

# Perspectives

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## Emergency Preparedness

### The Role of Regional Collaboration

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**Developing and maintaining good relationships with outside organizations, such as county and state emergency response services, are important factors.**

**R**alph Waldo Emerson said, "We learn geology the morning after the earthquake." However, many public sector safety and emergency management agencies only begin working with local and regional partners when a crisis is already underway.

Being proactive is a critical element in emergency preparedness. Developing and maintaining good relationships with outside organizations, such as county and state emer-

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gency response services, are important factors in emergency management.

After the 9/11 terrorist attacks, much was made of some agencies' failures to work collaboratively, whether due to parochialism, lack of interoperable communications or entrenched cultures. Since then, much effort has been focused on getting safety- and emergency-related agencies to collaborate more effectively, with varying degrees of success.

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A similar problem during the California wildfires in the 1970s. A major change since then has been increased reliance on the incident command system (ICS), essentially a management-by-objectives system developed as a result of those wildfires that spread into varying jurisdictions and caused managerial stress. The ICS programs that safety professionals rely on now are an offshoot of those early efforts.

An example of regional collaboration is joint training and exercises. On June 5, 2012, community partners from Long Island's Suffolk County, a coastal area with 1.5 million residents, joined forces for a large emergency exercise with escalating events. In this exercise, public- and private-sector organizations participated in a scenario intended to stress resources to the breaking point to learn lessons for performance improvement.

The exercise was planned and coordinated by a multidisciplinary team at Stony Brook University, a univer-

sity center 60 miles east of New York City that is part of the State University of New York (SUNY). Stony Brook has a 1,039-acre campus on Long Island's North Shore, which includes the main academic areas, an 8,300-seat stadium and sports complex, a performing arts center, Stony Brook University Hospital, a Health Sciences Complex and the Long Island State Veterans Home. Stony Brook also has a Manhattan campus, a Research and Development Park, three business incubators and the Stony Brook Southampton campus on Long Island's East End. In addition, Stony Brook comanages Brookhaven National Laboratory, a U.S. Department of Energy facility. The campus's 28 residence halls and 23 apartment-style buildings house 9,475 students, making it the largest residential population in the SUNY system, and nearly 25,000 graduate and undergraduate students are enrolled. That enrollment, coupled with the 546-bed hospital and 350-bed skilled nursing facility, makes this location one that requires much planning for safety.

The scenario was complex. Three men drove an unmarked van filled with "chlordane" into the stadium's parking lot while the stadium was hosting an event. In a hypothetical chemical suicide attempt, the driver locked himself in the van after releasing the materials, which billowed out of the vehicle. At the same time, his two accomplices fled to a dormitory building carrying firearms, which they used to injure or kill 15 moulaged student "victims." This event tested the region's ability

to respond to a mass casualty event, including chemical exposure and gunfire.

Regional partners responded swiftly. University police and police officers from Suffolk County and from some towns and villages responded with heavily armed emergency services units that surrounded and entered the building where the "gunmen" were holed up. The use of simunition, a nonlethal training ammunition, made the police activity extremely realistic.

The 15 trauma victims were stabilized and transported by numerous local volunteer emergency medical services (EMS) and proprietary ambulances, while the "contaminated" occupants of the stadium were treated for chemical exposure and decontaminated at the scene, then again at seven of the county's 11 area hospitals. In addition to the various state, county, town and village police agencies and seven hospitals, 15 fire departments and EMS organizations participated, as did seven hazardous materials teams from the university, from Brookhaven National Laboratory, from Plum Island Animal Disease Center (part of the U.S. Department of Homeland Security), as well as local town HazMat teams. Suffolk County is unique in that its 110 fire departments are wholly volunteer, and its 24 ambulance corps are also nearly 100% volunteer. The county has a Division of Fire Rescue and Emergency Services, which helps coordinate the fire agencies, as well as the Department of Health's EMS Bureau, which helps with EMS agency coordination. County community emergency response teams also responded. Live feeds of the action were viewable at the command centers, and local media were briefed.

Disaster mental health teams from the university and university hospital mobilized and were able to communicate effectively, as did the various hospital command centers. A key advantage in the healthcare emergency response component is the fact that Stony Brook University Hospital leads the Suffolk Regional Resource Center for Emergency Preparedness, through which safety and emergency managers for all of the 11 hospitals, hospital associations and long-term healthcare associations meet on a monthly basis, along with the county Office of Emergency Management (OEM), Public Health, EMS, state OEM, state Department of Health, and the local chapter of the American Red Cross. Similarly, university police meet with and train with their counterparts at the county, town and village level on a regular basis.

Meeting and working with regional partners has certainly paid off in the public sector here, and the relationships continue to grow stronger and stronger. ☉

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