
LESSON LEARNED

West Virginia Water Crisis Debriefing: Hospitals Should Consider Impact of Potential Emergencies in Adjacent Communities when Completing Hazard Vulnerability Analyses

SUMMARY

A chemical spill and resulting loss of water for consumption, bathing, laundry and medical equipment use required hospitals to pursue alternative arrangements for certain contracted services performed in the affected area. A key lesson learned during post-event interviews with impacted hospitals was that emergency preparedness planning cannot be limited to events occurring in the immediate community. Rather, robust hazard vulnerability analyses should include a consideration of emergencies that may impact adjacent communities where critical services such as laundry are often performed via contract.



DESCRIPTION

On January 9, 2014, a chemical leaked from a storage tank at a coal processing facility in Charleston, West Virginia. When the licorice-smelling chemical (4-methylcyclohexane methanol) was detected in the Elk River, the water source for much of the area, authorities issued a do-not-use order for 300,000 residents and businesses, including many hospitals. The restriction on water use lasted for more than a week. This emergency impacted many patient care services, from patient hygiene to renal dialysis. Some hospitals located on the periphery of the impacted area were not under the do-not-use order because they received water from a different supplier. However, several of those hospitals had contracted for laundry services from a large, tertiary medical center that was under the do-not-use order. As a result, the periphery hospitals had to quickly make alternate arrangements for the cleaning and delivery of linen to minimize infection risks.

Joint Commission-accredited organizations, together with community partners, are required complete a hazard vulnerability analysis to identify potential emergencies and the direct and indirect effects these emergencies may have on the organization's operations and the demand for its services. Hospitals invest considerable resources in planning for emergencies that could result in service interruptions at its care locations (main campus, community clinics and physician offices). However, the West Virginia water crisis revealed the need for and value of planning for emergencies that may affect providers of contracted services located in adjacent communities. While such planning adds a level of complexity to emergency preparedness activities, the West Virginia experience suggests that such planning is necessary to mitigate the likelihood of interruptions to critical services performed under contract elsewhere.

RECOMMENDATIONS

Hospitals and other health care institutions should consider the impact of emergencies on contracted service providers located in adjacent communities when completing their hazard vulnerability analyses. Interviews with hospitals in West Virginia revealed that organizational and community emergency preparedness planning should not be limited solely to events that impact the immediate vicinity. Many hospitals, especially small/rural facilities, contract for vital services such as laundry at larger organizations in other communities. When such contracting occurs, hospitals should determine whether any unique risks exist in the region where the contracted service will be provided. If unique risks are identified, such as the potential for water contamination resulting in the interruption of laundry services, hospitals should proactively define mitigation activities to reduce the risk of and potential damage from an emergency.

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REFERENCES

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