Course Learning Outcomes for Unit IV

Upon completion of this unit, students should be able to:

2. Develop and meet risk reduction objectives.
   2.1 Assess their community's vulnerability for hazards.
3. Identify and develop intervention strategies.
   3.1 Summarize research that outline prevention strategies that can address risk-reduction in their communities.
5. Review and modify risk reduction programs
   5.1 Describe practices that emergency planners can perform in planning for disaster and emergency responses.
   5.2 Discuss the role of population density on the planning efforts for emergency planners and community-based stakeholders.

Reading Assignment

Chapter 14:
Profile of Community-Based Disaster Risk Management in Central America

Chapter 15:
Community-Based Disaster Risk Reduction in Guatemala

Unit Lesson

We have covered much material over the past few weeks regarding coalition formation, establishing Memorandums of Understanding (MOUs), and working alongside numerous community stakeholders in the context of a disaster. In this unit we will turn the focus to an event that took place in 2007 and involved the flooding of a local hospital, the evacuation of that hospital, and how the community stakeholders were able to successfully evacuate that hospital within three hours.

On August 24, 2007, a hospital located in Northwest Indiana (near Chicago) experienced flooding and an evacuation. For the purposes of this unit, we will be examining the roles of the fire departments in the flooding, evacuation, and how they worked alongside numerous agencies from both Indiana and Illinois. First, a little background on how this evacuation occurred, the weather conditions, and the demographics of the area in which the hospital was located.

This community had the opportunity to form a coalition for emergency response in 2006; they met monthly, coordinated efforts with one another for semi-annual trainings, and had MOUs established prior to this event. As we learned in the first few lessons, creating partnerships and coalitions are imperative to the success of any operation during an emergency.

In 2007, this particular area near Chicago was experiencing heavy rains throughout most of the summer — especially during the month of August. The weather conditions for August 23rd included heavy rains, possible tornadoes, and possible micro-bursts accompanying the storms. The hospital is located in an area where there are literally no areas for water to run off (mostly cement, low-lying near storm sewers) and there is a creek that is located about 250 yards away that is normally about three to six inches deep. There are several local emergency agencies, fire and police departments, county representatives, and municipalities that are located near the hospital. In fact, the police and fire departments are located behind the hospital's emergency department (on a slight hill). On August 23rd, a micro-burst occurred in this area of Chicago and Northwest
Indiana, causing torrential rains, wind damage, and leaving about five inches of rain behind before the storm cleared. The following day the water began to rise in the small creek and began pushing through the sewer system located in front of the hospital. The president of the hospital gave the order to evacuate.

An incident command (IC) was established inside the hospital at the moment the decision to involve the fire department became necessary. The local fire department was called, and they met with the Incident Commander (IC) and discussed the rising waters, the impending evacuation, and what courses of action were necessary for safety and security during this time. The fire department (located across the street from the hospital) became the location for the unified command between hospital command and the local departments that would eventually be responding.

The chief of the fire department, who was working alongside the liaison officer at the hospital, called a box alarm for Mutual Aid Box Alarm System (MABAS) extending across the border into Illinois for more responding units and fire departments to assist. The local fire department began gathering information on how many patients would need to be evacuated, locations available that would not be flooded, and a staging location for other units responding to the emergency. Eventually, there were 67 units (fire trucks, engines, buses, boats, hazardous materials units, and other municipal vehicles) that responded to the evacuation. The public information officers (PIO) from both the hospital and fire service worked alongside one another in delivering one message for the media and the public regarding the evacuation. The American Red Cross (coalition member) was also part of the evacuation effort by assisting in locating and reuniting patients and families once the patients were evacuated safely to another location. The local school system, which was also a member of the coalition for emergency response, supplied buses for the evacuation of patients who were able to walk to transportation to another hospital.

The fire departments worked alongside the community stakeholders who were instrumental in securing sandbags, parking lots for staging vehicles, and food preparation from the Salvation Army. Other faith-based organizations sent volunteers to help with paperwork and sandbagging efforts. The local county units were also deployed during this time to supply large telescoping lighting units, generators to supply power for the lighting, and to block roads so other vehicles could not pass through.

Once the event concluded three hours later, all 66 patients were evacuated. The fire department not only coordinated outside efforts in a unified command approach, but also one that was coordinated with the Hospital Incident Command System (HICS).

The main focus of this study is to demonstrate how working together as a community can benefit an organization/facility in the event of an emergency. This particular community was committed to meet once a month in order to prepare for disasters and emergencies. If you recall from our previous lessons, preparing, communicating, meeting regularly, and discussing what types of provisions are available is imperative to the success of any operation. This particular community was proactive regarding their disaster and emergency response operations, and it worked well not only for the community, but also for the fire departments that were involved in physically carrying the patients out of the hospital down several flights of stairs to safety.

By planning ahead of time, the operations at this event went relatively smoothly due to the willingness to meet regularly and discuss the hazards that were in the community. In an effort to remain up-to-date on the issue of flooding, for example, the community decided to build higher retention walls and flood gates that would prevent flooding into both the communities and the hospital, modify the sewer intakes for the areas in front of the hospital and the surrounding areas, and to practice evacuation drills regularly at the hospital. The main point of this particular lesson is to have a well-developed plan that is coordinated ahead of time. Having risk reduction goals, learning what the priorities are in the emergency, and being able work alongside numerous agencies prior to the event are all community risk issues that can improve the chances of a well-formatted operation.

**Key Terms**

1. Center for International Studies and Cooperation (CECI)
2. Disaster preparedness
3. Disaster prevention
4. Mitigation
5. Risk analysis