**Metro Region CSC Discussion 1 – Tornado Scenario**

During an early June evening the National Weather Service Storm Prediction Center reports a large complex of powerful thunderstorms moving into the Minneapolis / St. Paul metro area. Tornado Warnings are issued and at 5:45 pm, an EF-4 tornado strikes the downtown area with significant damage to your hospital as well as many blocks of the surrounding area. Debris has shut down several main roads, disrupted cellular and landline phone service, and left most of the area without power. EMS cannot keep up with 911 requests. The Mary Tyler Moore statue is knocked over.

There is moderate structural damage at your facility and you are on back-up power but there are no gas leaks or immediate threat to most of the facility – patients were re-located to safer areas, but one of the ICUs has sustained extensive damage. Damage assessments are underway but at least 60% of the patients will have to be evacuated to other facilities. The area hospitals are at full census.

Victims are already arriving in your parking lot on foot, by private vehicle, and by EMS.

**Emergency Management Questions:**

1. What are the initial priorities?
2. What information do you need to make an evacuation decision and who can make that decision?
3. How would the hospital obtain assistance (staff, stuff, evacuation assistance) from the Metro Hospital Compact and emergency management (and/or a parent health system)?
4. How do you interface with EMS and emergency management?
5. What are some challenges over the next 12 hours?

**Pharmacy Questions:**

1. Do you have medication caches / stocks for evacuation staging locations?
2. How can staff access automated dispensing systems during a disaster?
3. Is there a plan to augment certain areas of the hospital during a disaster (e.g. ED, OR, other) with select medications?
4. What are the key elements of the pharmacy response plan?
5. What is your ‘go-to’ source for additional medications if needed to replenish?

**Clinical Questions:**

1. Have physicians and nurses had any training in mass casualty triage ethics and practice?
2. How will patients be prioritized for evacuation (including current inpatients and newly arriving victims)?
3. What is the plan for medical records / face sheets to accompany the patients?
4. How do staff roles change during an evacuation, particularly physicians?
5. How will communication with receiving facilities be handled?