



NYU  
Medical  
Center

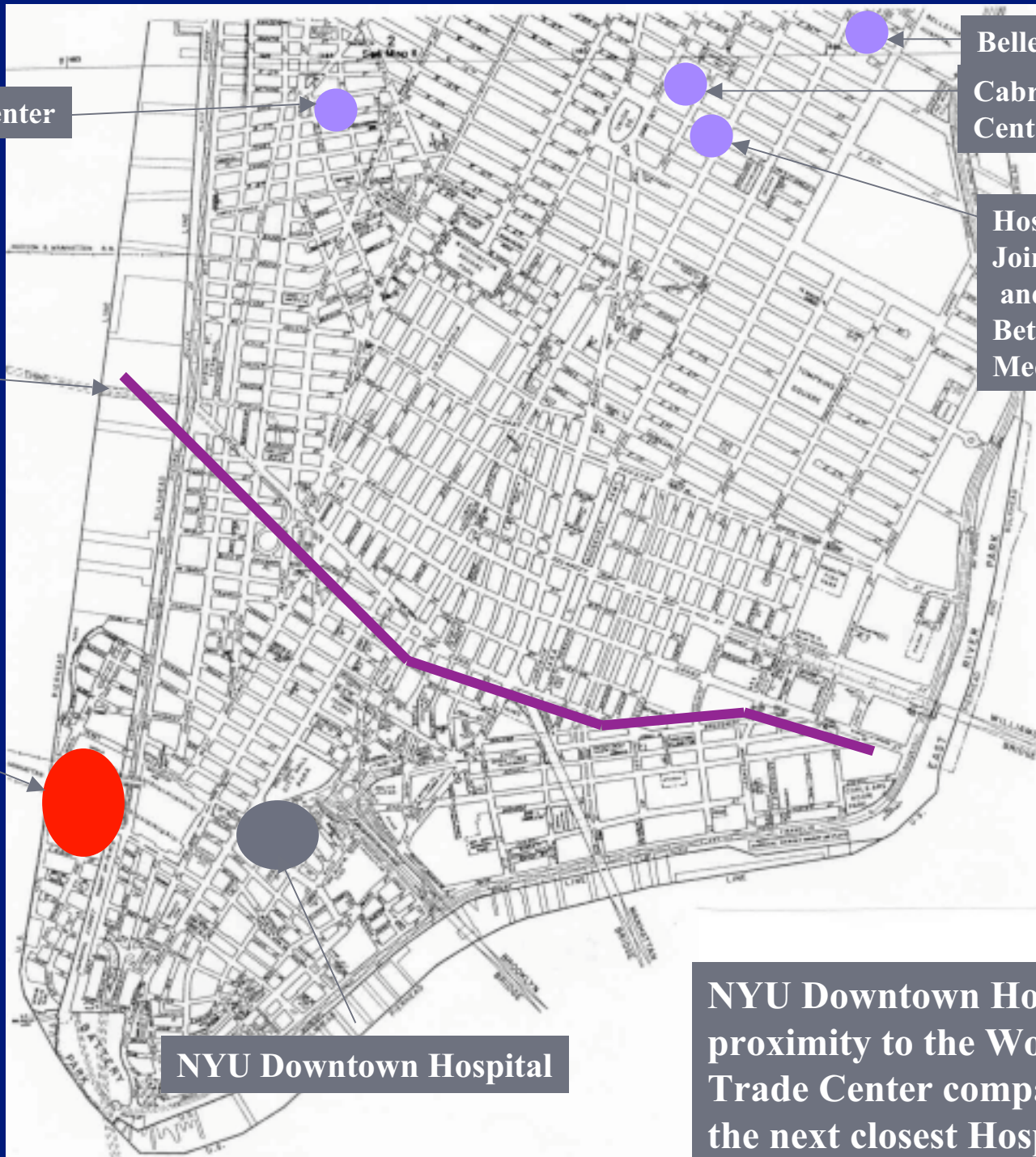
*NYU*  
*DOWNTOWN*  
*HOSPITAL*

September 11, 2001  
Lessons Learned  
NYU Downtown Hospital

GNYHA May 14, 2002

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St. Vincent's Medical Center

Security Perimeter

World Trade Center

NYU Downtown Hospital

Bellevue Hospital  
Cabrini Medical Center

Hospital for Joint Diseases and Beth Israel Medical Center

NYU Downtown Hospital's proximity to the World Trade Center compared to the next closest Hospitals



# Critical Events

— 8:46

- First plane strikes North Tower
- ER staffed with 1 MD and 6 RNs
- 12 Admissions holding in ER

— 8:51

- First patient arrives in ER

# Critical events (con't)

— 9:03

- Second plane strikes South Tower
- Gas and Steam to hospital shut down

— Next Hour:

- 150 patients arrive in ER
- 200 patients arrive upstairs

# Critical Events (con't)

— 10:03 AM

- South Tower falls

— 10:28 AM

- North Tower falls

— 5:00 PM

- 7 WTC falls
- Hospital loses gas, steam, electricity, and phones (Services would remain down for six days)

# The Incident Command System

- \_ Originated in California in 1970's
- \_ Required by NYS executive order
- \_ Implemented at NYUDH on January 1, 2001

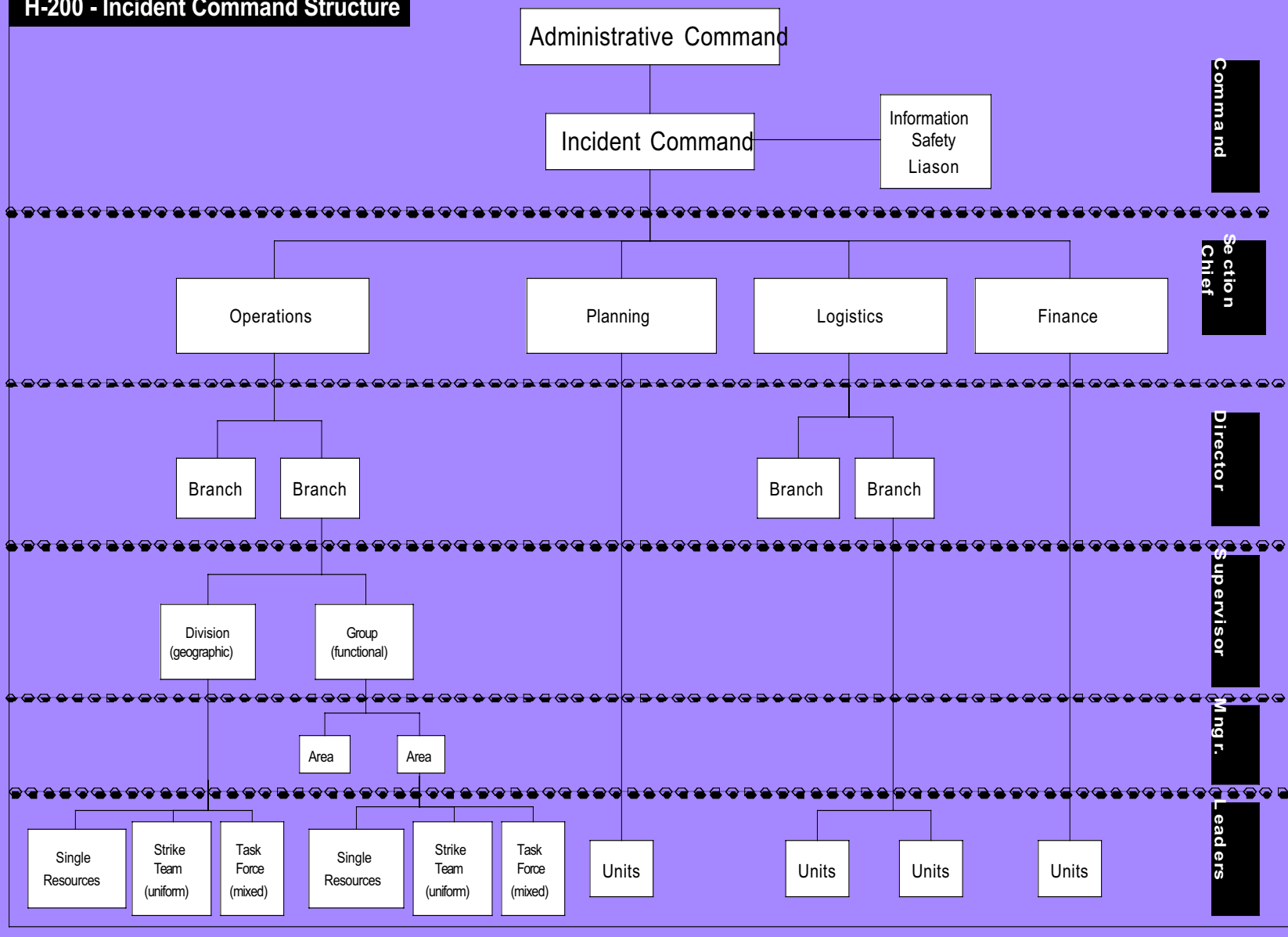
# ICS Essentials

- \_ Standardized Plan
- \_ Uses Available Staff
- \_ Management by objective
- \_ Five essential functions
- \_ Scalable
- \_ Span of Control
- \_ Unity of Command

Why are we using ICS ?

**SAFETY**

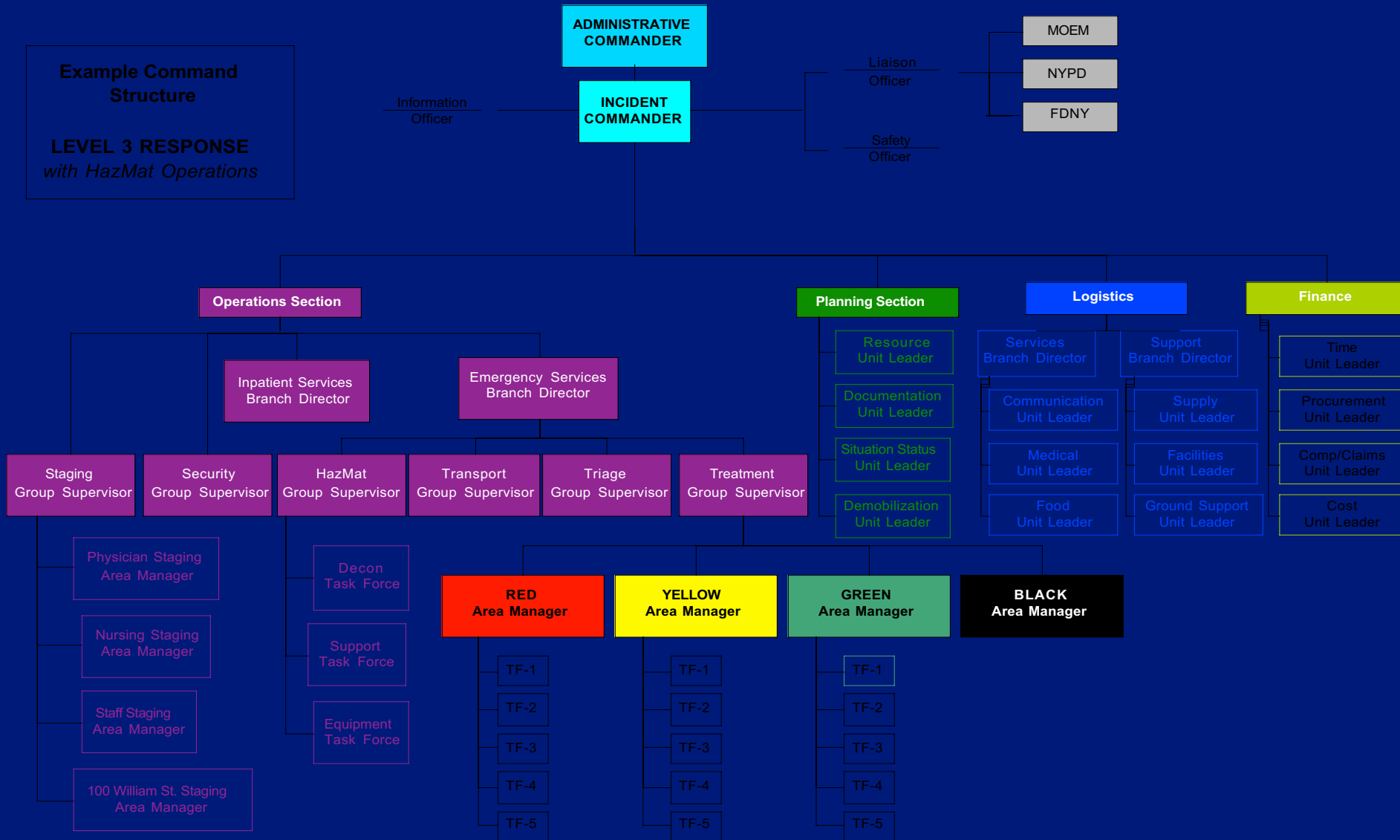
# H-200 - Incident Command Structure



# EMERGENCY MANAGEMENT / DISASTER PLAN

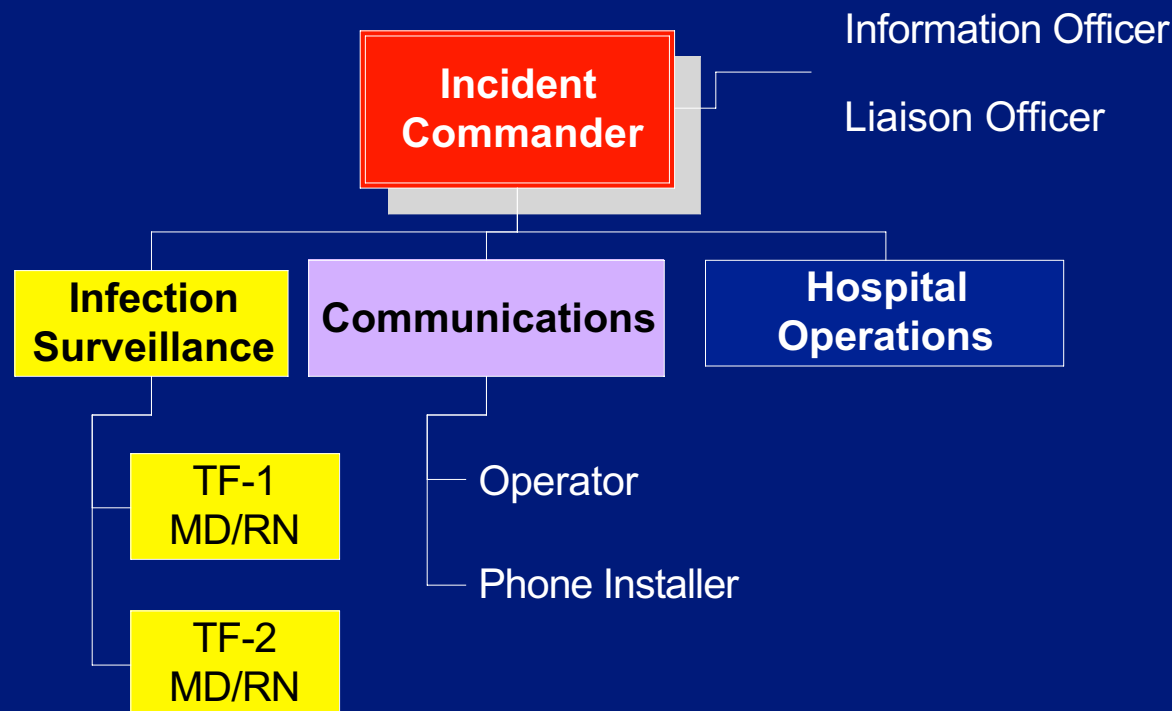


**Example Command Structure**  
**LEVEL 3 RESPONSE**  
*with HazMat Operations*



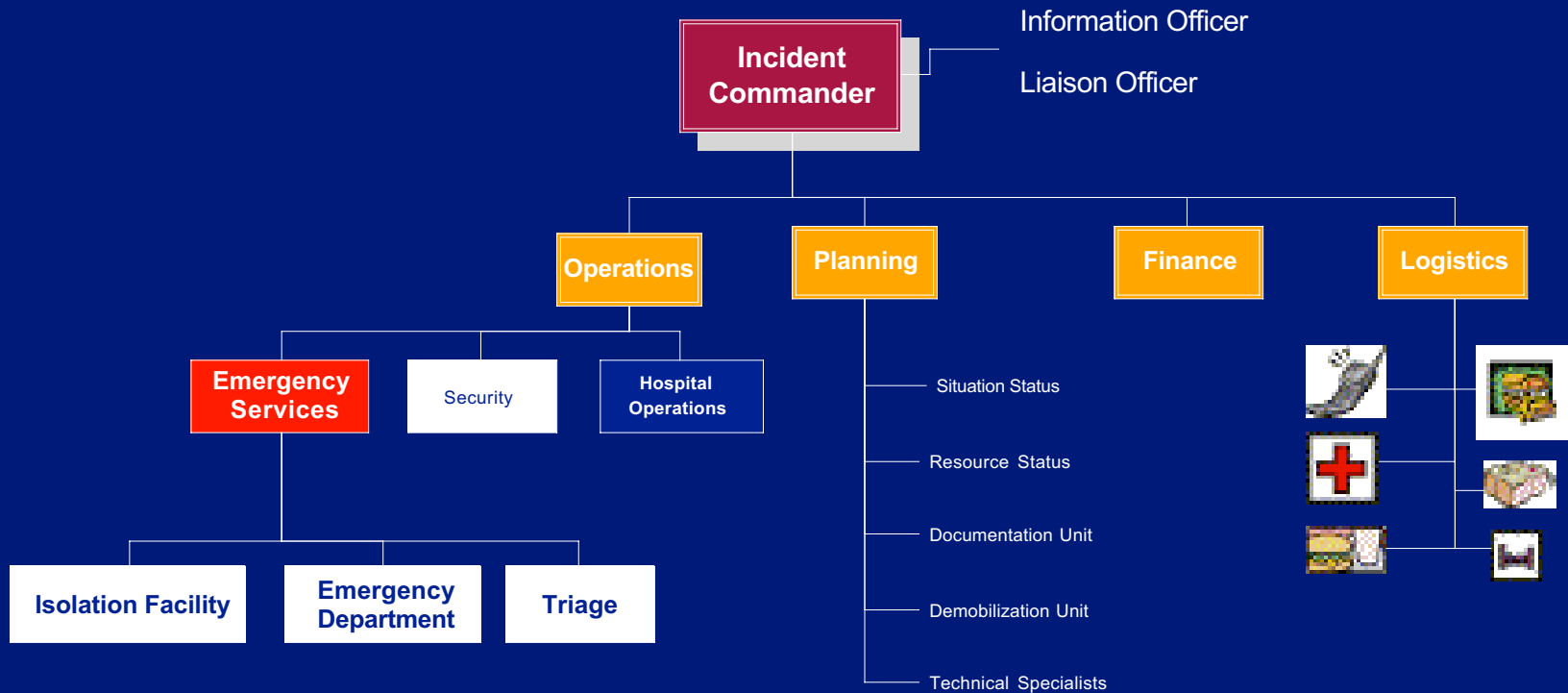
# Biological Event

- NYC hospitals are notified of a probable case of smallpox in a city hospital



# Biological Event

External Public Health authority declares a health emergency.



# ICS Problems

- \_ Teams break apart as clinicians drift toward more active cases
- \_ Communication systems are inadequate
- \_ Resources & supplies moving in/out too quickly to manage.
- \_ Many had not yet been trained and those that had were using it for the first time

# Some Other Lessons Learned

- \_ Credentialing issues: Overwhelming number of volunteers arrived at the hospital.
- \_ Documentation: Hospital had run out of triage tags making patient tracking very difficult
- \_ Communication:
  - Internal
  - External
- \_ Security issues
- \_ Dedication and professionalism of Hospital staff



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