



## **Presentation by Dr. Joan Richardson, Emergency Preparedness**

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*Readiness for Recovery: Galveston Recovery Model*

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Well, I guess that I'll always be known for all of my life as the person who was in Paris during Hurricane Rita. How many of you are from Galveston? So a lot of you are not from Galveston.

Well, let me tell you just a little bit about UTMB. Because what I want to do is talk about emergency preparedness from the medical standpoint. And I want to do it from the perspective of UTMB. UTMB is a large academic health science center, probably the fifth or sixth largest academic health science center in the country. It happens to be located in this wonderful community of 55,000 people on an island off the coast of Texas. We have a medical school; we have a nursing school; we have a graduate school; we have a school of allied health sciences; we have a hospital with about 800 beds; we admit about 45,000 patients a year. We have clinics throughout the state that probably take care of about 800,000 patient visits a year. We have an emergency room that sees probably over 60,000 patient visits a year. We have about 1,000 physicians on our faculty. We have 800 medical students, a couple hundred nursing students, a number of Allied Health students, graduate students. We have a lot of people out there. Around about 14,000 people work at UTMB. It's a huge, it's a huge place.

We're the major healthcare center and have a very, very special responsibility to this community. Where we; most of us live and where we've grown up.

We also have a responsibility to take care of people who come in on our cruise boats. They may come in with various kinds of infectious disease.

The cruise boat may hit an iceberg as it's coming in and we may have to take care of people who are injured in that disaster. And of course, we have to make; account for; any evacuations have to account for people who are here who don't really live here.

And any day there are a lot of people who don't live in Galveston who, who are here. Every year at UTMB we do what we call **a hazard vulnerability analysis**. And I would suggest that those of you who have an opportunity to do this in your own communities, every year do a hazard vulnerability analysis. That's just a big word for **listing all the potential disasters. All the potential events that are going to happen or might happen that you're going to have to deal with**. And we use that analysis every year to set the agenda for preparing UTMB for emergencies and for our disaster preparedness.

Well, we have a long list in our hazard vulnerability analysis. The top three items are the ones that I want to spend just a little bit of time on today. The first one, of course, always at the top of the list, are **weather emergencies**. Hurricanes, tropical storms, etc. etc. And we spent a lot of time developing, updating, revising a very detailed plan for dealing with weather emergencies. **A detailed plan for dealing with weather emergencies as it impacts our clinical enterprise, our research enterprise and our educational enterprise.**

In the case of a major disaster we got to figure out a place **where** we're going to **train our medical students**. And it may not be on the island for awhile. We've got to figure out what we're going to do with all these **valuable research specimens and all this valuable research data** that our scientists have spent their entire lives gathering; to make that safe.

And, and then we've also got to have a plan in place that takes care of our patients but also a lot of our responsibility is **to take care of the people who take care of the patients at UTMB**. I have been particularly honored and pleased to be able to work with the City of Galveston in developing an emergency plan, particularly for the evacuation.

And she's not here right now, but Dr. Barbara Thompson has taken the lead on our, on our HEAT project - H-E-A-T - **Hurricane Evacuation Assistance Team**. We anticipate that there will be 3,500 or so special needs people in Galveston who need to be evacuated by bus. Many of those people have special needs in that they don't have an automobile or are not able to get out of town. But many of those people have special needs from the standpoint of medical issues. They're sick; they need some attention; they have all kinds of issues. And so what we have done is we have our HEAT team. This is about not 50 people, but about 140 people. We have about 90 people who include nursing students and, and medical students. Plus we have about 60 physicians. Now all of these people are going to go either on the buses or by car to our shelter. Our shelters in Austin. We anticipate that there'll be about 90 buses and we're going to have about four or five of these people on each bus to help people. Once we get to the, to our shelter in Austin - and there'll be about 12 shelters - we'll have teams. We plan to have people on 12 hour shifts. We don't plan to have people working 24/7. But we'll have physicians and other healthcare providers who can assist in making sure that people get the kind of healthcare they need and the attention they need while they're, while they're in Austin and while they're away. Even though we may evacuate and even though the hospital may evacuate - and **we plan to evacuate if we're looking at a category 4 or category 5 storm - we're not going to close UTMB.**

Karen Sexton said that UTMB stops for no storm, and she's absolutely right. **UTMB stops for no storm. We will leave behind a group of about 50 people for; physicians and nurses who are going to man the emergency room.** Because during the storm and immediately after the storm we're going to have to be available to take care of casualties of the storm and certainly take care of first responders who get injured. We also know that there will be a couple of shelters of last resort on the island. And we need to provide the medical backup for those shelters of last resort. So that's our; just in a nutshell, that's our plan for, for hurricanes. As I said, we keep revising this plan. You'd think after 100 years

we'd finally get the plan developed. But we keep having to work on it. The next thing on the list in terms of our hazards doesn't have anything to do with hurricanes. As a matter of fact, that's why it's so important to think about this. Because there's a lot more that can happen to people in this city just as there are a lot more that can happen to people in where you live than, that a hurricane. Of course, it only takes one hurricane to cause a lot of trouble. But there are a lot of things that can get you besides hurricanes.

And **next on our list of hazards is; relates to the petrochemical injury;** industry that's right across the bay in Texas City. There are large capabilities for refineries. There well may be explosions. When there are explosions or, or emergencies you can be dealing with toxic chemicals, trauma and severe burns. And we drill constantly in order to be able to take care of, of those kinds of catastrophes. Our drills and our planning paid off a couple of years ago when there was an explosion at the British Petroleum Refinery just across the way in Texas City. And in the space of about two hours UTMB received over 30 critically injured patients, burns, trauma and the like. And within a, just a very short period of time we were able to ramp up and, and take patients and provide care for them. And we did have a lot of help from area hospitals who also took people who were injured in that explosion. However, though, because we have a burn unit; because we have a trauma center; because we have a lot of intensive care beds; the sickest patients were preferentially triaged to UTMB.

Finally, the **third hazard that we prepare for is, is biological.** And I would suggest that we all need to prepare for that. Bioterrorism is one thing, but also mother nature can be pretty harsh. And natural biological disasters are on the horizon. And it's not a matter of, of if they're going to occur; it's when they're going to occur. We are particularly concerned about our capability of dealing with a pandemic flu, avian flu and, and SARS. And over the last year and a half we have done some extensive renovations to our facilities. And even with all those extensive renovations we only have the capability to take care of probably 30 severely ill people with these highly contagious communicable diseases. We've also spent a great deal of time training our, our personnel to be able to take care of these people using special protective equipment so that they can **care for people with severely; who are severely ill with communicable diseases.** And, and not expose themselves so they can continue to take care of people. But I think this is; we consider this a major concern and one that we want to stay prepared for. It's; as I said, it's not a matter of, of if it's going to occur. It, it's a matter of when it's going to occur.

And I'm terribly concerned about surge capacity throughout this region and throughout the United States to take care of people who are stricken with pandemic flu if it should occur. Well, what we've learned about emergency preparedness is that you're never really prepared. That there's always something you can do better. We do tabletop exercises. We drill; sometimes our drills are real. After every drill or ever event we have an extensive debriefing session. What did we do well; what did we do badly; how can we improve. And we use that information to beef up our plans and beef up our response.

Then if I could leave you with a couple of lessons that I learned; and one of the lessons is have a plan. Look at it. Revise it. And once the event occurs, be

flexible. What you find that you have to do in these disasters is ad lib quite a lot. And some of the things that you have to do are not in the plan. The other thing that is so critically important is redundancy. The reason why I could head for Paris was because there are plenty of people who could take my place as; and, and again I really feel strongly that the worth of a plan or the worth of the program or the worth of someone who's **in a leadership position is that they have a system in place that can operate even if they're present or not.** And certainly I got to feel like Bill Belichick, standing on the sidelines watching some fantastic quarterbacks. Or at least one fantastic quarterback and a great team perform beautifully during the, the Rita event.

Thank you for your time. I'm just honored to be here and be pleased to answer any questions.

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