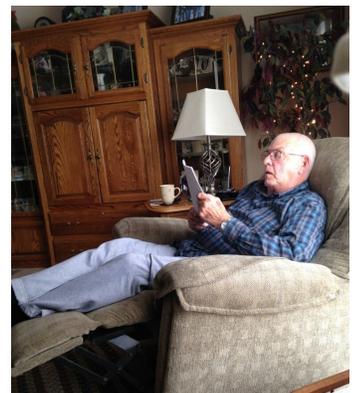
After our first issue hit the mean streets of South Dakota, Jan Clites sent me this picture of her husband, John, kicked back perusing the headlines. And as you can see both feet are indeed, up!

Thanks for the indisputable review, John!

And thank you to everyone who contributed to this issue. It's great to hear from each region about what's happening at different facilities.

Don't forget to send me your stories and ideas for the August issue.

-Sam Hill
Editor in Chief



John Clites-
One heck of a guy!!

HPP UPDATE

HPP Budget Adjustments

In early May, SDDOH submitted the grant application for the 2014-2015 HPP Grant Year. The proposed budget and work plan lays out the next steps toward the goal of self-sustaining and self-directed healthcare coalitions while incorporating a 33% reduction in funding. Key

items include level funding for the coalition partnership project, coalition-led development of exercise and training activities, sustainment of HAvBED, eICS, and EMTrack, and a 10% reduction for facility-level base awards. SDDOH expects the grant application to be approved in early June following review by the US Dept. of Health & Human Services.

Interviewing for Region 1 Coordinator



The SDDOH hiring process for a new regional coordinator is in full swing. We've had several wonderful candidates for this position. With a little luck, we hope to have the new coordinator hired by the HPP Inter-Regional Meeting in June. We'll make an announcement as soon as the position has been filled.

Statewide Communications Drill
June 10th, 2014
2:00- HAN
2:30- Radio Call Down
3:00- HAvBed updated

REGION 1-RAPID CITY NURSING HOME CONDUCTS FULL SCALE EVACUATION DUE TO BOILER EMERGENCY



On Friday, April 11th, Fountain Springs Healthcare experienced a boiler malfunction that caused them to evacuate all residents. Earlier in the day, they noticed a booming noise coming from the boiler room. While their maintenance people investigated, they moved residents

away from the wings above the boiler room and prepared for potential evacuation by dressing patients for being outdoors, putting non-ambulatory patients in wheelchairs, and contacting local Fire and EMS agencies. When one of their staff smelled gas, they evacuated the whole building in a matter of minutes. Mary Saterren, Fountain Springs Administrator, identified preparedness and training as

the reason for a speedy and safe evacuation. Fire and EMS responded to support Fountain Springs and investigate fire risks. Fountain Springs also contacted the Department of Health in case they were not able to return to the building and had to locate long-term care beds for their residents in other facilities. After an hour, the malfunctioning boilers were shut off, and it was determined that

the building was safe to occupy. Fountain Springs returned to normal operations, so it wasn't necessary to transfer residents to another facility. No residents were injured during the evacuation or return to the building. Fountain Springs is a 90 bed long term care and assisted living facility in Rapid City.

REGION 2-PREPARED FOR PEDIATRIC SHELTER IN PLACE

It's all about the kids.

In March, Region 2 added pediatric supplies to each Region 2 cache. Based on identified gaps in medical surge and shelter-in-place supplies, Region 2 purchased youth gown kits, infant care kits, portable cribs, and emergency preparedness coloring books.

HPP Partners will be able to request these items through HAvBED.

Welcome!

The Region 2 Executive Committee would like to announce a new member: Joyce Hallauer from Prairie Lakes Health System. Joyce has long been a

member of the Region 2 Coalition and will do an excellent job representing independent health organizations.



PRAIRIE LAKES
 Healthcare System

REGION 3- CHANGE IN FIDUCIARY AGENT

Beginning July 1, 2014, Region 3 will have a new fiduciary agent. Minnehaha County Emergency Management has agreed to take on the duties of managing our regional grant funds. Minnehaha County EM has been an active Region 3 member since 2003, attending meetings, and collaborating on planning and exercises. As well, Minnehaha County is currently managing a grant that has been issued for the development of a mobile autopsy unit.

Lynn DeYoung, Minnehaha County Emergency Manager says "Being involved with the Healthcare Coalition is just the right thing to do for our communities."

Lynn added that over the past 10 years his office has managed more than \$25 million in Homeland Security grants so adding the Region 3 grant should make for an easy transition for the region.

We'd also like to thank Sandy Frentz and the Sioux Falls Health Department for being our fantastic fiduciary for the past 12 years.

Sandy has done an amazing job keeping our funds, requests and reports in perfect order since the very beginning. Sandy will continue as our Region 3 Chairperson.

If you have any questions about these changes, please contact [Sandy](#) or [Sam](#).



Lynn DeYoung- Minnehaha County Emergency Manager

REGION 4-TAKES AIM AT ACTIVE SHOOTER EXERCISES

Region 4 facilities are diligently conducting their active shooter drills at their facilities. Several of the facility representatives were able to share information about their drills and what they learned at the recent Region 4 HCC meeting. There was great discussion and sharing of what went well, not so well and best practices between facilities. We hope that any lessons learned from the exercises greatly improve safety for staff and patients and a broader community partnership locally and regionally.



Huron Regional Medical Center held their active shooter drill on May 22nd. In their drill, a role player acted the part of a disgruntled family member taking revenge on staff in the hospital. Nathan Hall, Hospital Security Director, said "We never want an event like this to happen within any community, anywhere in the United States. But, on the other hand, we want our staff and the community to be as prepared as

we can if an event like this did happen in the community." HRMC was able to involve many local partners including law enforcement, Emergency Management, EMS and mental health services. This exercise provided a great opportunity for hospital and community preparedness and partnership, benefitting the facility and the community as a whole.

[Click here](#) to see the KELOLAND story on this exercise.

Impress your friends at the barbecue this weekend with ketchup trivia!!

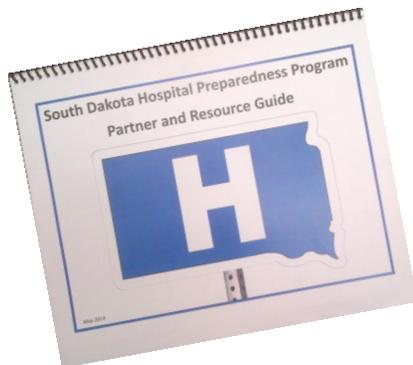
Did you know that in the 1830's ketchup had been sold in the US as a medicine.

It was said to treat lots of ailments including baldness, athlete's foot and to even prevent cancer.

Click on the mouse to learn more!



NEW HPP PARTNER AND RESOURCE GUIDE



The SD DOH is happy to share the new South Dakota Hospital Preparedness Program Partner and Resource Guide.

The 74 page, full color spiral bound book is designed to be a quick reference guide about our Healthcare Coalition facilities, partners, programs and resources.

It includes fillable pages for you to insert information specific to your facility, including names and contact information for your HPP representatives, essential response staff and local response partners.

The books will be distributed to you at the Inter-Regional meeting in June.



THE PARTNERSHIP PROJECT

Attention Emergency Planners! Do these sound familiar or keep you up at night?

- *CMS Proposed Rules for Emergency Preparedness (Federal Register/Vol. 78, No.249)
- *Evacuation vs. Shelter in Place: pros and cons of each
- *Incident Command System during a disaster
- *Involvement in a Healthcare Coalition: the benefits and values
- *Disaster Reimbursement: the 1135 Waiver
- *Continuity of Operations Planning (COOP) and Recovery

These issues and others were included over two-days at the **Long Term and Residential Care Disaster Preparedness** conference in Omaha, NE. As we know in some of our communities, long term care facilities may be the largest employer and a primary provider of services to a large at-risk population. Participants were urged to reach out and become active in healthcare coalitions; be involved in exercises/drills; to learn about and implement ICS; to complete business continuity and disaster recovery planning; and develop a culture of safety for employees and the population served through personal and resident preparedness.

As we continue to strategize and develop regional healthcare coalitions in South Dakota, the 'take home' became even more apparent to me that long term care and residential facilities face many of the same needs in planning a response to an emergency as hospitals; that we keep an open mind to potential coalition partners in our Regions; and not only ask but answer the question *'what is the value in belonging to a coalition?'*

If you wish to reach out to other agencies/organizations in your community, there are still toolkits available that may assist long term care facilities, DME, home health services, day care providers in their planning efforts. Toolkits are available through the Regional Chairperson or Coordinator.

Finally, thank you to everyone who completed a COOP survey. In addition to having a baseline of COOP planning in the State, excellent suggestions for education/training were submitted. I will present a brief summary of the surveys at the Inter-Regional meeting. Based on the survey information and available funding, leadership will continue to address future educational opportunities to assist planning partners.

Jan Clites, Consultant/Coordinator
Partnership Project
Jan.Clites@gmail.com

A QUESTION OF MENTAL HEALTH-BY MICHAEL FORGY

Every training I have attended regarding emergency/disaster services, planning and/or preparedness has emphasized the importance of "mental health services" in these processes. However, none have defined or identified what "mental health services" means.

As a 40 year "mental health professional," I can tell you very clearly that most mental health providers also fail to provide that definition. Yet, if we are to define team members' purposes, we really need to be able to know what to expect

from each other and count on one another to meet those expectations.

So, I have a request for all readers of the HiPPO: Please send me your definition of "mental health services" and delineate your view of their importance to emergency/disaster services, planning and/or preparedness. I will then synthesize what you provide and integrate it with my own knowledge and experience of what mental health is and can provide; then concisely report it all back to you.

Please send responses to:

Michael Forgy
Director
East Central Behavioral Health
Brookings, SD
mike.forgy@ecbh.org



THE HUNGRY, HUNGRY HIPPO

Rhubarb Pie –Kathy Jacobs—Avera McKennan, Region 3



The Hungry, Hungry Hippo says,
"Don't forget the ice cream!"

Pie Crust

2 cups flour
1 cup shortening (I use 1 stick frozen butter, chopped and the rest shortening.)
1 dash of salt
¼ cup cold water (Substitute water with ice cold orange juice for a twist!)
Makes top and bottom crusts for both a 9" and a 10" pie.



Rhubarb Pie Filling

3-4 cups 1" slices rhubarb
1 cup sugar
½ teaspoon grated orange peel (I'm very generous with this!)
3 tablespoons flour
1 dash of salt
Mix above ingredients together and pour into pie shell. Dot top with 2 tablespoons butter and cover with top crust. Bake at 400° for 45-50 minutes.

SPRING- A SNARKY POEM BY SAM HILL

As the last snow heap melts, from the grocery store lot,
Six months of winter are all but forgot.

Now the boulevard trees are sharing their shade,
With two little girls, selling pink lemonade.

Sweaters be gone! It's time for tank-tops!
Bye-bye boots and hello flip-flops!

The whirring of mowers fills the neighborhood,
They're grilling next door, and man, it smells good!

As I admire the blossoms on a cherry tree,
I notice an anxious, little chickadee.

She's encouraging her flock to brave their first flight,
What luck to bear witness to this springtime delight.

And the butterflies, they flutter by,
As busy little bees build a new hive.

Ahhh yes, the marvels of spring are everywhere,
Mother Nature has such splendor to share.

And then it happened....slowly but surely.
It started as a tickle, no need for worry.

But it just kept on building and before I knew....
Ahh....ahhh....AHHHHCHOOOO!

My false sense of joy was gone with the breeze,
Vanished in a flash with that awful sneeze.

Over the long winter months, it seems I forgot,
With the wonders of spring, come the wonders of snot.

Hay fever. Allergies. Call it what you will.
But for me, this season will be a battle up hill.

After a week of denial, I can't take anymore.
And I make my way to the corner drugstore.

First a quick stop on aisle six,
For the sufferer's best friend, aloe-infused Kleenex.

Then I ask the pharmacist if he can make a suggestion,
To help with the pain and sinus congestion,

"Zyrtec. Claritan. Allegra. Any one should do the trick!"
They're all pretty much the same, just take your pick!"

But as he looks at my itchy, red, swollen eyes,
My snotty nose, and blotchy, pink hives.

He gives me a nod and a sympathetic glance,
And the only hope for relief, from this pollen-induced trance.

Trying not to feel like a creep or a crook,
I show my ID and sign my name in the book.

By the time I get home I can hardly wait,
Those pollen-drunk bees are eyeballing me-there's no time to waste!

I rip the staple from the small white sack,
Tear open the box and the blister pack.

There they are, so tiny and red!
Little gems of humanity....ahhhh Sudafed.

By tomorrow morning not even a sneeze,
No drippy eyes, and barely a wheeze.

And yes, eventually all of my symptoms will wane,
But for the sake of us all, please pray for rain.



WE KNOW YOUR FACILITY IS PREPARED FOR AN ACTIVE SHOOTER. BUT HOW PREPARED ARE YOU?

Profile of an Active Shooter

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

RUN!

Have an escape route and plan in mind
Leave your belongings behind
Keep your hands visible

HIDE!

Hide in an area out of the shooter's view
Block entry to your hiding place and lock the doors
Silence your cell phone and/or pager

FIGHT!

As a last resort and only when your life is in imminent danger
Attempt to incapacitate the shooter
Act with physical aggression

Characteristics of an Active Shooter Situation

Victims are selected at random
The event is unpredictable and evolves quickly
Law enforcement is usually required to end an active shooter situation

How to Respond When Law Enforcement Arrives

Remain calm and follow instructions
Put down any items in your hands (i.e., bags, jackets, phones)
Raise hands and spread fingers
Keep hands visible at all times
Avoid quick movements toward officers such as holding on to them for safety
Avoid pointing, screaming or yelling
Do not stop to ask officers for help or direction when evacuating

Information to Provide to Law Enforcement or 911

Location of the active shooter
Number of shooters
Physical description of shooters
Number and type of weapons held by shooters
Number of potential victims at the location

[Click here](#) to watch a short video with instructions and tips for dealing with Active Shooter situations.

DELL RAPIDS HOSPITAL LOCKS DOWN FOR ACTIVE SHOOTER EXERCISE

On March 20, 2014, Avera Dells Area Hospital in Dell Rapids conducted an Active Shooter Functional Exercise. The event began when a person from the community arrived at the facility in search of their estranged spouse. The suspect "shot" a number of staff and visitors; then took shelter in a vacant office. All totaled, 10 victims resulted from this event, including the suspect.

The manager, directors, and administrator from Avera Dells Area Hospital initiated eICS and assigned positions as the event unfolded. As part of the exercise, actual calls to the Administrator On-Call and PIO from Avera McKennan Hospital were completed. A call-down of all Avera Dells Area Hospital personnel was completed from the facilities "calling-tree" and physicians were contacted to "report" to treatment areas once they were established.

The leaders and staff participating did a very good job responding to the initial event and were able to establish eICS positions in a very quick and concise manner. The facility was "secured" quickly when the event began, however that also led to a question: "If the lock-down buttons are pushed, and the facility is completely locked-down, how does law enforcement get in to help us?"

This was just one of many "lessons" learned and additional training for leaders and staff as a result of this exercise that are included in the After Action Report. The plan now is to begin meeting with community agencies: Law Enforcement, EMS, and Fire to conduct a full-scale exercise later in 2014.

For questions you may have about this event, please contact Sue Ahlers: 428-2443 or Kevin Schlosser: 322-7648.



SERV SD PARTNERS WITH THE AMERICAN RED CROSS



SERV SD and the Black Hills Area Chapter of the American Red Cross are once again teaming up to staff a first aid station during the 2014 Sturgis Motorcycle Rally. In 2013, SERV SD conducted a planned deployment of two volunteer healthcare professionals to assist. SERV SD volunteers provided first aid, water, and referral services at no cost to rally attendees.

Deployed volunteers are given room and board at a Red Cross staff shelter in Rapid City, transpor-

tation to and from Sturgis, and training on Red Cross first aid protocols.

SERV SD volunteers will be notified of the deployment opportunity in June. If interested in deploying to the Sturgis Rally, current SERV SD volunteers should log into SERV SD and update their contact information. There's still time to register with SERV SD and be included in the deployment.

[Click here](#) to register for SERV SD!

VISUALDX SERVICE NO LONGER SUPPORTED

The South Dakota Department of Health regrets to inform you that we will no longer be able to provide a subscription to VisualDx as part of our disaster preparedness program. This is a result of significant reductions in our federal preparedness funding. We are well aware of the value of this diagnostic program and it is unfortunate that we do not have the funds to continue supporting it for our healthcare providers.

Logistical Images, the parent compa-

ny of VisualDx, will most likely be contacting you in the near future about options for continuing the service at your institution. In the meantime, the current license is in place and access will continue until September 30, 2014. We appreciate your involvement in the state's preparedness efforts and assure you we will continue to look for ways to maintain and strengthen the response capacity we've worked together to build.

There's a name for that!

Ya' know that skin that sloughs off after a sunburn? Well, it's called BLYPE.

Don't be a blyper this summer! Use sunscreen!

BRING A LITTLE FLAVOR TO YOUR FLOWER BED!



Whether you're designing a new garden or filling holes in an established one, herbs offer endless planting potential. The best times to plant are in spring, after the soil has warmed, or in early fall.

Make herbs an integral part of your plans for nonstop blooms. Planted next to spring-blooming bulbs, for example, chives and sage reach their peak and bloom just in time to cover up the dying foliage of hyacinths and daffodils. Stagger plantings of basil and dill from early to midsummer and enjoy fresh herbs into fall.

And no collection of herbs would be complete without mint, a fragrant yet invasive herb. Prevent mint plants from completely taking over the garden by planting them in half-barrels or containers. Create an attractive design by planting a different mint variety in each container, such as orange, ginger, peppermint, spearmint, and chocolate mint.

MADISON COMMUNITY HOSPITAL/EMS PARTICIPATES IN LAKE COUNTY TORNADO EXERCISE DURING SEVERE WEATHER AWARENESS WEEK

Madison Community Hospital/EMS along with Lake County EMA, SAR, 911 Dispatch, Sheriff's Office, REACT, Wentworth Fire Department, Wentworth church (Red Cross Shelter), Red Cross, and Madison High School students and other volunteers participated in a full-scale exercise where a tornado had hit the small town of Wentworth.

After being notified that a number of victims would be coming to the hospital; a "CODE DELTA" was called, testing the hospital's disaster response plan.

The hospital had a great response from the staff providing education and awareness in a "make believe" scenario. The hospital was able to use e-Emergency to communicate with coalition members for assistance with transfers. Using HAVBed, the hospital was able to communicate it was in an emergency situation, not accepting patients, and identified available beds at the local area hospitals in the event the hospital would need to evacuate or transfer patients.

With assistance and the cooperation of the Lake County emergency response teams, the hospital was able to identify the strengths, and the opportunities for improvement to be ready in a real life situation.

Special thanks to Samantha Hill, Region 3 Coordinator, for being the evaluator and photographer for our exercise.

Kathy Hansen, RN
Director of Quality, Safety & Preparedness
Madison Community Hospital



Staff at Madison Community Hospital receive patients during the mock drill on April 24th.

HOSPITAL EMERGENCY RESPONSE TEAM TRAINING (HERT)

In December 2013, I attended Hospital Emergency Response Team (HERT) Train-the-trainer course at the Center for Domestic Preparedness (CDP) in Anniston, Alabama. This is a 4-day course that encompasses the framework of the OSHA "Hospital First Receiver Operations Level" training that hospitals are required to complete annually.

The first three days involve classroom and practical training, ending with a 5-hour full-scale exercise on the campus. The exercise simulates a chemical exposure to over 100 victims. Participants are "suited-up" in Level C PPE and complete decon, triage, and treatment of the victims who self-transport or are transported via EMS to the hospital on the CDP campus. The fourth day is the portion that brings participants to the "Trainer" or "Instructor" level; and after completion of day 4, they can conduct the training in their home jurisdiction (State) with FEMA and OSHA backing.

Avera McKennan Hospital has begun HERT courses throughout the entire month of May. The first group of staff attending the HERT training is the staff from the E.D. This training will then be rolled out to ancillary depts. If you are interested in learning more about this training, please feel free to contact me.

Kevin Schlosser, NREMT-P
Emergency Management Coordinator
Avera McKennan Hospital

Office: 605-322-7648
Cell: 605-743-4452
Kevin.Schlosser@avera.org



Marsha Block, from Avera McKennan's Emergency Department, suits up to receive victims during the full-scale exercise.

The Educated Hippo!!

Advanced Command Center Operations

Sanford Research Center, Sioux Falls, June 9 & 10, 2014
 Email [Greg Santa Maria](mailto:Greg.Santa.Maria@state.sd.us) for more information and to register.

Don't miss out on these great training opportunities!

Continuity of Operations, Recovery Planning

Sanford Research Center, Sioux Falls, June 11 & 12, 2014
 Email [Greg Santa Maria](mailto:Greg.Santa.Maria@state.sd.us) for more information and to register.

12th Annual Preparedness Symposia Series

Sponsored by The Center for Preparedness Education, Nebraska, www.preped.org
 June 10 Norfolk & June 11 Omaha
[Click here](#) to register.

Avera's Radiation Injury Treatment Network Conference gets glowing reviews!

Sanford Health Emergency Management Symposium

When: June 3rd 2014
 Where: Sanford Center
 2301 E 60th St
 Sioux Falls, SD 57104

Speakers and topics include:
James Siemianowski
 Connecticut Department of Health
 Recovery of the Sandy Hook Community

Dr. David Mooney
 Director of Trauma Services-Boston Children's
 Response to Boston Marathon Bombing

Teddy Wilson
 Chaplain – Oklahoma City Fire Department
 Rescuing the Rescuer

Edward Gabriel
 US Department of Health and Human Services
 Keynote and Medical Asset Management

Seating is limited to 300
[Click here](#) to register

Attendees say Sanford's TEEX Medical Response to Bombing Incidents class was a blast!

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 e-mail Sam Hill at

Samantha.Hill@state.sd.us

TEEX – Healthcare Emergency Management Program

Sanford Stevens Center
 September 23 & 24, 2014
 Email [Greg Santa Maria](mailto:Greg.Santa.Maria@state.sd.us) for more information and to register.

Homeland Security Conference

August 26 – 28, 2014
 Ramkota Conference Center
 Rapid City, SD

For information regarding this conference, please contact your County Emergency Manager. They may have funds to support your attendance at the this event.

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.





The following article was written by Greg Santa Maria, Emergency Manager for Sanford Health. This spring, FEMA Region 8 reached out to Greg asking him to outline Sanford Health's emergency management initiatives. FEMA published the article on FEMA.gov to assist other private sector businesses in implementing their own emergency management program.

Robust Emergency Management Program Serves Sanford Health

By: Greg Santa Maria

The Question

How do you build and maintain an Emergency Management (EM) Program that spans four states, 23 hospitals, and over 110 clinics?

The Answer

It is a constant, ongoing process, and you work really hard at it.

Sanford Health is an integrated health system headquartered in the Dakotas. It is the largest, rural, not-for-profit health care system in the nation with locations in 126 communities in eight states. In addition, Sanford Health is in the process of developing international clinics in Ghana, Israel and Mexico. Sanford Health also operates a world-class research facility in Sioux Falls, South Dakota. Sanford Health includes 35 hospitals, 140 clinic locations and more than 1,360 physicians in 81 specialty areas of medicine. With more than 26,000 employees, Sanford Health is the largest employer in North and South Dakota.

Sanford Health is divided into four major regions, Sioux Falls, Fargo, Bismarck and Bemidji. The Sioux Falls Region is the largest of the four regions and spans South Dakota, southwest Minnesota, northwest Iowa and upper Nebraska. It consists of a level 2 trauma center, 2 regional medical centers, 19 critical access hospitals, 25 long-term care and assisted-living facilities, more than 120 clinics and the Sanford Research facility.

The Sanford Health Emergency Management program in the Sioux Falls Region has grown into a robust process. Each hospital facility has an emergency management coordinator who is a member of the Sioux Falls Region Emergency Management Committee. The committee is a coalition of Sanford hospitals that work closely on the four major elements of emergency management. Facilities participate in monthly communications exercises, quarterly planning and training meetings and specialty training programs, including advanced Incident Command System (ICS), Business Continuity and Continuity of Operations (COOP) Planning and Hazardous Materials (HAZMAT) Operations. Sanford Health facilities also participate in an annual region-wide functional exercise in November that has been conducted since 2006. Sanford Health partners closely with the South Dakota Department of Health and system facilities in statewide exercises using virtual command center technology. Sanford Health also developed a redundant communications process that uses tablet technology as well as intranet and Internet communication, telehealth and other technology to stay connected.

Getting there was no easy task. Each facility emergency manager also serves in additional roles. They are safety officers, paramedics, laboratory staff, quality people, environmental managers and infection control practitioners. The emergency management responsibility in many of the facilities is not the primary job, and sometimes new hires have little to no background in the realm they are taking over.

As the full time emergency manager for the Sanford Health Sioux Falls Region, I am tasked with providing guidance and support for not only our facilities, but also my counterparts within these facilities who own these titles. It is not unusual to receive a call from a new counterpart asking for guidance. In an effort to provide a consistent process for education, we have designed an education program for our emergency management staff. The program is modeled after the Emergency Medical Services education structure. It is an escalating process that moves from level 1 to level 5 with each level maintaining a focus on certain aspects of emergency management. Completion of each level gives the participant a functional knowledge base that they can use as they move up the ladder.

The 261-hour educational process is a combination of FEMA online training as well as classroom training. This interaction gives the participant a standard knowledge base in emergency management structure and function from a national level. It is then integrated into the Sanford region's operational process. Participants connect to both processes extremely well and Sanford Health has been successful in creating a standardized structure that has become the system's standard operating procedure.

Continued from page 10

The levels are shown below with a summary of their content:

Level 1 – Awareness - 20 Hours

FEMA Online - ICS 100, 200, Independent Study (IS) 700, IS800, AWR-128

Classroom – Healthcare EM Programs

Level 2 – Basic Operations – EM – Basic Exercise Design - 60 Hours

FEMA Online – IS-001, IS230a, IS235a, IS242a, IS120a, IS130

Classroom – Texas A&M Engineering Extension Service - 2 day healthcare class

Level 3 – Intermediate Operations – National Incident Management System (NIMS) and ICS - 44 Hours

FEMA Online – IS701a, IS702a, IS703a, IS704, IS775, IS808

Classroom – ICS 300, Application of strategic ICS Principles

Level 4 – Leadership and Response Strategy - 47 Hours

FEMA Online - IS346, IS393a, IS546a, IS547a, IS548, IS241, IS244

Classroom – Healthcare emergency response and recovery

Level 5 – Incident Management Specialist - 90 Hours

FEMA Online – IS139, IS240

Classroom – EM instruction and system evaluation

Classroom – Homeland Security Exercise and Evaluation Program (HSEEP)

Classroom – HAZMAT Operations (First Receiver)

Classroom – Emergency Response to Terrorism

Classroom – ICS 400

Once they complete this program, the candidate has a foundational knowledge of the emergency management process, which is consistent with local, state and federal standards, which includes:

- Incident Command to level 400 and NIMS
- Exercise Design and HSEEP
- Business Continuity and COOP
- Healthcare specific EM process
- Specialty knowledge in HAZMAT Operations and Terrorism awareness and response

Being in a severe weather threat area, Sanford Sioux Falls Region critical access facilities can easily be faced with long-term response and recovery issues that would require local command center support. When team members reach level 5 and complete an internship, they are considered “deployable” and may be sent to another facility to assist in the command center. They may also act as the liaison with the Sanford Health regional command center and local emergency management or serve as an interim incident commander should the need arise. It is important to note that the classroom portions are specifically designed to take the foundational knowledge gained from the online classes and then apply it to our specific organizational structure and function. Utilization of this model can work with disciplines outside of healthcare as facilitators can develop custom classroom modules to fit their corporate structure, function and need. The program requires a good deal of dedication, but there is an inherent pride that resides within the Sanford Health team knowing these efforts bring health care emergency management to the next level.

For more information, please contact Greg Santa Maria at greg.santamaria@sanfordhealth.org.

About the author:

Greg Santa Maria is the Emergency Manager for Sanford Health in Sioux Falls, SD. He is the former Director of Prehospital Care and Education at Saint Vincent's Hospital in Lower Manhattan where he served as a leader of the Saint Vincent's Hospital Disaster Preparedness initiative. In this role, Greg received a distinguished service award for his participation in the response to the terrorist attacks on the World Trade Center, September 11, 2001. For the past 17 years, he has been working as a subject matter expert in the realm of hospital emergency management and disaster preparedness. He has developed a health system-based incident management team within the Sanford Health System that has conducted numerous exercises with response partners in South Dakota, Minnesota and Iowa. Greg has published several EMS related review books, written articles on emergency preparedness and EMS response to mass casualty incidents, participated in numerous television, print and radio broadcasts, and has spoken nationally on issues of preparedness and disaster response.

MESSAGE FROM THE ADMINISTRATOR

Dear Healthcare Preparedness Partners:

It is with sadness and joy that we announce the retirement of a Public Health leader and pioneer. LaJean Volmer began her public health career over 47 years ago as a microbiologist with the Department's Public Health Laboratory. She ended her career last week and began full time work as grandmother, horsewoman, traveler and tourist. We are sad to lose LaJean's experience, expertise, enthusiasm and energy. We are happy she is now able to fully enjoy her family and hobbies.

LaJean held many positions in DOH over her 47 plus year career. Her accomplishments are too numerous to list but I will mention a few highlights. From that early microbiologist position, she became the Laboratory Medical Section supervisor where she coordinated responses to numerous suspect and confirmed rabies cases. From there, she moved to the Office of Disease Prevention as the assistant administrator and ultimately, the administrator. She started the Infection Control Program in South Dakota by forming the Infection Control Council and serving on the board for many years. She initiated the second dose MMR vaccination program and was nationally recognized for achieving a 98.6% compliance rate in 1998. She also implemented the National Childhood Immunization initiative in SD – one of 7 pilot states. LaJean spearheaded the Hep-A Vaccination Initiative among American Indian populations. This was a conditional use vaccine at the time.

From Disease Prevention, LaJean moved into Preparedness and Response where she became the DOH bioterrorism preparedness and response coordinator, and later, the hospital preparedness program coordinator. At her retirement she was the training and exercise coordinator for OPHP&R. LaJean's resume includes implementing Chempack hospital based stockpile program, making South Dakota the first of three pilot states to do so. She also designed and implemented the Hospital Preparedness Program in South Dakota.

LaJean worked for every Secretary of Health starting with Dr. G.J. Van Heuvelen. During her career, LaJean was recognized many times but the highlight was the G.J. Van Heuvelen award for Outstanding Contributions to Public Health. That award could be considered an understatement when looking at LaJean's extremely fruitful and productive career spanning nearly a half century. Please join me in recognizing LaJean on her retirement and thanking her for her public health service.

Bill Chalcraft
Administrator, Office of Public Health Preparedness and Response
South Dakota Department of Health



Contact the Office of Public Health Preparedness & Response

Administrator

Bill Chalcraft
Bill.Chalcraft@state.sd.us
605-773-3907

Assistant Administrator

Rick LaBrie
Rick.LaBrie@state.sd.us
605-773-7377

SNS/PODS

Chucks Kevghas
Chuck.Kevghas@state.sd.us
605-773-2792

Region 1

Andy Klitzke (Interim)
Andy.Klitzke@state.sd.us
605-773-4412

Region 2

Andy Klitzke
Andy.Klitzke@state.sd.us
605-773-4412

Region 3

Samantha Hill
Samantha.Hill@state.sd.us
605-367-4510

Region 4

Carol Taylor
Carol.Taylor@state.sd.us
605-367-7496



SOUTH DAKOTA DEPARTMENT OF HEALTH

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.

SOUTH DAKOTA DEPARTMENT OF HEALTH

Office of Public Health Preparedness and Response
600 E. Capital Avenue
Pierre, SD 57501

Phone: 605-773-3361

Fax: 605-773-5683

<http://doh.sd.gov/>



The Happy Hippo!

WORD SEARCH

O R G L V P C D W G W E L K C
W I X N C F E X E B A I P B S
W S D O I L L N D H T K M U T
H D T A S N E A B G E L M Q E
E S C D R R N W S G R A N T K
E N E A A R A A F H T T W Q N
L B U T C W E G L O L E S F A
C A O U G H G H P P B I L H L
H R L R C V E O T I P K G V B
A R F H A H P Y K A B L I H I
I U F Y N P N P P P E A L M T
R C S O I B W D H B M W U F Y
I Z U H D E C K O F C A R D S
F E C R O F K R O W T F R Z H
N D S D Y K O X C X K R G F N

Shelter In Place

- BEDSLED
- BLANKETS
- CACHE
- COTS
- DECK OF CARDS
- FLASHLIGHT
- GENERATOR
- GRANT
- PLANNING
- WALKIE TALKIE
- WATER
- WEATHER RADIO
- WHEELCHAIR
- WORKFORCE

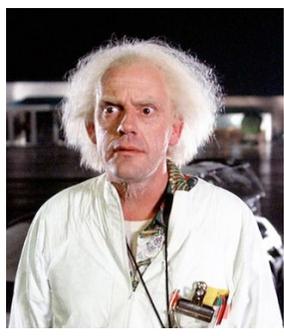
Bonus Word

H _ _ P _ _ O _ _ M _ S

MEDICAL MIX-UP! - HOW WELL DO YOU KNOW YOUR DOCTOR?

Match these famous "doctors" with their photos!

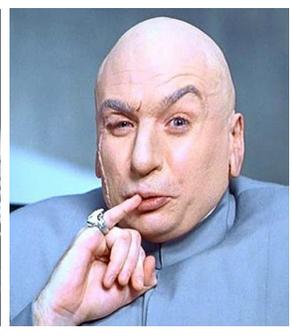
- A. Dr. Baker
- B. Dr. Huxtable
- C. Dr. Evil
- D. Dr. Kimble
- E. Dr. Scholl's
- F. Dr. Dre
- G. Dr. Brown
- H. Dr. Pepper
- I. Dr. Quinn



1. _____



2. _____

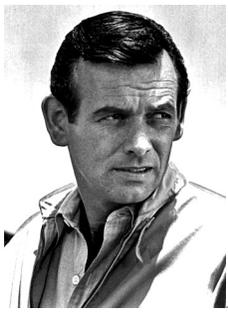


3. _____



4. _____

Answers on page 9.



5. _____



6. _____



7. _____



8. _____



9. _____