

2023-2024 Annual Conference
NYC Health Care Coalition
June 11, 2024

Agenda

[Register for the conference here](#)

Time	Topic	Speakers
10:00 – 10:05	Welcome Remarks	Beth Maldin Deputy Commissioner Office of Emergency Preparedness and Response NYC Department of Health and Mental Hygiene
10:05 – 10:15	Remarks on Outlook for NYC’s Health Care Preparedness Program in the Next Grant Year	Tamer Hadi Assistant Commissioner Bureau of Healthcare and Community Readiness Office of Emergency Preparedness and Response NYC Department of Health and Mental Hygiene
10:15 – 10:20	Discussion Panel Introduction	Tamer Hadi Assistant Commissioner Bureau of Healthcare and Community Readiness Office of Emergency Preparedness and Response NYC Department of Health and Mental Hygiene

Time	Topic	Speakers
10:20 – 11:20	<p>Discussion Panel: <i>Setting the Vision for Healthcare Preparedness in New York City</i></p> <p><i>The NYC healthcare system faces significant challenges as it confronts a dynamic threat landscape driven by global instability and substantial changes in social, environmental, and technological domains. As the scale and complexity of public health emergencies continues to grow, it is essential for federal, state, and local healthcare stakeholders to deepen their partnerships and collaboratively build and implement a vision for emergency preparedness that surmounts these challenges.</i></p> <p><i>This keynote discussion panel for the 2023-2024 NYC Health Care Coalition Conference will focus on setting a vision for preparedness that is inclusive of government, healthcare, and community partners and that leverages innovations and lessons from recent emergencies to inform how the healthcare system will meet the needs of New Yorkers in a changing world.</i></p>	<p>Panelists:</p> <ul style="list-style-type: none"> • Capt. Andrew J. Chen, Regional Administrator HHS/ASPR Region 2 Administration for Strategic Preparedness and Response • Robert Bristol, Director Health and Medical NYC Emergency Management • Carolyn Olson, Assistant Commissioner Bureau of Environmental Surveillance and Policy NYC Department of Health and Mental Hygiene • Mitch Stripling, Director Pandemic Response Institute Columbia University • Madeline Tavarez, Senior Director Emergency Management Planning and Operations NYC Health + Hospitals • Dr. Julian Watkins, Assistant Commissioner Bureau of Health Equity Capacity Building NYC Department of Health and Mental Hygiene <p>Moderator:</p> <ul style="list-style-type: none"> • Kelly McKinney, Assistant Vice President Emergency Management and Enterprise Resilience NYU Langone Health

Time	Topic	Speakers
11:20 – 12:00	Introduction to The Brooklyn Coalition Presentations	Jennifer Guzman Emergency Manager / Director of Emergency Preparedness Training SUNY Downstate Medical Center
	Reflection and memorialization of Dr. Michael Frogel	John Jermyn Project Director NYC Pediatric Disaster Coalition
	PDC Full-Scale Pediatric Surge Exercise: An After-Action Review	John Jermyn Project Director NYC Pediatric Disaster Coalition
	The Brooklyn Hospital Center Command Center Activation Drill	John Quinn Senior Director, Security/Emergency Manager The Brooklyn Hospital Center
12:00 – 1:00	Lunch Break	
1:00 – 1:30	NYU Langone Hospital Brooklyn NICU Full-Scale Exercise	Carlos Cruz Emergency Management Specialist NYU Langone Health Melissa Griffith Emergency Management Specialist NYU Langone Health
	Tabletop Exercise on Widespread and Extended Power Outage at Mount Sinai Brooklyn	Josef Ehntholt Director, Emergency Management Mount Sinai Brooklyn
	New York Presbyterian/Brooklyn Methodist Hospital Call Down Drill	David McComb Trauma Performance Improvement Specialist New York Presbyterian, Brooklyn Methodist Hospital

Time	Topic	Speakers
1:00 – 1:30 <i>(continued)</i>	Lessons Learned from the One Brooklyn Health System Response to a Bomb Threat	Jack Finkelstein Director of Emergency Services / EMS Interfaith Medical Center One Brooklyn Health System
	SUNY Applications of Disaster Drills	Pia Daniel Assistant Professor Emergency Medicine Director of Emergency Preparedness Fellowship Medical Director of Emergency Preparedness Division SUNY Downstate Medical Center
1:30 – 2:50	HPP 2024 – 2029 Strategy Presentation and Workshop	William Lang Consultant NYC Department of Health and Mental Hygiene Darrin Pruitt Acting Executive Director NYC Department of Health and Mental Hygiene
2:50 – 3:00	Break	
3:00 – 3:20	Take 5: An Overview of Emergency Management Training for Home Care Patients	Carole Deyoe Senior Associate for Public Policy New York State Association of Health Care Providers
3:20 – 3:40	Home Care Tabletop Exercise: Best Practices and Lessons Learned	Arianna Stone Director of Research and Development Home Care Association of New York State
3:40 – 3:45	Closing Remarks	Darrin Pruitt Acting Executive Director NYC Department of Health and Mental Hygiene



THE BROOKLYN COALITION

Pia Daniel, MD
Chair, TBC

Patricia Roblin, MS
Vice Chair, TBC

Jennifer Guzman, MPA
Emergency Manager
Director of Training
University Hospital Downstate



THE BROOKLYN COALITION

Mission:

To build a sustainable, regional organization that may serve as a model for other communities; specifically:

To promote situational awareness and emergency planning, considering the unique community needs of Brooklyn to improve patient outcomes during a disaster.

Long-term goals of TBC are to promote and enhance emergency preparedness and response capabilities of healthcare entities through;

Building relationships and partnerships.

Coordinating training, drills, and exercises.

Facilitating communication, information, and resource sharing.

Promoting situational awareness among TBC members.

Our Speakers



John Jermyn, Project Director
NYC PDC
Reflection & Memorialization of Dr. Frogel
“PDC- Full Scale Pediatric Surge Exercise: An After-Action Review”



John Quinn, Senior Director, Security/ Emergency Manager
The Brooklyn Hospital Center
“The Brooklyn Hospital Center Command Center Activation Drill”



Carlos Cruz, Emergency Management Specialist
Melissa Griffith, Emergency Management Specialist
NYU Langone Health
“NYU Langone Hospital Brooklyn NICU Full-Scale Exercise”



Josef Ehntholt, Director, Emergency Management
Mount Sinai Brooklyn
“Tabletop Exercise on Widespread and Extended Power Outage at MS Brooklyn”



David McComb, Trauma Performance Improvement Specialist
New York Presbyterian, Brooklyn Methodist Hospital
“New York Presbyterian Hospital/ Brooklyn Methodist Hospital Call-Down Drill”



Jack Finkelstein, Director, Emergency Services/ EMS
Interfaith Medical Center, One Brooklyn Health System
“Lessons Learned from the One Brooklyn Health Response to a Bomb Threat”



Pia Daniel, MD, Assistant Professor, Emergency Medicine
Director, Emergency Preparedness Fellowship
Medical Director, Emergency Preparedness Division
University Hospital at Downstate
“UHD Applications of Disaster Drills”

In Loving Memory of Dr. Michael Frogel (1950 – 2024)



“The Pediatric Disaster Coalition believes that it is imperative to realize that children and their needs must be specifically addressed in all stages of preparedness, response, and recovery” – Dr. Michael Frogel



**Photo: John Jermyn and Dr. Frogel,
2017 National Healthcare Coalition
Preparedness Conference**



PDC Full-Scale Pediatric Surge Exercise: An After- Action Review



NEW YORK CITY HEALTH CARE COALITION ANNUAL CONFERENCE

JUNE 11, 2024

PRESENTED BY JOHN JERMYN

Exercise Objectives (Hospitals)

To validate hospitals' ability to surge in response to a large pediatric disaster, triage and prioritize patients requiring secondary transport, and communicate internally and with response agencies

- Test and improve communications with staff
- Test and improve communications with city agencies
- **Test and improve hospitals' Pediatric Surge Capacity plans and response**
- Identify space, staffing, equipment needs for pediatric disaster
- Hospitals to identify and triage patients who require secondary transfer to another facility

Exercise Overview (May 23, 2024)

Description: This exercise was a full-scale exercise planned for 1.5 hours of exercise play and hot wash activity. The exercise included three hospitals that care for pediatric patients in New York City and the Pediatric Intensivist Response Team (PIRT). The exercise was designed to prepare New York City for a catastrophic pediatric event. The scope included hospital surge, communications, activation of PIRT and secondary transport.

Scenario: Initial information from social media sites indicates that there has been an explosion in a K-12 school near your hospital causing a fire with heavy smoke and a partial building collapse. The school is at full occupancy at the time of the explosion. There are reports of a noxious odor at the site. NYPD/FDNY confirms an explosion of unknown origin with unknown number of victims at the school. FDNY/EMS puts all NYC hospitals on alert that there has been a large explosion at a school complex.

Thank you to the Participating Hospitals!

- NYP/Weill Cornell
- **Northwell/Cohen Children's**
- NYCHHC/Jacobi
- Maimonides Medical Center (Was unable to play due to Joint Commission)

Other participants:

- Pediatric Disaster Coalition (PDC)
- Dept. of Health and Mental Hygiene (DOHMH)
- NYC Pediatric Intensivist Response Team (PIRT)

Exercise Photos (Jacobi)



Exercise Resources

- Exercise Plan (Ex Plan)
- Master Scenario Events List (MSEL)
- Situation Manual
- Exercise Evaluation Guide (EEG)
- Controller/Evaluator (C/E) Briefing
- Participant Feedback Form
- Other handouts for exercise play (e.g. Transfer forms)
- After Action Report/Improvement Plan

Exercise Process

- Initial, Midterm, Final Planning Meetings
- FSE Scenario
- FSE Patients
- Exercise Evaluation Guide
- Hospital Secondary Transfer Forms
- Participant Feedback Forms
- Hot wash
- After action meeting
- After action report & improvement process
- Lessons learned and plan revisions

Exercise Photos (Cohens and NYP/Weill Cornell)



Evaluation Categories (Scoring Process 1 - 4)

Communications

EOP

Surge

Tracking

Transfer

Supplies

Staffing

Positive Feedback (From Hot Wash, EEGs and Participant Feedback Forms)

- Security secured the perimeter of the hospital and was assigned to areas of the ED for crowd control
- Rapid response from critical care nurses
- Patient Access and ED Nurse Triage partnership contributed to faster intakes of patients
- Patient Placement Operations and Nursing Leadership discussed various ways to increase pediatric ICU capacity
- Two way radios were effective utilizing two different channels
- Effective communications between pediatric nurses and the parents of patients
- Strong staff engagement and enthusiasm
- Good staff structure, everyone had identified roles
- Emergency Department ran smoothly
- Hospital was well prepared for the drill

Room for Improvement (From Hot Wash, EEGs and Participant Feedback Forms)

- EPIC notification containing the drill alert did not reach all intended recipients
- **There is an opportunity to better utilize the “Disaster” tab in Epic to activate the status of units**
- There are opportunities to better define reporting locations, easier identification of the various personnel responding to the event
- Need to be more clear with the cause of trauma for the initial notification
- Opportunity to enhance monitoring and supply of blood delivery
- Opportunity to enhance communication regarding the availability of stretchers
- Better utilization of adults services for pediatric MCI
- Some confusion starting the patient tracking process, a better method could be used
- Disaster triage lacked the right personnel

Lessons Learned

- Situational awareness updates should include information on the status of each nursing unit (open beds, possible discharges, etc.)
- Important to designate locations for Peds and Adult disaster carts to differentiate between the two
- The Public Information Officer is essential in a situation like this one
- Another clinical or admin person is needed to help track patients
- If the scenario was real supplies and equipment would diminish rapidly
- More pediatric nursing staff needed to meet the demands of the scenario
- Difficult to identify and differentiate key roles during MCI (usage of vests, etc.)

Thank You for your Time!

Dr. George Foltin
Co-Principal Investigator
NYC Pediatric Disaster Coalition
gfoltin@maimonidesmed.org

Dr. Matthew Harris
Co-Principal Investigator
NYC Pediatric Disaster Coalition
mharris13@northwell.edu

John Jermyn
Project Director
NYC Pediatric Disaster Coalition
jjermyn@maimonidesmed.org



In Memory of Dr. Michael Frogel (1950 – 2024)

“The Pediatric Disaster Coalition believes that it is imperative to realize that children and their needs must be specifically addressed in all stages of preparedness, response, and recovery”

Website:

www.pediatricdisastercoalition.org

Email:

info@pediatricdisastercoalition.org



Command Center Activation Drill

John Quinn

Senior Director of Security / Emergency Management

Brooklyn Coalition Presentation

Project

Activation of the TBH Hospital Incident Command Center

- In an attempt to validate the establishing of a fully operational Incident Command Center with no prior notice within a 30 minute timeframe.

Project Assumptions:

- Pre-Identified and established HICS locations within TBH
- Availability of skilled personnel for training and staffing the command center during the “emergency situation”
- Project has been funded and established from previous improvements



The Brooklyn Coalition

Objectives

- Physical Set up
- Technological Integration
- Training and protocol development
- Stakeholder engagement
- Testing and evaluation
- Documentation
- Regulatory Compliance
- Timeline standards
- Budgetary considerations



The Brooklyn Coalition

What happened

- At 1000 hours on May 29, 2024, a TBH Administrator was notified via telephone of an event requiring the activation of the TBH Command Center.
- The Administrator notified the Security Command Desk to respond to Conf Rm 2A/2B with the “HICS Box”
- A security supervisor and officer along with a Telecom employee responded to and set up the Command Center.

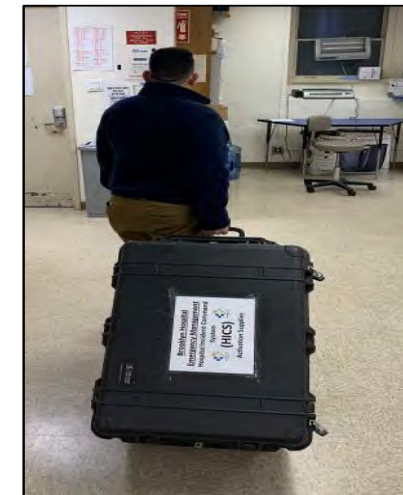


HICS Box Content & Set Up

NAME	ITEM	Phone #	SERIAL NUMBER
Discover 1	Lenovo Laptop Computer	-----	MP1TDJOQ
Discover 2	Lenovo Laptop Computer	-----	MP1SSBP4
Discover 3	Lenovo Laptop Computer	-----	MP1SS90L
Cisco	Phone	X6661	FCH2107DWUN
Cisco	Phone	X6661	FCH2243DEYB
Cisco	Phone	X6661	FCH2243D5KZ
Cisco	Phone	X6661	FCH2107DOV9
Black Phone	Analog Phone POTS Line	718-596-5814	
Black Phone	Analog Phone-POTS Line	718-596-5824	
AT&T Phone	Emergency Bypass Phones if System goes down	Ext. 6660 and 3238	ML008343031
AT&T Phone	Emergency Bypass Phones if System goes down	Ext. 6660 and 3238	ML008342553
AT&T Phone	Emergency Bypass Phones if System goes down	Ext. 6660 and 3238	ML008343048
AT&T Phone	Emergency Bypass Phones if System goes down	Ext. 6660 and 3238	ML008342546
Cables	Multi outlet Cable for Analog / AT&T Phones	N/A	N/A
Cables	Multi outlet Cable for Laptops & Cisco Phones	N/A	N/A
HICS Activation Book	Binder	N/A	N/A
Hospital Incident Command System Guide Book	Binder	N/A	N/A
Points of Contact-Phone Numbers	Manilla Envelope	N/A	N/A
Hytera Portable Radio w/ Charging Base	Hytera Portable Radio model #PD502 U(1)	N/A	17D15C0323

5-24-24

Brooklyn Hospital
Emergency Management
Hospital Incident Command System
(HICS)
Activation Supplies



The Brooklyn Hospital Center

What went well and why

Conclusion

Capability	Sustain	Issue/Area of Improvement	Corrective Action	Notes
Physical Set Up	X		Must have keys	Will vary times and shifts
Technological Integration	X			Utilized Projector and TVs
Training and Protocol Development	X		Formalize policy, not just an SOP	Continued practice activations for EM Meetings and familiarization
Stakeholder Engagement	X			EM Cmte. had direct input into the activation while observing set up.
Testing and Evaluation	X		Multiple shifts	Varying shifts for exposure
Documentation	X		Adding blueprints	Adding life safety drawings to HICS Box

Thank You!



The Brooklyn Coalition



The Brooklyn Hospital
Center

John Quinn
Brooklyn Hospital Center


2023-2024 Annual NYC Health Care Coalition Conference

NICU Patient Evacuation Full Scale Exercise 2024 NYU Langone Hospital - Brooklyn

Melissa Griffith, MPH, Emergency Management Specialist
Carlos Cruz, MS, Emergency Management Specialist




Brooklyn NICU Evacuation Exercise



NYU Langone Health
BROOKLYN CAMPUS

2024 NICU Patient Evacuation Exercise

APRIL 2, 2024 | 1PM-2PM | BROOKLYN NICU



Overview

The 2024 Patient Evacuation Exercises are:

- ✓ Designed to increase our readiness at leadership and front-line levels to evacuate patients in the event of an emergency
- ✓ Last approximately 1 hour

Scenario

Visible dark smoke is filling room 5820 within the NICU and is quickly spreading within the area. Charge Nurse calls 33-911 to advise of the smoke condition and promptly pulls the fire alarm. RED+F and the EMOC immediately respond to the rapidly deteriorating situation. FDNY have been notified and are in route. Elevators are non-operational. With the situation getting worse, a decision is made for an immediate evacuation of the Neonatal Intensive Care Unit (NICU).

EM + ER
Emergency Management
Enterprise Resilience

Exercise Objectives

- 1 Validate first steps following an emergency disruption requiring patient evacuation
- 2 Validate communication protocols and coordination amongst Hospital staff
- 3 Test the efficiency of NICU evacuation routes and procedures during an emergency

Questions? Contact EM+ER exercise leads:
Carlos Cruz,
carlos.cruz@nyulangone.org
Melissa Griffith,
melissa.griffith@nyulangone.org

Playing Departments

- Emergency Management and Enterprise Resilience (EM+ER)
 - Engineering
 - Environmental Health and Safety (EH&S)
 - NICU
 - Patient Access
 - Patient Relations
 - Respiratory
 - Security
 - Social Work
- Designed to increase our readiness to evacuate NICU patients in the event of an emergency
 - Low-notice drill that lasted approximately one hour
 - A first for NYU Langone Hospital-Brooklyn post merger

Unique Additions to the Drill



Worked closely with Respiratory therapy to acquire critical care equipment



These include: Oxygen tanks, ventilator tubing and a portable vent



Goal was to enhance the realism of the exercise.

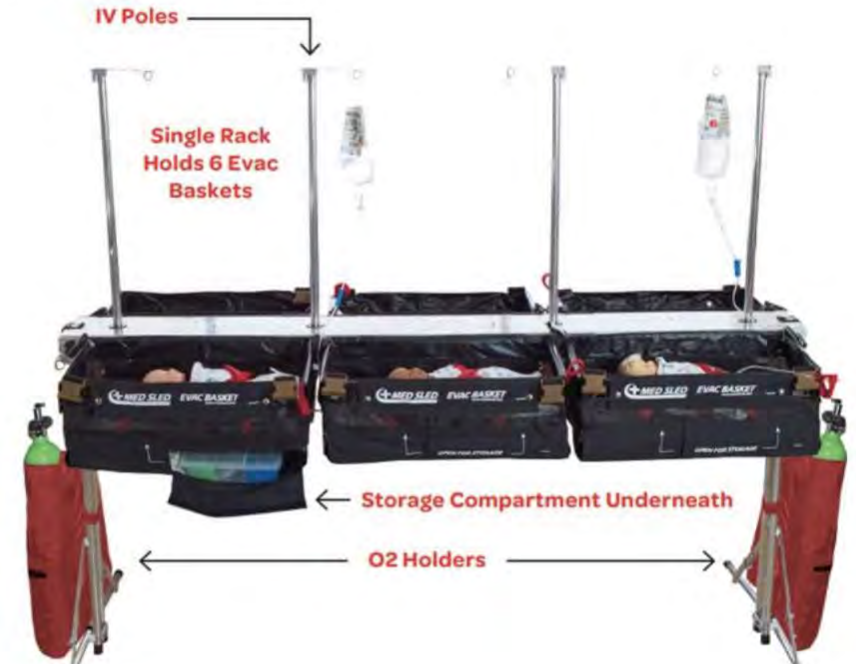


Patient Evacuation: NICU MedSled Basket and Rack system

NICU Evacuation Basket



NICU Basket Rack



- Med Sleds allow for quick patient evacuation in the event of a hospital wide incident requiring the movement of non-ambulatory patients down stairs (e.g. long-term hospital power outage)
- While it is optimal for staff to work in pairs, the NICU Evacuation Baskets can be operated by 1 person if resources are limited
- The NICU Evacuation Basket is appropriate for one infant between 0 to 5 months old

Patient Evacuation: NICU MedSled Basket and Rack system



Lessons Learned and Next Steps

- **Communications**
 - External notifications
- **Resources & Assets**
 - Strategize resource placement
- **Safety & Security**
 - Ensure patient security continuity
- **Staff Responsibilities**
 - Increase training for staff
- **Patient Clinical & Support Activities**
 - Develop a digital triage algorithm to assist in prioritizing evacuation





Thank you

Any questions, please feel free to contact:

Melissa.Griffith@nyulangone.org

Carlos.Cruz@nyulangone.org

Emergency Management + Enterprise Resilience



Mount Sinai Brooklyn Operation Black Curtain 2024 Tabletop Exercise (TTX)

Presenter:

Josef Ehntholt, CHPCP, CSP

Director, Emergency Management

Mount Sinai Brooklyn

June 2024



**Mount
Sinai
Brooklyn**

Mount Sinai Health System at a Glance



Mount Sinai Health System



43,000+
Employees

1

Leading Medical School
Icahn School of Medicine at Mount Sinai

1

Renowned Nursing School
Mount Sinai Phillips School of Nursing



8 Hospitals
3,919 Beds



2,600+
Residents and Fellows



3,000
Alumni



4.2M
Patient Visits Annually



\$11.3B
Revenue Annually



400+
Network Outpatient Practices


7,400+
Physicians

Mount Sinai Health System at a Glance



SCHOOLS

- ▲ Icahn School of Medicine at Mount Sinai
- ▲ Mount Sinai Phillips School of Nursing

EIGHT HOSPITAL CAMPUSES

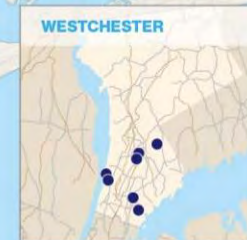
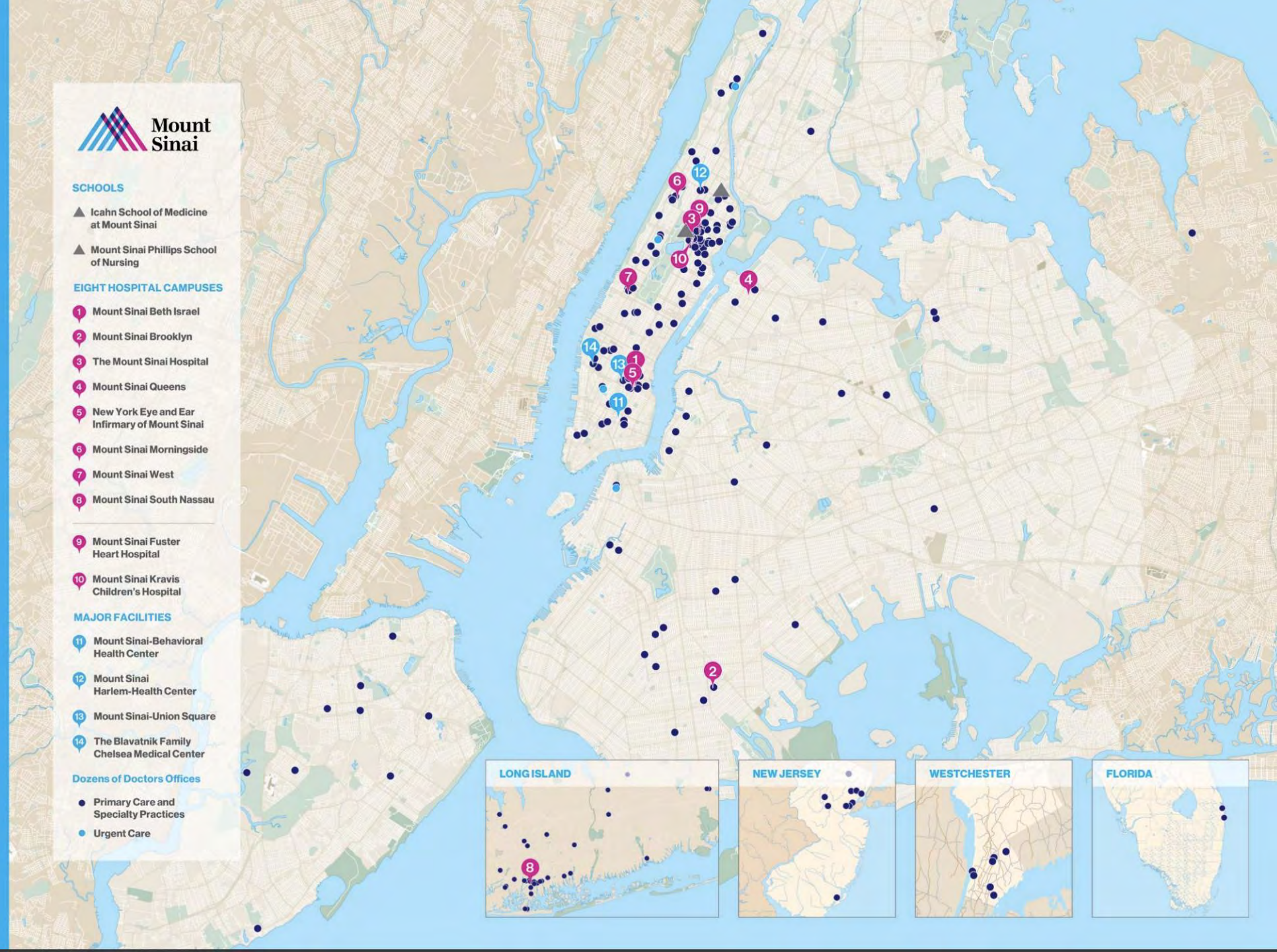
- 1 Mount Sinai Beth Israel
- 2 Mount Sinai Brooklyn
- 3 The Mount Sinai Hospital
- 4 Mount Sinai Queens
- 5 New York Eye and Ear Infirmary of Mount Sinai
- 6 Mount Sinai Morningside
- 7 Mount Sinai West
- 8 Mount Sinai South Nassau
- 9 Mount Sinai Fuster Heart Hospital
- 10 Mount Sinai Kravis Children's Hospital

MAJOR FACILITIES

- 11 Mount Sinai-Behavioral Health Center
- 12 Mount Sinai Harlem-Health Center
- 13 Mount Sinai-Union Square
- 14 The Blavatnik Family Chelsea Medical Center

Dozens of Doctors Offices

- Primary Care and Specialty Practices
- Urgent Care



Mount Sinai Brooklyn, a 212-bed acute-care community hospital located in Midwood



Table Top Exercise: Background



Background

NERC (North American Electric Reliability Corp)

Grid attacks that led to power outages increased 71 percent from 2021 to 2022, totaling 55 incidents in 2022.

NERC public report is based on self reporting, is based on public reports, and is considered to be a substantial undercount.

17,000 physical security incidents reported in 2022, up 10.5% from 2021. Included gunfire, ballistic damage, intrusion, tampering, or vandalism.

2023 - 3 **reported** activity in Queens County, 11 in New York State

NERC notes it has “seen two pretty substantial increases” in incidents coinciding with the 2020 and 2022 election cycles.

FBI Director Wray Testimony February 2024

“China’s hackers are positioning on American infrastructure in preparation to wreak havoc and cause real-world harm to American citizens and communities, if or when China decides the time has come to strike.”

A Beijing-directed hacking network that has targeted a range of critical infrastructure systems, often by infiltrating small businesses, contractors or local government networks.

Background

- Reliance on electric medical equipment

Citywide, 7.6% of households include someone who uses electric medical equipment, with some neighborhoods at nearly 17%. *Source: DOHMH NYC Environment & Health Data Portal

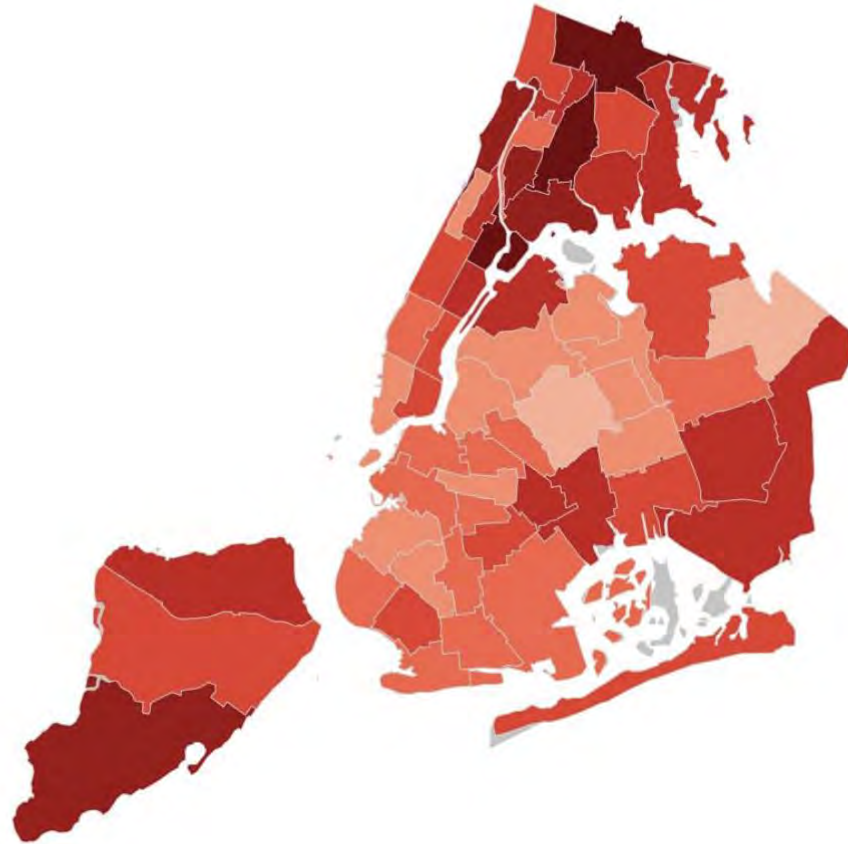
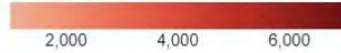
- Medicare tracked devices (as of Feb 2024) by borough:
 - Manhattan: 6,989
 - **Kings County: 11,373**
 - Queens: 9,586
 - Nassau County: 7,855

*Source: HHS Empower

Background

Households using electric medical equipment

Number, by Neighborhood (Sub-borough/PUMA) (2017)



*Source: HHS Empower

Table Top Exercise: Purpose and Objectives



Purpose

A widespread and extended power loss presents significant challenges to healthcare facilities and requires special considerations for a coordinated response.



Objectives

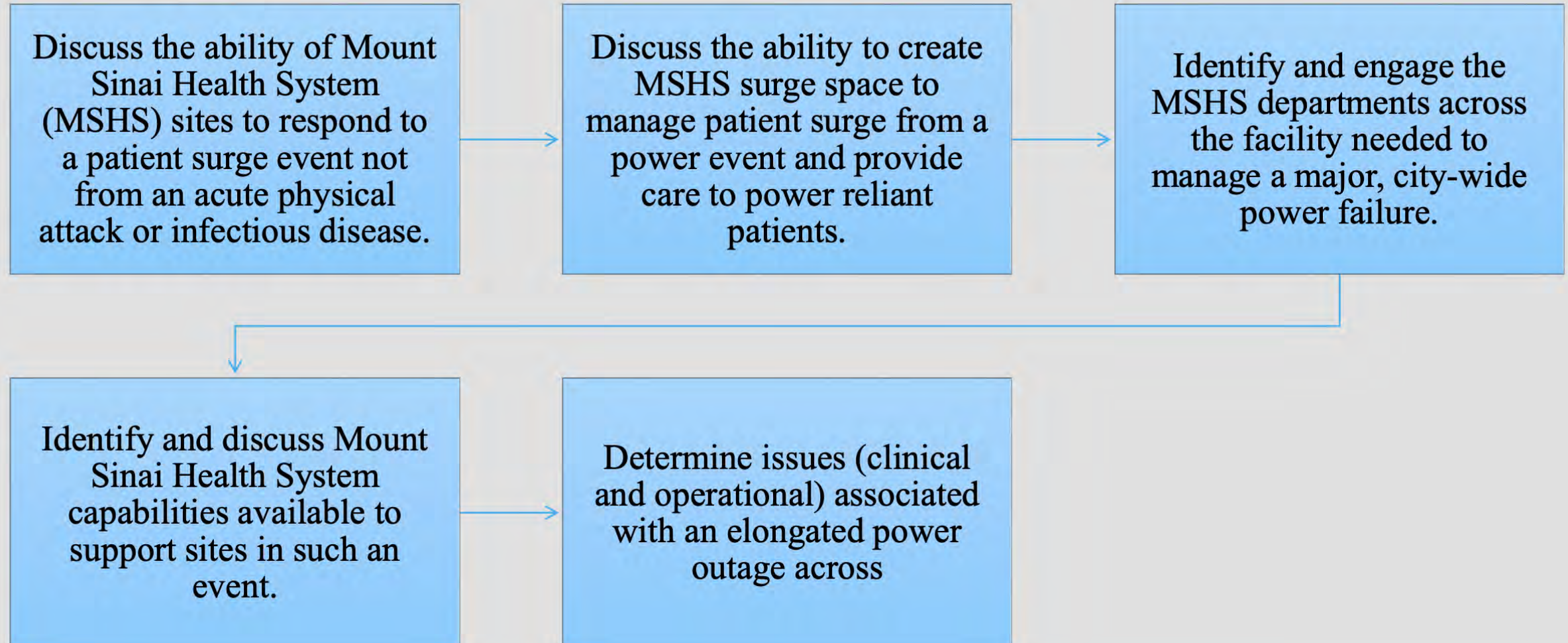


Table Top Exercise: Implementation



Implementation

Exercise Date:

April 9, 2024 (2:00 - 3:00 PM)

Exercise Facilitator:

Emergency Management

Exercise Evaluators:

CNO, CMO

Exercise Participants:

Representation from clinical and non-clinical Essential Support Functions (ESFs) and Hospital Leadership

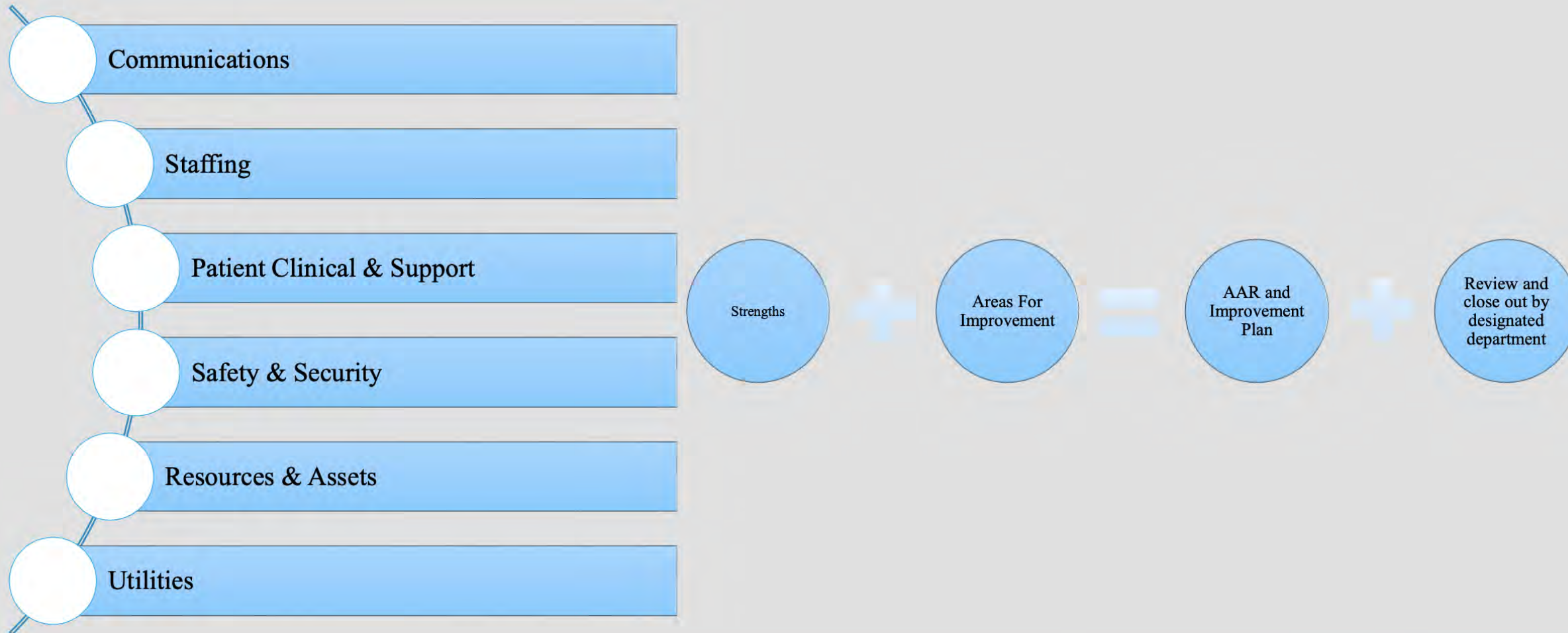


Ancillary Support Services	Environmental Services	Patient Transport	Biomedical Engineering	Food Services	Respiratory Therapy
Security	Rehab	Laboratory	Digital and Technology Partners	Human Resources	Patient Relations
Engineering	Materials Management	Pharmacy	Perioperative	Case Management / Social Work	Infection Prevention
Chief Nursing Officer	Chief Medical Officer	Emergency Medicine	Radiology	Ambulatory	Medical Staff Services

Table Top Exercise: Hotwash and After Action Report



Hot Wash Discussion



Hotwash and After Action Report

- Hotwash conducted immediately after exercise.
- Participant Feedback survey provided via Microsoft Forms.

Strengths

- Strong internal communication strategies
- Cache of emergency equipment throughout hospital
- Effective command and control through Command Center / MSB Leadership
- Existing 96 Hour Plans for Essential Support Functions (ESFs)
- Established plans for increasing capacity (Surge Plan from COVID)

Areas for Improvement

- Expansion of 96 hour plans for all Essential Support Functions under current Enterprise Resilient Initiative

Thank You/Any Questions?

Josef Ehntholt
Director, Emergency Management
Josef.Ehntholt@mountsinai.org



**Mount
Sinai
Brooklyn**

Call Down Drill

5/28/2024



THE BROOKLYN COALITION

David McComb

Trauma Performance Improvement Specialist

New York Presbyterian Brooklyn Methodist Hospital

Call Down Drill

Radiation Event

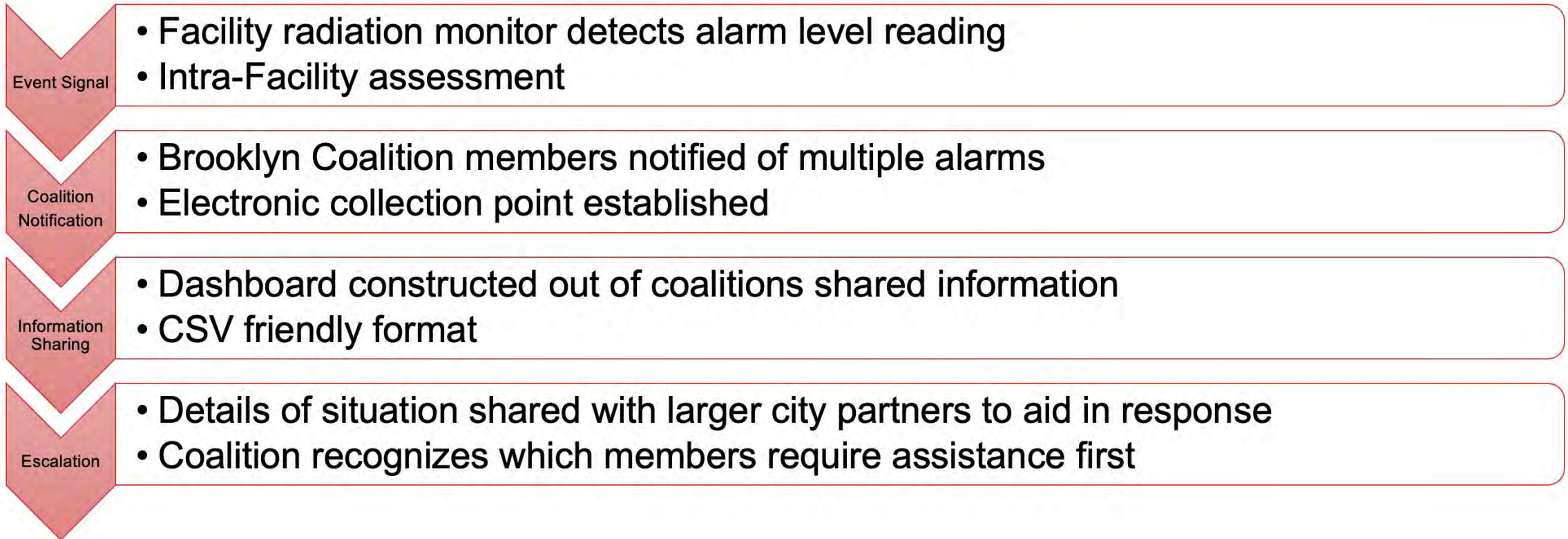
- **OBJECTIVE:** Test the ability to share information among Brooklyn Coalition members within two hours to recognize and assess a developing community incident

- **SCENARIO:** A motor vehicle collision on the Brooklyn-Queens Expressway resulted in a truck hauling low level radioactive waste having the contents of their truck dispersed in the air. The closest hospital was unaware of the traffic event but noted multiple alarm instances at a radiation monitor at a hospital entrance point. The hospital is reaching out to coalition members to determine if they are encountering the same issue.

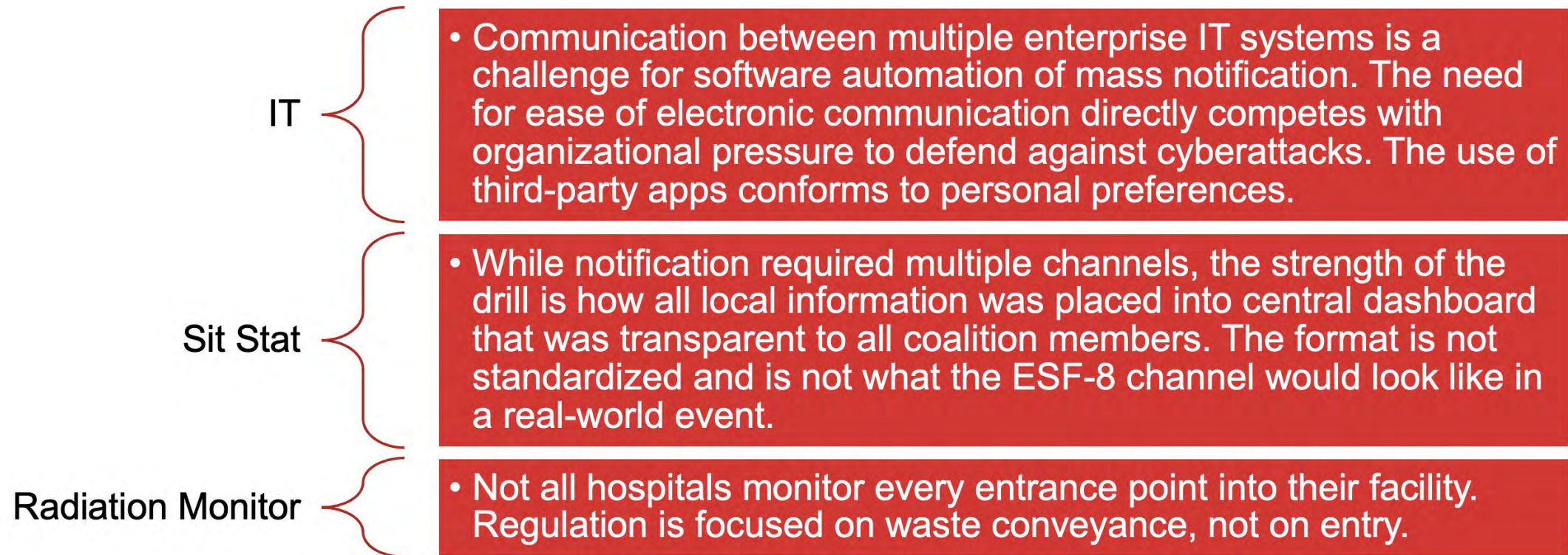


THE BROOKLYN COALITION

Drill Steps



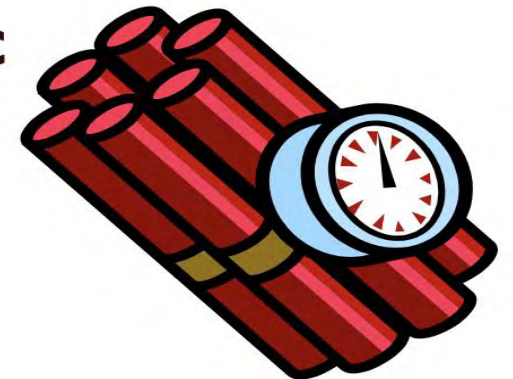
After Action Findings



Managing a Bomb Threat



Jack Finkelstein, MPA, CEM, NREMT-P, CIC
Director of Emergency Services / EMS
OBH – Interfaith Medical Center



Detonation Velocity

- Trinitrotoluene (TNT), chemical, most common for military and industrial use, insensitive to shock and friction:

6,940 m/s or 22,769 ft/s

- Nitroglycerine, when mixed with diatomite (soft siliceous sedimentary rock formed from diatoms or fossilized hard-shelled algae) makes a paste called Dynamite [Alfred Nobel 1967].

1,219 – 7,010 m/s or 4,000 – 23,000 ft/s







- Semtex – moldable plastic used for commercial blasting and demolition.

7,510-7,924 m/s or 24,639 – 25,997 ft/s

- Cyclonite (C4), plastic, can be molded, is stable, and is insensitive to most physical shocks:

8,092 m/s or 26,550 ft/s

ATF

	VEHICLE DESCRIPTION	MAXIMUM EXPLOSIVES CAPACITY	LETHAL AIR BLAST RANGE	MINIMUM EVACUATION DISTANCE	FALLING GLASS HAZARD
	COMPACT SEDAN	500 Pounds 227 Kilos (In Trunk)	100 Feet 30 Meters	1,500 Feet 457 Meters	1,250 Feet 381 Meters
	FULL SIZE SEDAN	1,000 Pounds 455 Kilos (In Trunk)	125 Feet 38 Meters	1,750 Feet 534 Meters	1,750 Feet 534 Meters
	PASSENGER VAN OR CARGO VAN	4,000 Pounds 1,818 Kilos	200 Feet 61 Meters	2,750 Feet 838 Meters	2,750 Feet 838 Meters
	SMALL BOX VAN (14 FT BOX)	10,000 Pounds 4,545 Kilos	300 Feet 91 Meters	3,750 Feet 1,143 Meters	3,750 Feet 1,143 Meters
	BOX VAN OR WATER/FUEL TRUCK	30,000 Pounds 13,636 Kilos	450 Feet 137 Meters	6,500 Feet 1,982 Meters	6,500 Feet 1,982 Meters
	SEMI-TRAILER	60,000 Pounds 27,273 Kilos	600 Feet 183 Meters	7,000 Feet 2,134 Meters	7,000 Feet 2,134 Meters

Common Bomb Placement Locations

- Restrooms: Trash receptacles, behind toilets, false ceilings, air vents
- Lobby Area: Due to heavy traffic area at trash receptacles, behind planters or furniture
- Hallways / stairwells / fire exits where there is less travelled areas for planting
- High impact areas such as support beams, near ammunition storage, near large glass windows

Outside Station Areas

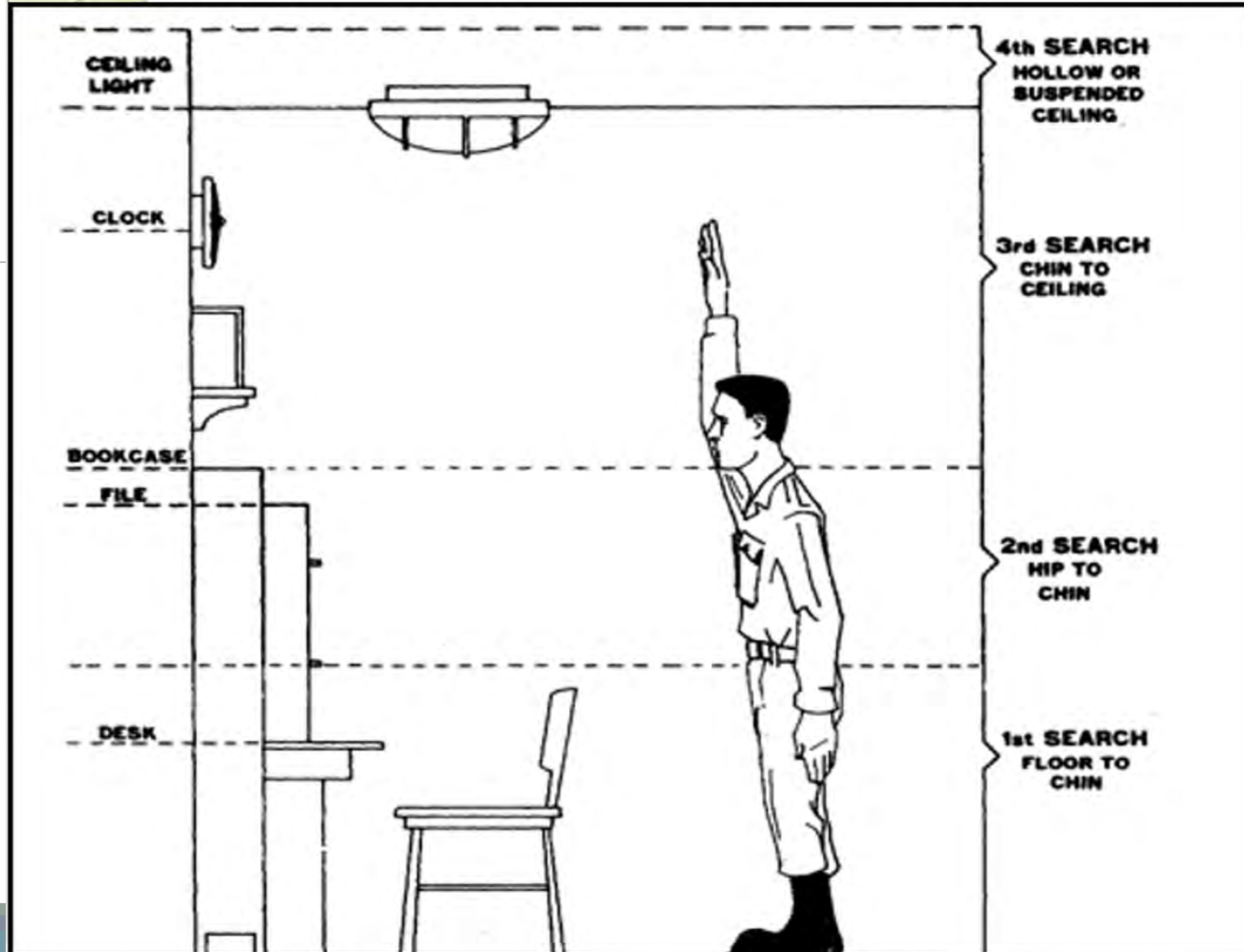
- ✓ Trash cans
Dumpsters
Mailboxes
Bushes
- ✓ Street drainage systems
Storage areas
Parked cars
- ✓ Shrubbery
- ✓ Newspaper Stands

Inside Stations

- ✓ Ceilings with removable panels
- ✓ Overhead nooks
- ✓ Areas behind artwork, sculptures and benches
- ✓ Recently repaired/patched segments of walls, floors, or ceilings
- ✓ Restrooms
- ✓ Behind access doors
- ✓ In crawl spaces
- ✓ Behind electrical fixtures
- ✓ In storage areas and utility rooms
- ✓ Trash Receptacles
- ✓ Mail room
- ✓ Fire hose racks

The Search

- May opt to conduct a rapid then a detailed search
- Should be performed by those most familiar with that floor, ie. EVS, security, staff, engineering
- Avoid use of radios or other RF devices
- Divide room into equal parts according to number of objects to be searched
- Divide into 4 levels: floor to waist; waist to chin; chin to ceiling; above ceiling – vents, drop down
- Proceed from outside to inside, from bottom to top
- Efforts: 25% outside, 50% inside, 25% public areas
- Mark or track searched areas to avoid duplication



If you receive a suspicious letter or package:

No Return Address
Restrictive Markings

PERSONAL!

CHIEF EXECUTIVE OFFICER
222 N. HARVIE ST.
PHILADELPHIA, PA 20565

Possibly mailed from
a foreign country
Excessive postage

Misspelled words
Addressed to title only
Incorrect title
Badly typed or written

Lopsided or uneven

Strange odor

Rigid or bulky

Excessive tape or string

Oily stains, discolorations
or crystalization on wrapper

- 1** Handle with care.
Don't shake
or bump.
- 2** Isolate it
immediately
- 3** Don't open, smell,
touch or taste.
- 4** Treat it as suspect.
Call local law enforce-
ment authorities

Evacuation Decision

- Senior Member of facility management makes the decision to evacuate. May opt to evacuate, partially evacuate, or not to evacuate.
- Only 4% of bomb threats turn out to be real
- Explosives have a 75% reliability factor
- 86% verbal, 14% written threats
- 300 feet radius internally, 3,000 feet radius externally if a device is found
- Be aware of secondary or additional devices
- Remove items that may add to explosive force ie. Gas tanks, lubricants, paints, etc.



FBI BOMB DATA CENTER

PLACE THIS CARD UNDER YOUR TELEPHONE

QUESTIONS TO ASK:

1. When is bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

EXACT WORDING OF THE THREAT:

Sex of caller: _____ Race: _____

Age: _____ Length of call: _____

Number at which call is received: _____

Time: _____ Date: ____/____/____ FBI/DOJ

BOMB THREAT

CALLER'S VOICE:

- | | |
|----------------|-----------------------|
| _____ Calm | _____ Nasal |
| _____ Angry | _____ Stutter |
| _____ Excited | _____ Lisp |
| _____ Slow | _____ Raspy |
| _____ Rapid | _____ Deep |
| _____ Soft | _____ Ragged |
| _____ Loud | _____ Clearing throat |
| _____ Laughter | _____ Deep breathing |
| _____ Crying | _____ Cracking voice |
| _____ Normal | _____ Disguised |
| _____ Distinct | _____ Accent |
| _____ Slurred | _____ Familiar |
| _____ _____ | _____ Whispered |

If voice is familiar, who did it sound like?

BACKGROUND SOUNDS:

- | | |
|------------------------|-------------------------|
| _____ Street noises | _____ Factory machinery |
| _____ Crockery | _____ Animal noises |
| _____ Voices | _____ Clear |
| _____ PA System | _____ Static |
| _____ Music | _____ Local |
| _____ House noises | _____ Long distance |
| _____ Motor | _____ Booth |
| _____ Office machinery | _____ Other _____ |

THREAT LANGUAGE:

- | | |
|------------------------------|------------------------------------|
| _____ Well spoken (educated) | _____ Incoherent |
| _____ Foul | _____ Taped |
| _____ Irrational | _____ Message read by threat maker |

REMARKS: _____

Report call immediately to:

Phone number _____

Date ____/____/____

Name _____

Position _____

Phone number _____

Exercises and Drills

- Have several at different times or days
- Have a situation manual and a ppt to guide along
- Ensure the players don their NIMS vests and use the JAS and EOM
- Conduct a hotwash afterwards, then an AAR
- Use the FEMA IS-120.A: An Introduction to Exercises and IS-130: Exercise Evaluation and Improvement Planning as well as the The Homeland Security Exercise and Evaluation Program (HSEEP) at <https://hseep.dhs.gov>
- Do your HW and research! Be prepared!

Actual Event

- On November 4, 2010, 911 operator received 3 calls threatening a Brooklyn Hospital with a bomb
- 911 Operator calls the Hospital evening Nurse Manager
- Nurse Manager activates a HICS CODE at 11:20pm
- Those on HICS list call in and respond to the ICC
- Sweep is done of entire facility by security, EVS, and Nursing staff
- Initial rapid sweep, then detailed sweep
- Current floor census is taken and sent to the ICC

Actual Event continued

- Key staff at ICC within 40 minutes – donned NIMS vests
- Hosp placed on total diversion with FDNY-EMS
- Contracted ambulance transport services notified for standby in the event of an evacuation; OEM notified
- Completed sweeps did not reveal any suspicious devices
- FDNY-EMS had Supervisor at site to offer assistance
- Change of shift staff were held back

The Investigation Process

- HR Director contacted regarding recent discharged employees
- Review of any threats to Hosp were done – there were two e-mails sent to the VP of Pt Safety recently
- ED staff interviewed regarding recent discharged or disgruntled patients – there was one individual identified
- All information given to NYPD Intelligence Squad within 1 hour.

Investigation Concluded

- No recent disgruntled employee or discharge cases
- E-Mail threats did not pan out
- ED staff stated belligerent patient was a “regular” and history was obtained for the Intelligence Squad (IS)
- IS returned with audio of 911 threat calls. This was played to ED staff. Caller was identified by 3 ED staff members. IS responded to callers’ address.
- Caller was arrested within 2 hours and charged with class A misdemeanor and falsely reporting an incident in the 3rd degree.
- Caller served a 1-year sentence.

Recovery

- FDNY-EMS advised to lift the total diversion status
- OEM and contracted ambulance services notified of situation – no evacuation needed
- HICS CODE was secured and announced 2:10 am
- ICC closed up, all forms and documents gathered by EM for after action report. Eight staff members had responded from home, three internally, total of 11.
- An analysis from finance was requested regarding the estimates of financial loss to Hosp from this event

What went well

- ICS and NIMS structure was followed, including the donning of vests, clearly identifying staff to NYPD
- Notification system worked well; key staff responded
- Excellent dialogue, communication, and coordination between Hosp and NYPD, resulting in an arrest
- Having conducted a TTX just 3 weeks prior to the evening staff certainly helped with the expeditious manner in which the searches and census were done
- Due to limited evening staff, EVS were “deputized” to assist with the sweeps

Corrective Actions

- The need for more TTX or training was evident from the difference in response from this event (post TTX) to that of other events. The EM to developed a 1-hr presentation to be distributed to all department heads to share with their staff regarding ICS, NIMS, EOM, Codes, and plans.
- The computer at the ICC could not print documents from the computer – IT instructed to ensure the drivers were properly installed
- Operator was overwhelmed with incoming calls from those responding to the Code page – 24-hr IT help desk would assist the operators in the future

Corrective Actions

- The Security Director stated that the current software did not allow for zooming in on video and there are better state-of-the-art software available on the market. The Security Director was instructed to conduct a search of the software he wanted for possible purchase / upgrade
- The emergency information staff hotline number was not working properly – This was investigated, and the problem was corrected
- Had not considered other Hosp off-site facilities, even though they were not staffed (clinics)

Bomb Threat at OBH 12/1/23

- An e-mail was sent to Interfaith, Coney Island, Bellevue, Maimonides, Northwell, Kings County, The Joint Commission, and some Clinics upstate and in NJ.
- Although it was not deemed credible, it was treated as real, the NYPD came to the ICC and a facility search was performed at all OBH sites.
- Homeland Security and the GNYHA were also notified. Outside IT vendors worked on tracking the source of the e-mail.
- Incident was secured within 3 hours.

Questions? Comments?

