

The Night of the Minneapolis VA Flood

By **Ralph Heussner, Public Affairs Officer**

Officially, it was called a “water break” but for the VA staff who responded to 8-inches of water (estimated at more than 14,000 gallons), filling the hallways, it was a “flood.” Around 9 p.m., on Wednesday, Aug. 18, 2010 an emergency signal at the Energy Center reported a problem in Zone 93 of the hospital, an area of the fourth floor. The engineer in charge contacted the hospital administrator on duty. A housekeeper found water seeping under the entry doors of the Brain Sciences Center (BSC) and library near the outpatient elevator banks. The ceiling sprinkler in a small room of the BSC, housing the processing computer, was spewing out water. Chimes sounded throughout the medical center. The St. Paul Fire Department received the alarm and was on site within minutes. The fire safety system for the outpatient wing of the hospital was shut down and cleanup began. But three hours later, shortly after midnight and after the firemen had left, large valves holding back the water burst in maintenance closets on the first and second floors.

And it was all hands on deck to begin a massive effort to restore order. The fire department returned. Chief engineer **Steve Challeen**, and **Gene House**, Environmental Services Manager, headed the ground-level recovery. They called in contractor support and additional staff to work on remediation.

An Incident Commander Center (ICC) was activated in the Director’s Conference Room about 1:30 a.m. With large sections of the first, second, third and fourth floors out of commission, it appeared doubtful that the facility would be open for patients by 8 a.m. But director **Steve Kleinglass** put that option on hold pending a more complete assessment and advice from clinical leaders. **Dr. Jack Drucker**, Chief of Staff, and Associate Director **Dr. Marci Mylan** were also staffing the ICC.

At a 2 a.m. briefing, it was decided that infectious disease (ID) experts needed to assess the facility to determine risk to patients and staff. Within an hour, **Dr. Joseph Thurn**, **Dr. Greg Filice** and **Dan Meredith**, nurse specialist, were on site viewing the damage and checking for contaminants. Other issues that were discussed at the briefing included recharging the sprinkler system and emergency contracts. Clinical staff were advised to hold off on cancelling appointments. More than 20 exam rooms and support services in the primary care clinics on the first floor (1A and 1B) were unusable. ENT and Dental services on the second floor were in very bad condition. The library on the fourth floor and the Brian Sciences Center had suffered significant damage. By 4 a.m., the Incident Command Center in the DCR was packed with managers, engineers, environmental service staff, IT programmers, contract officers and others. A recovery plan was taking place. The infection control team said there was no imminent danger but work needed to commence quickly to remove damp or wet materials to prevent mold. Primary care would not cancel appointments but divert patients to available clinic space throughout the hospital. CAS would move the the 1st floor flag atrium lobby.

The auditorium would become a triage center. But the dental and ENT clinics could not relocate patients because of equipment needs. Patients would be called and rescheduled. There was concern about the dialysis unit on the third floor. If dialysis patients could not be seen, special arrangements would have to be made in the community. . .and fast! The emergency call back system was activated. All clinical chiefs and managers were notified to be on site by 6 a.m.

During the night, contractors began arriving. Housekeeping and engineering staff from off-shifts were called in. Barricades went up. Signs were made. Fans were pulled out of storage to dry damp carpet. Computers and phones were moved to the auditorium to preapre for processing patients.

At the 6 a.m. briefing, **Sarah Ottenress**, dialysis nurse coordinator, reported that most of the exam rooms were clean and usable. Finally, some good news in the middle of a gloomy night. Primary care nurse manager **Sharon Myllenbeck** reported that the the 100 or so patients scheduled for appointments in water-drenched 1A and 1B could be seen at various locations throughout the hospital. Clinic manager **Lori Pawelski** was heading the group who would make the arrangements.

And when staff and patients began arriving for the day shift around 7:30 a.m., the facility was open for business and patient care! "I thought there had been a bomb blast or something," said one staffer when he viewed the barricades outside the outpatient entance. Another remarked, "I thought we were starting construction on a parking garage! Despite some inconveniene, patients were not upset. Indeed, many said they found it amazing that the facility found a way to function considering the extensive damage. Staff who battled the floodwaters would agree!