



Gas Leak Emergency Evacuation



Cameron Egerer
Disaster Coordinator and Materials Manager
San Bernadino Mountains Community Hospital

Presenter



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Mr. Egerer started his career as an EMT. He has dedicated over five years to his role at Mountains Community Hospital. In addition, he serves as the co-chairperson for the Inland Counties Emergency Management Association.

Disclosure of Relevant Financial Relationships

Cameron Egerer reports no relevant financial relationships or relationships he has with ineligible companies of any amount during the past 24 months.

Introduction

Cameron Egerer

- Materials Manager/ Disaster Coordinator
- Co-Chair for Inland Counties Emergency Management Association
- At MCH for 5 years
- 17 years healthcare experience
- Cameron.Egerer@mchcares.com





MOUNTAINS

COMMUNITY HOSPITAL

The Heart of Mountain Healthcare



- Mountains Community Hospital was built in 1951.
- Located in Lake Arrowhead
- 20 bed Skilled Nursing Facility, a 24-hour Emergency Department, a 17-bed Medical/Surgical unit, and a 2-suite OR unit
- Population around 10,746
- 250 plus hard-working loyal employees.



Being a rural hospital, we serve the San Bernardino Mountain Communities. Some disaster emergencies we have dealt with recently are Snowmagedon of 2023 and the Line Fire of 2024.



Exercise Name	Gas Leak Emergency Evacuation
Exercise Dates	03/25/2025 9:50am-11:00am
Scope	This was a live event where 3 rd party vendor cut a gas line located near our medical surgical unit that turned into a Code Triage which ended up in an evacuation of the entire facility and the MOB.
Mission Area(s)	Detection, Response, Communication, Patient Safety, Evacuation, Recovery
Core Capabilities	Immediate Detection and Response, Clear Communication, Evacuation Protocols, Safety and Security Measures, Medical and Logistical Support, Recovery
Objectives	Prioritize human safety, minimize health risks, and manage the crisis effectively by working in coordination with local authorities, while also ensuring that patient care is maintained and the hospital can recover and resume operations as quickly as possible.
Threat or Hazard	Hazardous Gas
Scenario	On 03/25/2025 at 09:52am a 3 rd party vendor was doing some digging in a backhoe near the backside of our Medical Surgical Unit and hit the main gas line to the facility which caused a massive leak. Not knowing where or how bad the leak was an evacuation order of all patients and staff of the facility and the Medical Office Building was called.
Sponsor	N/A
Participating Organizations	MCH, San Bernardino County Sheriff Department, San Bernardino County Fire Department, SoCal Gas, Medical Office Building, COM Center, ICEMA
Point of Contact	Terry Pena CNO/IC, Cameron Egerer Materials Manager and Disaster Coordinator, Daniel Pensabene EVS and Security Manager, Steffanie Miller Facilities Assistant Manager

Analysis of Core Capabilities

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis.

Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Detection and Response	To detect the presence of a hazardous gas, asses the level of risk, and activate an effective response to protect individuals and the facility.		S		
Communication	To ensure the safety of patients, staff, and visitors, while also managing the situation efficiently.			M	
Patient Safety	Immediate, coordinated action to protect patients from exposure to hazardous gases, ensure their continued care, and evacuate them in an organized manner.		S		
Evacuation and Recovery	Ensuring that both patient and staff are prioritized while minimizing the disruption to patient care and resuming normal operations.		S		

Ratings Definitions:

- **Performed without Challenges (P):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- **Performed with Some Challenges (S):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- **Performed with Major Challenges (M):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- **Unable to be Performed (U):** The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

Detection, Response and Communication

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

To ensure the safety of patients, staff, and visitors, while minimizing harm and maintaining operational continuity.

Strengths

The detection, response, and communication capability level can be attributed to the following strengths:

Strength 1: The smell of gas was detected by various departments at the same time. Terry Pena in the Admin hall communicated the smell of gas to the entire level as well as some other key players and to evacuate. The surgery department while in surgery with a patient on the table detected the smell of gas and communicated it with the hospital supervisor. Facilities while outside detected the smell of gas and informed Cameron Egerer that evacuation was needed and at the same time Steffanie Miller was on the phone with SoCal Gas and Emergency Services.

Detection, Response and Communication (cont.)

Strength 2: Once the detection of gas was noticed and its potency, we assumed the risk level was high and decided to evacuate. A Code Triage was paged overhead telling staff to evacuate immediately. Since the threat level was unknown Mark Turner, CEO at the same time was over in the Medical Office Building notifying of the evacuation to businesses that are not related to MCH as well as ones that are part of MCH. Staff from various departments went to SNF, Med Surg, ED, and PT to assist in the patient evacuation.

Strength 3: Steffanie Miller immediately called Emergency Services and SoCal gas to notify them of the problem as they were responding, Jerry Swart communicated with Cameron Egerer that the need to evacuate the hospital was imminent. Terry Pena communicated with the Admin hall and Daniel Pensabene regarding the need to evacuate. Daniel Pensabene called a Code Triage overhead, Cameron Egerer later had Izaak Ruiz from PTAC call a code Triage overhead. Nick Starr, Cameron Egerer, and Daniel Pensabene communicated on which departments needed help evacuating patients. Cameron Egerer went to ED and Surgery to communicate their needs, Daniel Pensabene and Nick Starr went to Med Surg and SNF to communicate with them. Communication between various departments was happening at the same time with many people involved. Everbridge message was sent out to all employees, Social Media posts were made regarding the status of the hospital. Cameron Egerer reached out to ICEMA, and Daniel Pensabene called COM center for EMS reroutes.

Areas for Improvement

Area for Improvement 1: Communication regarding the location of the leak and the area(s) to evacuate to, when the code triage is called a location of the leak and an area to evacuate to are also mentioned. Communication to the MOB and office holders, overhead pages only work with MCH affiliated offices in the MOB, in events like this all MOB offices need to be notified. Communication regarding roles and responsibilities there was confusion on what we should be doing should we be helping, should we be evacuating, most departments forgot to turn on emergency radios, some radios were on the wrong frequency, some people/department managers don't have radios. Daniel, Cameron and Nick had their radios and were communicating regarding different department needs and clearing of the building but only a couple managers were hearing that information. Everbridge communication and PIO communication needs to be the same, needs to go out sooner in a timelier manner, should talk to IC regarding script. Vocera worked for surgery to communicate to Nick, but did not work in other parts of the hospital or parking lot.

Analysis: There will always be a way to improve communication in a circumstance like this, it is hard to give exact details of the situation and what we should be doing to ensure patient and staff safety. Overall communication was established in a controlled chaotic manner, and all patient and staff were evacuated safely. We will be working to ensure better communication in areas identified going forward.

Areas for Improvement (cont.)

Area for Improvement 2: Response: Emergency radios need to be turned on and taken as soon as a code is called. This is vital to communication on how, who, what, where, and when to respond. The need to have a more established disaster team, we will be working on creating a disaster team and establishing department roles and responsibilities and how and what to respond to do in the case of a disaster. SoCal Gas, San Bernardino County Sheriff and San Bernardino County Fire responded in a timely manner upon notification. Surgery had a patient on the table when responding to them some items were forgotten or needed and multiple hands were needed to help. While evacuating wax pencils are needed to mark cleared rooms, we found that rooms we cleared the door was shut and they were ending up back open. SNF forgot all resident go bags, and medication list. Regarding the disaster team a team specific for getting all ALS equipment, drugs, oxygen tanks, food, etc.

Analysis: Employee response was incredible. From the time the Code Triage was called and the facility was fully evacuated, 7 minutes had past. SoCal gas and San Bernardino County Fire and San Bernardino County Sheriff responded in a timely manner and were very supportive. Battalion Chief Sean Mackey stayed for our first hot wash and suggested options such as shelter in place maybe regarding the SNF but of course depends on the nature of the situation. With that, we will still be coming up with an action plan to ensure better response in the future. We will be having the EOC committee put an action plan together.

Patient Safety, Evacuation, and Recovery

Strength 1: All patients and staff were safely evacuated in 7 minutes. Various staff from various departments came to the patient care areas: SNF, Med Surg, ED, Surgery, Rad, Lab, PT to aid in the evacuation. The surgery team was able to close the patient up that was on the table having a procedure done. All patients and staff were safely evacuated and staged near the helipad where the MCH bus and van are located.

Strength 2: While all staff and patients were evacuated in the parking lot and SoCal Gas and San Bernardino Fire wearing clearing for safety, more supplies were needed such as: crash carts, generators, water, EZ up for shade, and blankets. Staff worked together as a team and set up 5 EZ up tents, staff members went and grabbed all 3 crash carts, facilities grabbed a generator for the surgery patient and water for everyone in the staging area.

Strength 3: Once SoCal Gas and San Bernardino Fire cleared the building for re-entry, various people from various departments helped bring patients back into the facility and back to their rooms. Staff helped break down and clean up supplies and equipment no longer needed. All staff went back to work as normal, the surgery patient went back into the OR to finish the procedure. This event lasted close to an hour in total.

Areas for Improvement

Area for Improvement 1: Communication regarding who the Incident Commander (IC) is when the event started. Develop a standard of who establishes or what departments do or help with (helping departments with patients, helping get equipment that is needed, help getting medical supplies, drugs). We have crash carts with critical drugs – do we need to bring more? We need a go bag with saline and IV supplies that can go with the crash carts. No one grabbed the disaster go bag, satellite phone, HICS vests, or HAM radio.

Analysis: This event was an overall success in the fact that all life was safely evacuated and preserved in a timely manner. The teamwork and collaboration with the lack of communication was impressive. This live event was a test to see our response to an evacuation. Even though it was successful, it showed us we have a lot of work going forward. The facility will be working on some changes that will be coming from the EOC and running more drills of this nature.

2025 | DISASTER PLANNING CONFERENCE | SACRAMENTO

Questions?



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Thank You

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