



## COMMUNITY HEALTH CENTERS

*Yes We Can!*

### REGION II CONFERENCE

JULY 13, 2009



FLOODS



FIRE

## Is Your Center Prepared to Manage Emergency Events

e.



Steven Platt, DMD

William F. Ryan Community Health Center

110 West 97<sup>th</sup> Street

New York, NY 10025

[splatt@ryancenter.org](mailto:splatt@ryancenter.org)

three Ryan locations

## RYAN CENTER

*William F. Ryan Community Health Center*

110 West 97th St., New York, NY 10025

(212) 749-1820

upper westside

## RYAN CHELSEA-CLINTON

*Community Health Center*

645 Tenth Ave., New York, NY 10036

(212) 265-4500

midtown

## RYAN NENA

*Community Health Center*

279 East Third St., New York, NY 10009

(212) 477-8500

lower eastside

“health care is a right, not a privilege”



# WHY DISCUSS EMERGENCY MANAGEMENT

????????????



# **EMERGENCY MANAGEMENT/PREPAREDNESS**



## **POLICY INFORMATION NOTICE**

**DATE:** August 22, 2007

**DOCUMENT NUMBER:** 2007-15

**DOCUMENT TITLE:** Health Center  
Emergency Management Program  
Expectations

# **EXPECTATIONS:**

- Health centers must have risk management policies and procedures in place that proactively and continually identify and plan for potential and actual risks to the health center in terms of its facilities, staff, clients/patients, financial, clinical, and organizational well-being.
- Plans and procedures for emergency management must be integrated into a health center's risk management approach to assure that suitable guidelines are established and followed so that it can respond effectively and appropriately to an emergency.
- Health centers should also be aware that other entities (i.e., accrediting organizations, State and/or local health departments) may also have requirements related to emergency management activities.





Chapter: Emergency Management

EM.02.01.01 The organization has an Emergency Management Plan.



# **Protect Staff, Patients & Visitors**



# September 11, 2001

- Ryan-NENA Community Health Center (Lower East Side of Manhattan) was impacted with many patients who were in WTC and Lower Manhattan area.
- Emergency Preparedness was critical in being prepared for the Center's response to this disaster event.

# What Ryan did during 9/11 and its aftermath:

- Supplied water and masks to community members and provided first aid where needed.
- Provided information and resources to those trying to help/volunteer.
- Provided mental health counseling for patients and community members affected by the event.
- Referred community members to other agencies in order for them to get the specific help or resources they required.

# Emergency preparedness is crucial when disaster strikes



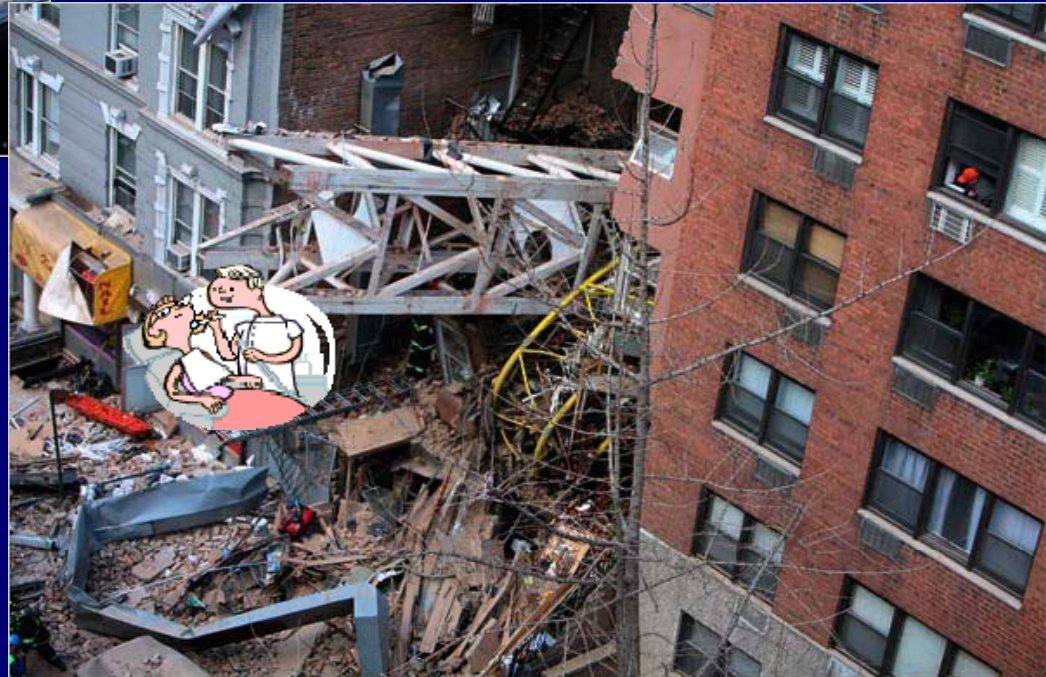
A crane towering over a high-rise construction site on the East Side of Manhattan collapsed in a roar of rending steel on **March 15, 2008**, raining death and destruction across a city block as it slashed down on an apartment building, broke into sections, crushed a town house and cut away a tenement facade.



City officials said the crane destroyed a building at 305 East 50th Street.



Damage was expected to run into the millions in what the authorities called one of the city's worst accidents.



# One Killed in Manhattan Crane Collapse

May 30, 2008



A crane toppled and collapsed onto a high-rise apartment building on **East 91st Street** on the Upper East Side on Friday morning, tearing off balconies and raining broken brick and shattered glass onto the street below, in the second Manhattan crane collapse in two months.



July 26, 2007

## Blasting May Have Led to Upper West Side Wall Collapse



- Preliminary reports suggest that blasting contributed to the partial collapse of a retaining wall on the Upper West Side on Wednesday evening.
- The collapse forced the temporary evacuation of several hundred residents from a nearby apartment building, at 784 Columbus Avenue, near West 97th Street, part of the Park West Village development.







JULY 2008

## Learning Objectives:

- Employee Preparation
- Formulation of HVA-need to customize for your site
- Incident Command Structure
- Share Ryan's experience in conducting disaster drills



American Public Health Association



The American Public Health Association (APHA) is the oldest, largest and most diverse organization of public health professionals in the world. The association works to protect all Americans and their communities from preventable, serious health threats.

# Climate Change: Our Health in the Balance



National Public Health Week  
April 7-13, 2008



## National Public Health Week

April 2-8, 2007



### TAKE THE FIRST STEP!

#### PREPAREDNESS AND PUBLIC HEALTH THREATS

Addressing the Unique Needs of the Nation's Vulnerable Populations



## National Preparedness Public Opinion Survey

APHA conducted a national survey in February 2007 on levels of emergency preparedness.

The survey found that many Americans' preparedness plans have lapsed in the years following the September 11, 2001 terrorist attack.

- Only 37% of employers think that a major public health crisis will affect their organization in the next year or two.
- ~Half of employers report having done some things to prepare for a public health crisis, but say they know they should probably do more.
- 15% of employers have taken no special steps to prepare.





Ready. ✓

September is  
**National Preparedness Month**

Get A Kit    Make A Plan    Be Informed    Get Involved

Sponsored by the U.S. Department of Homeland Security's (DHS) *Ready* Campaign

- ❖ The NYC Office of Emergency Management (OEM) is committed to educating New Yorkers about the hazards they face and ways they can better prepare themselves.



"GO-BAG"



Emergency Supply Kit



Household Disaster Plan



Every household should pack a Go Bag — a collection of items you may need in the event of an evacuation. A Go Bag should be packed in a sturdy, easy-to-carry container such as a backpack or suitcase on wheels.

A Go Bag should be easily accessible if you have to leave your home in a hurry. Make sure it is ready to go at all times of the year.

- Copies of your important documents in a waterproof and portable container (insurance cards, photo IDs, proof of address, etc.).
- Extra set of car and house keys.
- Credit and ATM cards and cash, especially in small denominations. Keep at least \$50-\$100 on hand.
- Bottled water and non-perishable food such as energy or granola bars.
- Flashlight
- Battery-operated AM/FM radio and extra batteries.
- List of the medications each member of your household takes, why they take them, and their dosages. Medication information and other essential personal items. If you store extra medication in your Go Bag, be sure to refill it before it expires.
- First-aid kit
- Contact and meeting place information for your household, and a small regional map.
- Child care supplies or other special care items

# HAZARD VULNERABILITY ANALYSIS



*"The identification of potential emergencies,  
& the effects these emergencies have  
on the organization's operations and the  
demand for its services."*

"Scanning . . . *The Unthinkable* isn't merely a book about disaster; it's a book about survival—maybe yours."  
—GAVIN DE BECKER, author of the *New York Times* bestseller *The Gift of Fear*

# THE UNTHINKABLE

WHO SURVIVES WHEN  
DISASTER STRIKES—  
AND WHY

AMANDA RIPLEY

# Core Lesson of the Book:

“The best way to get the brain to perform under extreme stress is to repeatedly run it through rehearsals beforehand.”

**“WHAT ARE THESE  
EVENTS THAT MAY  
IMPACT MY CENTER”**



# Naturally Occurring Events



NYC.gov NEWS



***OEM TIP OF THE WEEK: NEVER SAY NEVER WHEN IT COMES TO SEVERE WEATHER***

When it is sunny outside it is difficult to remember how dangerous weather can be, but don't be fooled: 90 percent of all presidentially declared disasters are weather-related. They account for around 500 deaths and nearly \$14 billion in damages across the United States every year.

It is Severe Weather Awareness Week and OEM reminds New Yorkers to keep up with the forecasts. Specific hazards may require specific plans. For example, avoid landline phones and electrical appliances during thunderstorms, as they can conduct electrical surges from lightning.



**January 17, 1995**

**Kobe, Japan's Earthquake**







## New Orleans floods

Aerial photos from New Orleans show the effects of flooding after two levees were breached Tuesday.

A man trapped on the roof of his house tries to get the attention of a helicopter for rescue after floodwaters rose in New Orleans Tuesday





# Technological Events

# August 15, 2003

## The New York City Blackout



## NYC Transit Strike, Dec. 2005







# Dialysis Center Evacuation

April 17, 2007

**SMITHFIELD TOWNSHIP — The Pocono Dialysis Center, off Route 447, was evacuated late Monday afternoon after a worker dropped a box of cleaning materials and a noxious odor permeated the building.**





July 18, 2007

**Steam Pipe Explosion Jolts Midtown:  
One Person Is Confirmed Dead**

*A steam pipe installed in 1924 ruptured in a thunderous explosion sending steam, water and debris shooting outward and sending clouds of smoke and dust billowing through Midtown Manhattan at the height of the evening rush.*





Category	Hazard	Probability of Occurrence	Risk	Organization Preparedness	Remarks
Security	Bomb Threat	Low/Moderate	High	Moderate	Staff trained
	Civil Disturbance	Low/Moderate	Moderate	Moderate	Security staff properly trained.
	Gang-related Activity	Low	Low	Moderate	Security staff properly trained.
	Terrorist Attack	Moderate/High	High	Moderate	Smallpox Disaster Drill 2004/ Coordinate efforts with local agencies, including FDNY/EMS/DOH.
	Visiting or Injured VIP	Moderate	Low	High	Security staff properly trained.
	Workplace Violence	Moderate	Moderate	High	Staff trained during Core Competency.
	Hostage	Moderate	Moderate	Moderate	Security staff trained.
	Child Abduction	Moderate	Moderate	Moderate	Drill performed August 2005.

Category	Hazard	Probability of Occurrence	Risk	Organization Preparedness	Remarks
Weather	Snowstorm	High	Low	High	Occasional occurrence/ Staff trained.
	Earthquake	Low	Moderate	Low	Coordinate efforts with local agencies.
	Hail	Moderate	Low	Moderate	Occasional occurrence/ Staff trained.
	High Winds	Moderate	Low	High	Coordinate efforts with local agencies.
	Hurricane	Low	Moderate	Low	Coordinate efforts with local agencies.
	Ice Storm	High	Moderate	High	Actual experience/ staff trained.
	Severe Cold	High	Low	High	Facilities Department is equipped to manage.
	Severe Heat	High	Low	High	Facilities Department is equipped to manage.
	Severe Rainfall/Flood	Low	Low	Moderate	Coordinate efforts with local agencies.
	Tornado	Low	Moderate	Low	Coordinate efforts with local agencies.



Category	Hazard	Probability of Occurrence	Risk	Organization Preparedness	Remarks
Utility Failures	Electrical	Low/Moderate	Low	High	Practiced periodically.
	Fire Suppression System	Low	Moderate	High	Facility staff trained.
	HVAC	Moderate	Low	High	Practiced periodically
	Information Systems	Moderate	Low	High	ITS Department has procedure for back-up of data.
	Natural Gas	Low	Moderate	High	Checked by Con Ed and plumbing consultant.
	Security System	Low	Moderate	High	Monitored by ADT/Staff trained.
	Sewage	Moderate	Low	High	Facility staff trained.
	Telephone/telecommunications	Moderate	Low	High	Actual experience with back-up plan.
	Water	Moderate	Low	High	Have backup bottled water supply.
	Elevator Failure	Moderate/High	Moderate	High	Actual experience with elevator failure.

 CBS.com

# LATE SHOW

*with David Letterman*



**EMERGENCY EVENTS THAT CAN OCCUR AT  
YOUR SITE**

## THE LATEST TOP 10



**WHAT IS THE NEXT STEP  
YOU NEED TO DO AFTER  
YOU FINISH THE HVA???**







### **NIMS ICS-100 TRAINING:**

To obtain the ICS-100 course materials or take the course online go to

**<http://www.training.fema.gov/EMIWeb/IS/is100.asp>**

**Purpose of ICS:** *Identify requirements to use ICS, three purposes of ICS and common incident tasks.*

- \* Basic Features of ICS: Describe the basic features of ICS.
- \* Incident Commander and Command Staff Functions: Describe the role and function of the Incident Commander and Command Staff.
- \* General Staff Functions: Describe the role and function of the Operations, Planning, Logistics and Finance/Administration sections.

# **INCIDENT COMMAND CENTER POSITION DESCRIPTION SUMMARY**

**Emergency Incident  
Commander**

Facility Unit  
Leader

Safety &  
Security  
Officer

Public  
Information  
Officer

Medical Staff  
Director

Finance  
Section Chief

Material  
Supply  
Unit  
Leader

General  
Nursing Care  
Unit Leader

Triage Unit  
Leader

Psychological  
Support Unit  
Leader

**INCIDENT  
COMMANDER**

Organizes and directs Incident Command Center. Gives overall direction for Center operations, and if needed, authorizes evacuation.

**Facility Unit  
Leader**

Maintains the integrity of the physical  
facility to the best level.



Safety & Security  
Officer

Monitors and has authority over the safety of rescue operations and hazardous conditions. Organizes and enforces scene/facility protection and traffic security.

Public Information Officer	Provides information to the news media.
----------------------------------	--

Medical Staff  
Director

Organizes, prioritizes, and assigns  
medical personnel to areas where  
medical care is being delivered.

Finance Section  
Chief

Monitors the utilization of financial assets. Oversees the acquisition of supplies and services. Supervise the documentations of expenditures relevant to the emergency incident.

General Nursing  
Care Unit Leader

Supervises and maintains general  
nursing services to the best possible  
level to meet patient's needs.



Psychological  
Support Unit  
Leader

Assures the provision of psychological, spiritual and emotional support to the Center's staff, patients, and visitors. Initiates and organizes the Critical Stress Debriefing process.

Material Supply  
Unit Leader

Organizes and supplies medical and non-medical care equipment and supplies.

## INCIDENT COMMAND CENTER POSITIONS

Incident Command Position	First Responder	Alternate
<b>INCIDENT COMMANDER</b>	Director of Operations	Facilities Director or Security Manager
Facility Unit Leader	Facilities Director	Assistant to the Facilities Director
Safety & Security Officer	Security Manager	Facilities Director
Public Information Officer	Director of Administrative Affairs	President/CEO
Medical Staff Director	Medical Director	Director of Pediatrics or Director of In-Patient Services
Finance Section Chief	CFO	Controller
General Nursing Care Unit Leader	R.N. Unit Manager (Adult Medicine or Pediatrics or Women's Health)	R.N. Unit Manager (Adult Medicine or Pediatrics or Women's Health)
Triage Unit Leader	R.N. Unit Manager (Adult Medicine or Pediatrics or Women's Health)	R.N. Unit Manager (Adult Medicine or Pediatrics or Women's Health)
Psychological Support Unit Leader	Director of Mental Health	Assistant to the Director of Mental Health
Material Supply Unit Leader	R.N. Unit Manager (Adult Medicine or Pediatrics or Women's Health)	R.N. Unit Manager (Adult Medicine or Pediatrics or Women's Health)

**CHCs must be proactive in establishing relationships and collaborations with other agencies:**





# ■ Hospital Collaboration

- **Police Department**
- **Fire Department**
- **EMS**

# William F. Ryan Community Health Center

**OPEN**

CONVENCIONES  
MON - V: 9:00 AM - 5:00 PM  
SABADO: 9:00 AM - 4:00 PM  
www.wfryan.com

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MON - V: 9:00 AM - 5:00 PM  
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www.wfryan.com

NOTICE  
The opening hours of the William F. Ryan Community Health Center are 9:00 AM to 5:00 PM, Monday through Friday, and 9:00 AM to 4:00 PM on Saturdays. The Center will also be open for walk-in patients during the hours listed above. If you are unable to visit during these hours, please call the Center at (781) 852-1234 for more information. Thank you.

The opening hours of the William F. Ryan Community Health Center are 9:00 AM to 5:00 PM, Monday through Friday, and 9:00 AM to 4:00 PM on Saturdays. The Center will also be open for walk-in patients during the hours listed above. If you are unable to visit during these hours, please call the Center at (781) 852-1234 for more information. Thank you.

**CLOSED**

THE MAIN CENTER WILL BE CLOSED ON SATURDAYS DURING THE 2002 CONVENTION

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**DISASTER DRILL**  
MAY 31, 2002

# William F. Ryan Community Health Center

## *Emergency Preparedness Drill*

- Simulated Vehicular Collision into Front of Center



May 31, 2002

Dear neighbors of / patients of / visitors to the William F. Ryan Community Health Center:

On June 4, 2002, the Ryan Center will be conducting a *drill* to test our ability to manage a large-scale emergency situation or disaster. A simulated traffic crash involving pedestrians, the Center's front windows and patients waiting in the front lobby will occur on the morning of June 4th. Please note that 97th Street between Columbus and Amsterdam Avenues will temporarily be closed to traffic during the drill, for up to 1 hour.

If you have any questions regarding the drill, please call Ms. Lis McDuffie, Director of Operations, at 212-316-7915.

Thank you for your assistance.

Sincerely,  
Barbra E. Minch  
President/CEO













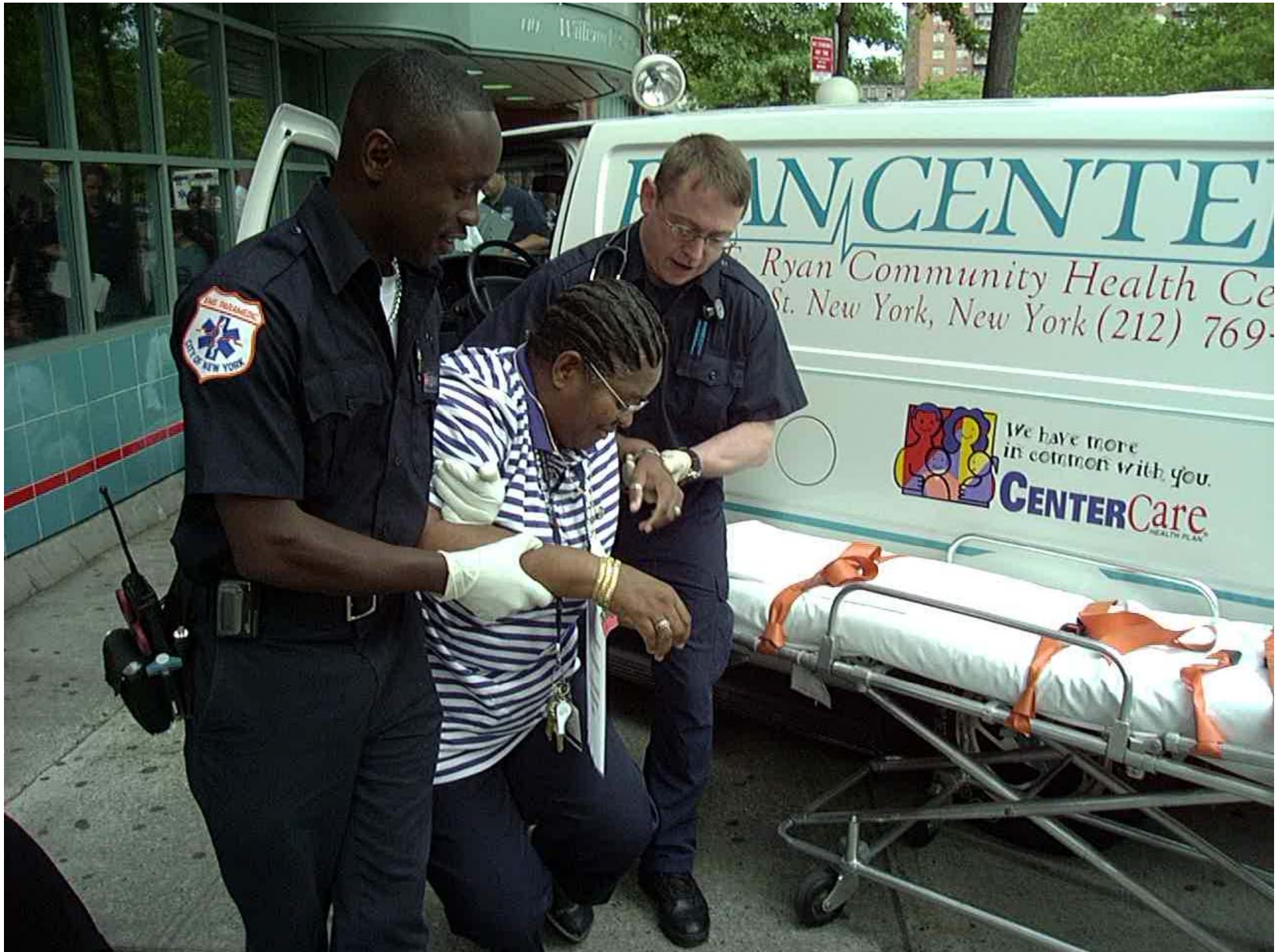


















































0: AP



# el diario

El campeón  
de los  
*hispanos*

LA PRENSA

COMUNIDAD



## Simulacro de emergencia en NY

**ATENDIENDO A 'HERIDA'** - Dos paramédicos asistieron a Marguerite Wilkins y a otras 'victimas' durante el simulacro que se llevó a cabo en el Centro de Salud William F. Ryan el martes pasado. En el simulacro, un camión pretendió estrellarse contra el vestidor del centro médico, cuyos médicos y enfermeras participaron aplicando primeros auxilios, y atendiendo a la 'victimas' que requerían atención médica, como oxígeno, CPR (resucitación cardio-pulmonar), así como tratamiento básico en caso de golpes, además de ofrecer consejería. Como ésta, hay muchas instituciones que vienen entrenándose en caso de que llegara a presentarse una emergencia real.



"Hotwash/Debriefing"



# Debriefing Post-Drill

- Reviewed drill highlights and recommendations.
- Discussed partnership and collaboration status.





# Ryan/Chelsea-Clinton Community Health Center

## Emergency Preparedness Drill

- Mock Avian Influenza



- ATLANTA, Ga.-The Centers for Disease Control and Prevention (CDC) recently released results of a study suggesting that some North American avian influenza virus strains have properties that might *enhance their potential to infect humans* as well as their potential to spread from human to human.
- The study was recently published in the *Proceedings of the National Academy of Sciences USA*. Avian influenza A H7 viruses are fairly common in birds, but rarely infect humans. Most cases of avian influenza infection in humans have resulted from contact with infected poultry or contaminated surfaces.

- Health officials have also been closely monitoring a different avian influenza virus, H5N1, which began spreading among birds and poultry in Asia in 2003 and has spread to birds in other countries in Europe, the Near East, and Africa. Nearly 400 human cases of H5N1 have been reported worldwide though none of these have occurred in the United States or even the Western Hemisphere. Most of these cases have occurred from direct or close contact with infected poultry or contaminated surfaces; however, a few cases of human-to-human spread of H5N1 virus have occurred.

# Identification of Partners

**RYAN CENTER**  
*William F. Ryan Community Health Center*



**CHC ANYS** | *Defining New Directions*  
**Community Health Care Association of New York State**

- Collaborations with New York City Department of Health & Mental Hygiene, St. Luke's-Roosevelt Hospital Center, and Community Health Care Association of New York State (CHCANYS)



# William F. Ryan Community Health Center

**OPEN**

**OPEN**

The opening hours of the William F. Ryan Community Health Center are: Monday through Friday, 9:00am to 5:00pm. The Center will also be open on Saturdays, 9:00am to 12:00pm. The Center will be closed on Sundays and public holidays. For more information, please call (781) 862-1234. Thank you.

**CLOSED**

THE MAIN CENTER WILL BE CLOSED ON SATURDAYS DURING THE HOLIDAY PERIOD.

**POINT OF DISTRIBUTION DRILL**  
**November 29, 2007**

# The New York Times

## What if a Flu Like 1918's Broke Out Now?

By AVI SALZMAN

Published: March 23, 2008



National Museum of Health and Science

Victims of the 1918 influenza outbreak in Kansas.

## The New York Times

"Today, New Jersey, Connecticut and New York are much more prepared than they were 90 years ago in the event that an influenza outbreak turns into a pandemic.

But five years after an avian flu outbreak in Asia made pandemic flu planning a priority, some experts are concerned that states have not been equally vigilant about preparing, and as attention and federal financing begin to decrease, they fear that preparedness efforts will slacken."

**READY NEW YORK  
PANDEMIC FLU**

**SEASONAL FLU VS. PANDEMIC INFLUENZA**

**Pandemics may occur**

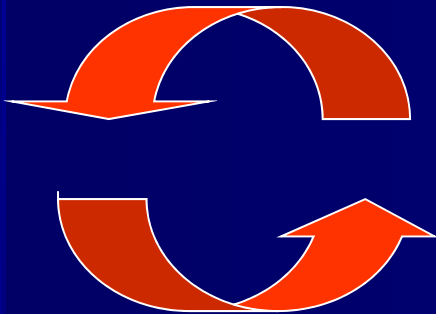
**when a flu virus changes radically, leaving large numbers of people susceptible to infection. Pandemic influenza spreads quickly around the world, causing widespread illness and even death. It is typically more severe than seasonal flu, and the seasonal flu vaccine will not protect you from a pandemic virus. Government health officials will announce when there is a pandemic event.**



# Identification of Partners

**RYAN CENTER**

*William F. Ryan Community Health Center*



## *Pre-POD Planning*

- POD team leader: Steven Platt, Director of Dental/Radiology Services, EP Coordinator
- POD Committee:
  - Medical Director, Facilities Director, Director of Operations, Director of Pediatrics, Adult Med Unit Manager, Dir of Community Relations, Community Relations Coordinator

# *Pre-POD Planning*

- Committee met four times.
  
- Date of POD Drill:  
November 29, 2007
  
- Preparation:
  - Discussed job classifications/assignments/staffing
  - Flow patterns
  - Supplies Needed
  - Publicity for event (newspapers, NY1, radio)

**POD TEAM LEADER**

**Flow Monitor Chief**

**Medical Affairs Chief**

**Crowd Control Monitor**

**Waiting Area Monitor**

**Pre/Post Triage Monitor**

**Infection Control  
Monitor**

**Triage Officers**

**Medical Evaluator**

**Dispensing Officer**





Please, remove your coats, jackets & sweaters and roll up your sleeve.

Por favor, quita sus abrigo, las chaquetas & suéteres y enrolla la manga.

S'il vous plaît, enlevez vos manteaux, vos vestons & les chandails et enrroulez votre manche.





Please, remove your coats, jackets & sweaters and roll up your sleeve.

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A

# RYAN CENTER

*William F. Ryan Community Health Center*

B





A

# RYAN CENTER

*William F. Ryan Community Health Center*

B















## **FLU SHOT FACT SHEET**

**Please read the following information before receiving the flu shot.**

William F. Ryan Community Health Center

**INFLUENZA  
VACCINATION VISIT**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

TIME IN: \_\_\_\_\_

TIME VACCINE GIVEN: \_\_\_\_\_

	Yes	No
1. Do you need help reading the Flu Shot Fact Sheet?		
2. Do you have any questions about the flu shot?		
3. Are you allergic to eggs? (i.e., hives, tongue/lip swelling, asthma, or respiratory/circulatory collapse after eating eggs?)		
4. Do you have a prior history of allergic reaction to flu vaccination?		
5. Do you have a history of paralysis due to the Guillain-Barre Syndrome?		
6. If your child is getting the flu vaccine, is your child presently under 9 years of age? (Needs counseling to get 2 <sup>nd</sup> dose.)		

**IF "YES" TO ANY OF THE ABOVE, DEFER VACCINATION AND REFER PATIENT TO MEDICAL EVALUATOR STATION.**

If "NO" to all of the above, give whole influenza vaccine, 0.5 ml. IM.

Lot number: U2436AA                      Expiration Date: 6/30/08

Minor injection side-effects have been reviewed with patient (mild soreness, low grade fever, fatigue, myalgia). Patient has been advised to return to Center or to nearest emergency room for any serious symptoms (high fever, dyspnea, hives, severe pain at injection site).

Nurse's signature \_\_\_\_\_

Date: November 29, 2007

<b># of individuals screened</b>	<b>177</b>
<b>#of individuals vaccinated</b>	<b>175</b>
<b>#of individuals that had to see Medical Evaluator</b>	<b>14</b>
<b># of individuals unable to be vaccinated</b>	<b>2</b>
<b>Approx time for one person to go through POD without having to see Medical Evaluator</b>	<b>6 minutes</b>
<b>Approx time for one person to go through POD if they had to see Medical Evaluator</b>	<b>11 minutes</b>



- *What was it like the day of the POD?*

- When did folks first start to show up?
- How did staff handle the surge?
- What did you have to modify or change during the POD that you did not foresee during the preplanning stages?

## *Hotwash Issues*

- Some patients could not read nor write.
- Ensure ample space to accommodate physically challenged/non-ambulating individuals.
- More support for Medical Evaluator.
- Bottlenecks in flow.

- How did staff feel after the POD?



*Thank You*



